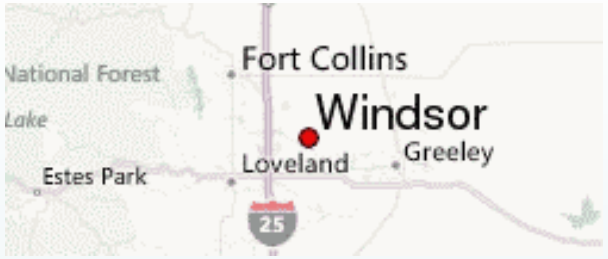
I live in Windsor, CO



I cover 13 hospitals in five states for Banner Health – 5 in CO; 1 in NE; 3 in WY; 1 in CA; 1 in NV; and 2 in northern AZ. 9 of these are CAH. Three of the 12 are close to Windsor.

Janet Conner, MT(ASCP), CIC, MSPH, FAPIC

Infection Prevention Western Region Director

Banner Health

APIC MILE HIGH COLORADO

APIC Mile High Colorado
Chapter 022
President 2013

Infection Preventionist since 1994, Certified since 1996

Served on the CBIC Practice Analysis Task Force – 2014; CBIC Test Committee 2014-2017

My husband and I have three children, six grandchildren and some property in the mountains where we enjoy hiking, fishing, kayaking, and camping with all of them

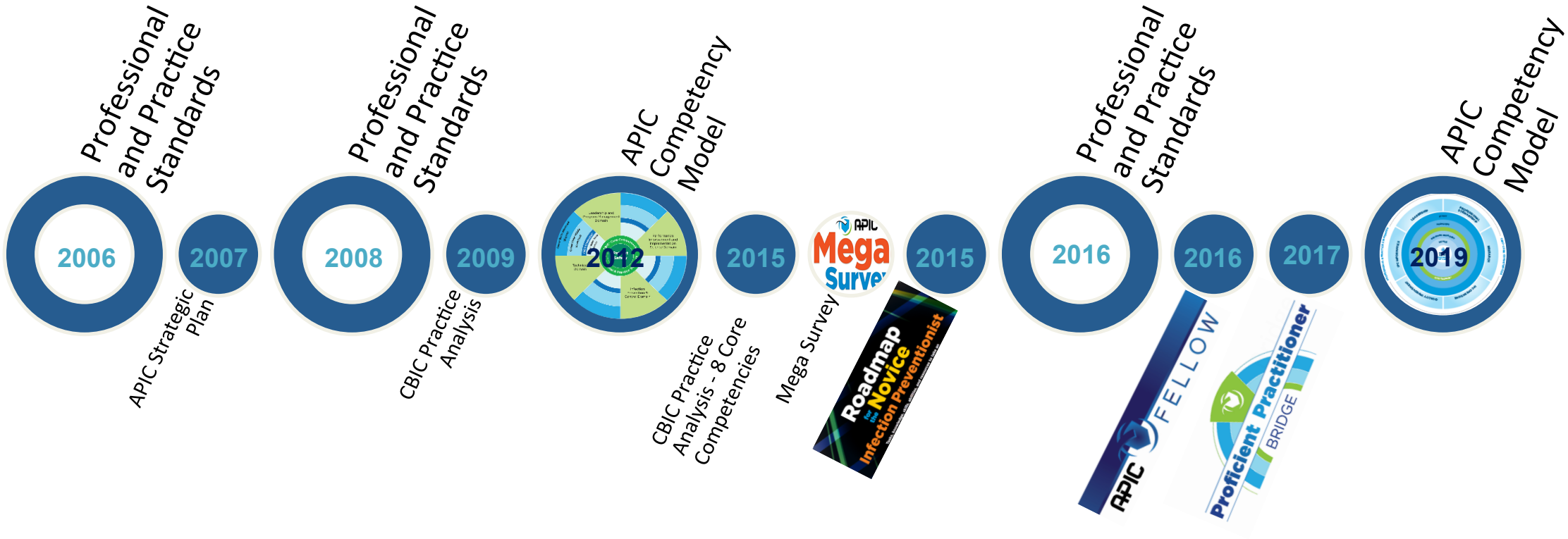
Mentoring and Training the New IP

Objectives:

At the end of this presentation, participants will be able to:

- Identify gaps in the knowledge, skills, and abilities of new infection preventionists.
- Apply practice and study methods to bridge identified gaps.
- Assess infection prevention competency at the novice, accomplished, and advanced level.

KEY MILESTONES: IPC Professional Development



Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Practice forum

Identifying changes in the role of the infection preventionist through the 2014 practice analysis study conducted by the Certification Board of Infection Control and Epidemiology, Inc

Lita Jo Henman MPH, CIC [a,*], Robert Corrigan MS [b], Ruth Carrico PhD, RN, CIC [c], Kathryn N. Suh MD, FRCPC, CIC [d], Practice Analysis Survey Development Team [†], Practice Analysis Review and Test Specification Development Team [†]

American Journal of Infection Control 43 (2015) 664-8

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Practice forum

APIC professional and practice standards

Tania N. Bubb PhD, RN, CIC [a,*], Corrianne Billings BS, BSN, RN, CIC [b], Dorine Berriel-Cass MA, BSN, RN, CIC [c], William Bridges PhD [d], Lisa Caffery MS, BSN, RN-BC, CIC [e], Jennifer Cox RN, BSN, CIC [f], Moraima Rodriguez BS, MT(ASCP), CIC, CHSP [g], Jessica Swanson RN, BAN [h], Maureen Titus-Hinson MHA, BSN, RN, CIC [i]

American Journal of Infection Control 44 (2016) 745-9

FUTURE-ORIENTED COMPETENCY DOMAINS

Competence
- the ability to do something successfully with sufficient knowledge and skills

Competency
- observable and measurable knowledge, skills, abilities, and personal attributes that improve performance and result in success

Domain
- a specified sphere of activity or knowledge

Subdomain
- a subdivision of a domain

Competency Domains
- are related sets of foundational abilities representing the required elements and outcomes that define the knowledge, skills, experience, attitudes, values, behaviors, and established professional standards.

APIC Future-oriented Competency Domain/subdomain

- a topical area of knowledge, skills, abilities, and personal attributes that has been identified as relevant in the next 3-5 years for growth of the IP and IPC profession

THE 2019 APIC COMPETENCY MODEL

Future-oriented Competency Domains

LEADERSHIP

- Communication
- *Critical Thinking
- Collaboration
- Behavioral Science
- *Program Management
- Mentorship

PROFESSIONAL STEWARDSHIP

- Accountability
- Ethics
- Financial Acumen
- Population Health
- Continuum of Care
- Advocacy

QUALITY IMPROVEMENT

- IP as Subject Matter Expert
- *Performance Improvement
- Patient Safety
- Data Utilization
- Risk Assessment and Risk Reduction

IPC OPERATIONS

- *Epidemiology & Surveillance
- *Education
- IPC Rounding
- Cleaning, Disinfection, Sterilization
- Outbreak Detection and Management
- Emerging Technologies
- *Antimicrobial Stewardship
- Diagnostic Stewardship

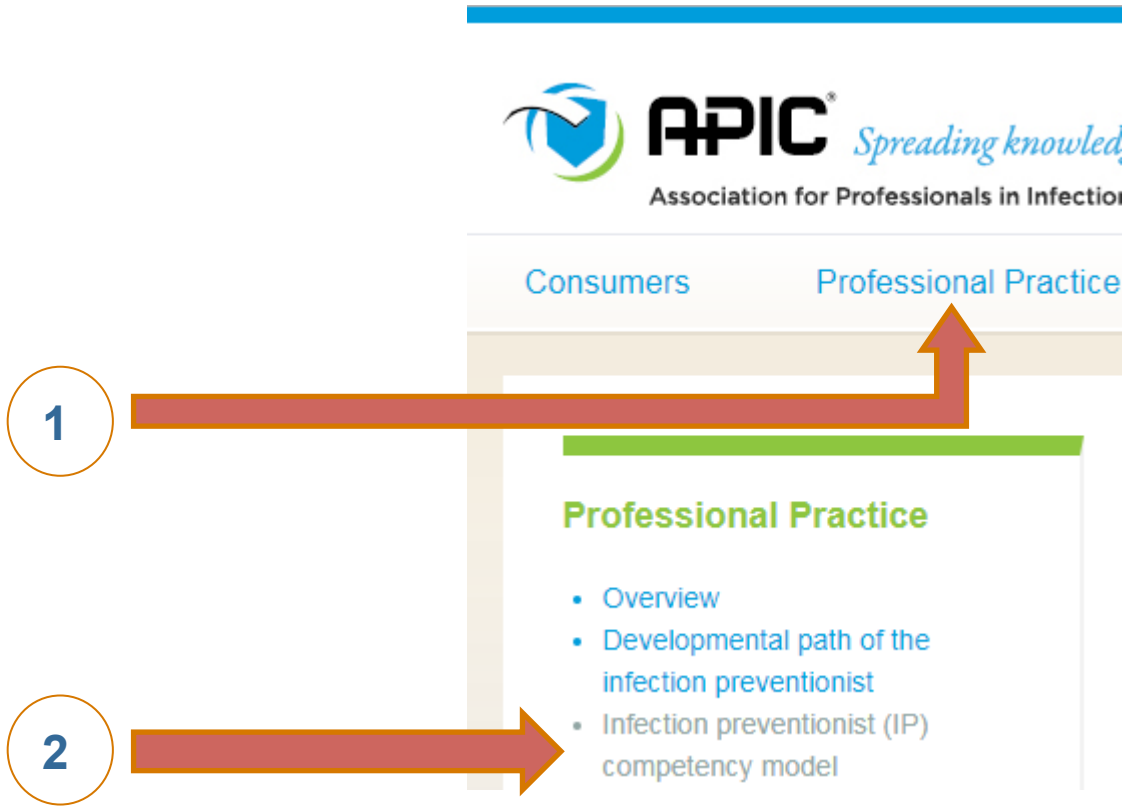
IPC INFORMATICS

- *Surveillance Technology
- *Electronic Medical Records (EMR) and Electronic Data Warehouse (EDW)
- Data Management, Analysis, and Visualization
- Application of Diagnostic Testing Data and Techniques

RESEARCH

- Evaluation of Research
- Comparative Effectiveness Research (CER)
- Implementation and Dissemination Science
- Conduct or Participate in Research or Evidence-Based Practice

THE 2019 APIC COMPETENCY MODEL: *Interactive!*



[Infection Preventionist (IP) Competency Model Link]

Professional Stewardship

The APIC Competency Model has six future-oriented competency domains (each with subdomains). These are topical areas of knowledge, skills, abilities, and personal attributes that have been identified as relevant in the next 3-5 years for growth of the IP and IPC profession.

Professional Stewardship: The continuously changing world of health care and infection prevention requires dedicated stewards that will allow the profession to develop, adjust, and uphold a respectable and reliable reputation. IPs must be willing and ready to be held accountable for an entity larger then themselves and the organizations for which they work. IPs are responsible for and entrusted with the future of the profession and hold the potential to produce meaningful change within infection prevention practice. Professional stewardship and the subdomains it encompasses are future-oriented and develop as IPs advance in their knowledge, experience, and expertise.

APPLICATION OF THE MODEL

1. Clarification of Roles and Responsibilities
2. Orientation and Ongoing Competency
3. Professional Development
   - Individual Growth
   - Clinical Ladder
4. Advancing the Profession

APPLICATION OF THE MODEL

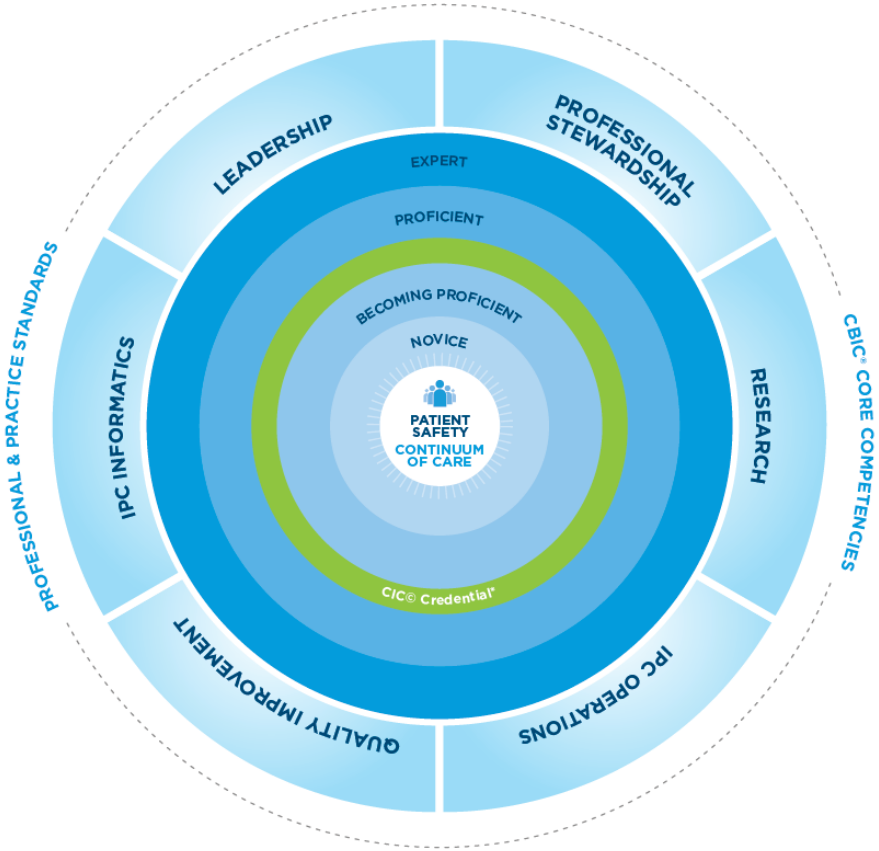
Clarification of Roles and Responsibilities

Job Descriptions

- Use Professional and Practice Standards & Competency Model –
- IP Specialists

IP role clarity within multidisciplinary teams

Guide **leadership communication**



APIC
Association for Professionals in Infection Control and Epidemiology

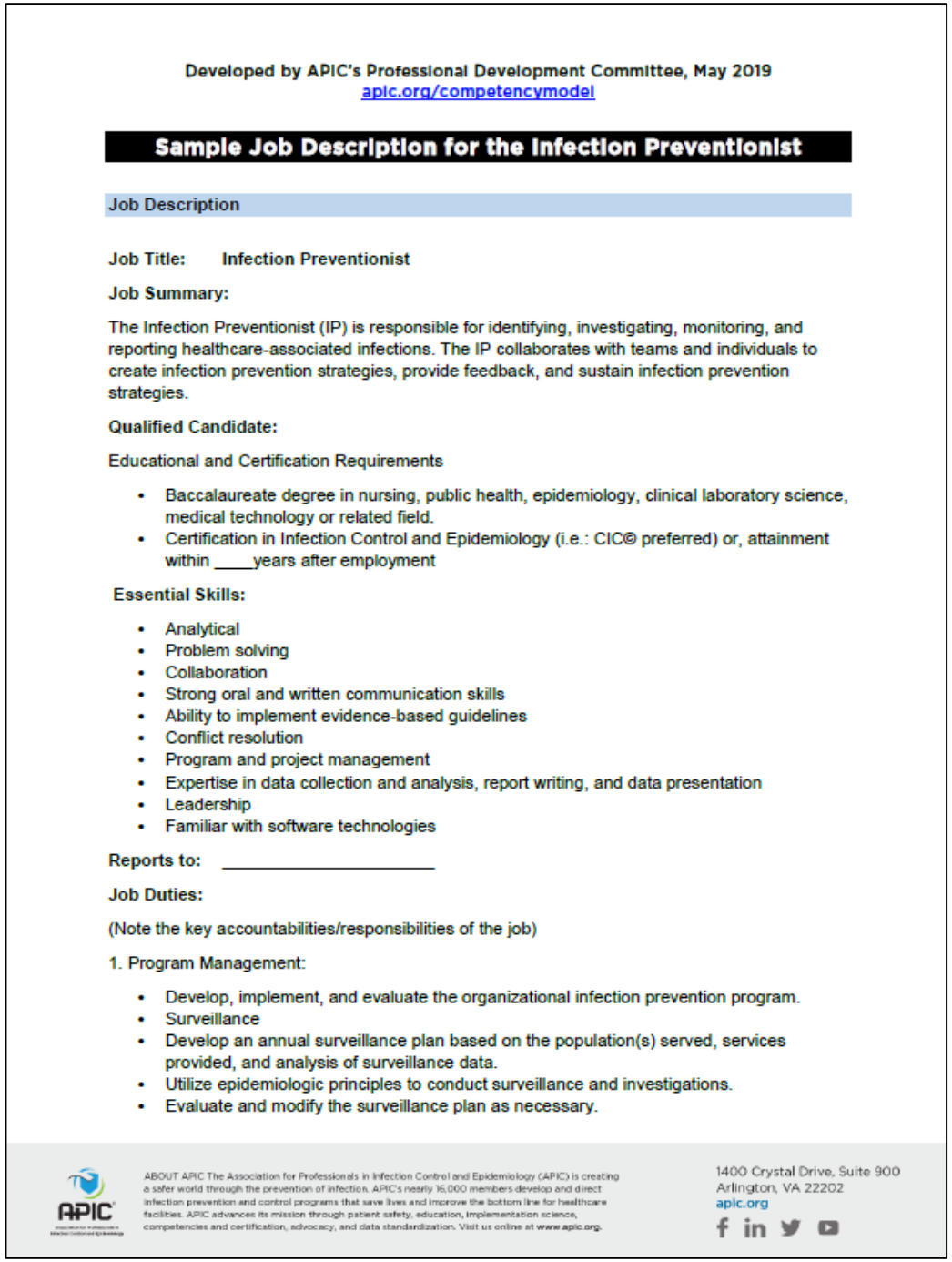
Patient Safety at the Center – the APIC Competency Model provides an outline for growth and increased proficiency in the field of Infection Prevention.

PPS: STANDARDS OF PRACTICE (SOP)

SAMPLE IP JOB DESCRIPTIONS

- APIC Job Description SAMPLE

Have you used this?



Developed by APIC's Professional Development Committee, May 2019
apic.org/competencymodel

Sample Job Description for the Infection Preventionist

Job Description

Job Title: Infection Preventionist

Job Summary:

The Infection Preventionist (IP) is responsible for identifying, investigating, monitoring, and reporting healthcare-associated infections. The IP collaborates with teams and individuals to create infection prevention strategies, provide feedback, and sustain infection prevention strategies.

Qualified Candidate:

Educational and Certification Requirements

- Baccalaureate degree in nursing, public health, epidemiology, clinical laboratory science, medical technology or related field.
- Certification in Infection Control and Epidemiology (i.e.: CIC© preferred) or, attainment within ____years after employment

Essential Skills:

- Analytical
- Problem solving
- Collaboration
- Strong oral and written communication skills
- Ability to implement evidence-based guidelines
- Conflict resolution
- Program and project management
- Expertise in data collection and analysis, report writing, and data presentation
- Leadership
- Familiar with software technologies

Reports to: _____

Job Duties:

(Note the key accountabilities/responsibilities of the job)

1. Program Management:

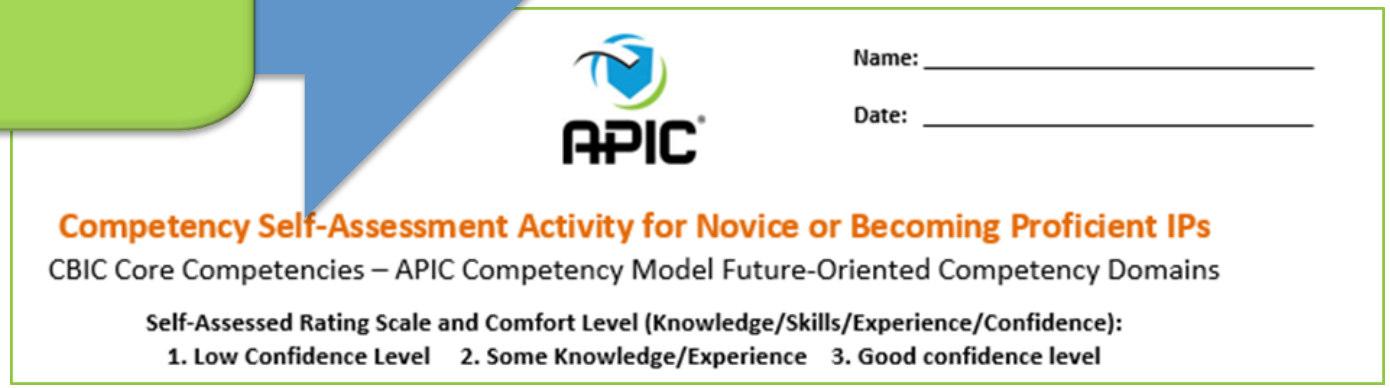
- Develop, implement, and evaluate the organizational infection prevention program.
- Surveillance
- Develop an annual surveillance plan based on the population(s) served, services provided, and analysis of surveillance data.
- Utilize epidemiologic principles to conduct surveillance and investigations.
- Evaluate and modify the surveillance plan as necessary.

STANDARDS OF PROFESSIONAL PERFORMANCE

STANDARDS OF PROFESSIONAL PERFORMANCE

Professional Accountability

- Self-development
- Goals and objectives - Annual
- Competency self-assessment
- Maintaining knowledge of evidence-based research
- Active participation in professional organizations
- Advocating for safe practices and implementing policies



APIC

Name: _____

Date: _____

Competency Self-Assessment Activity for Novice or Becoming Proficient IPs

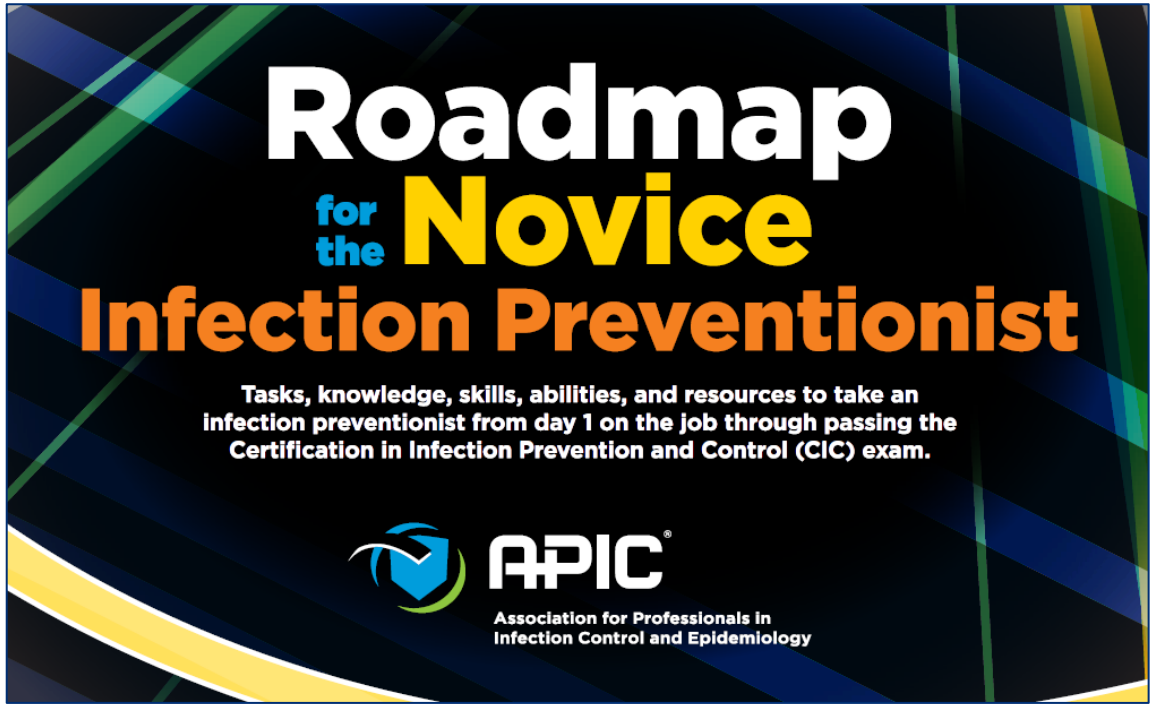
CBIC Core Competencies – APIC Competency Model Future-Oriented Competency Domains

Self-Assessed Rating Scale and Comfort Level (Knowledge/Skills/Experience/Confidence):

1. Low Confidence Level 2. Some Knowledge/Experience 3. Good confidence level

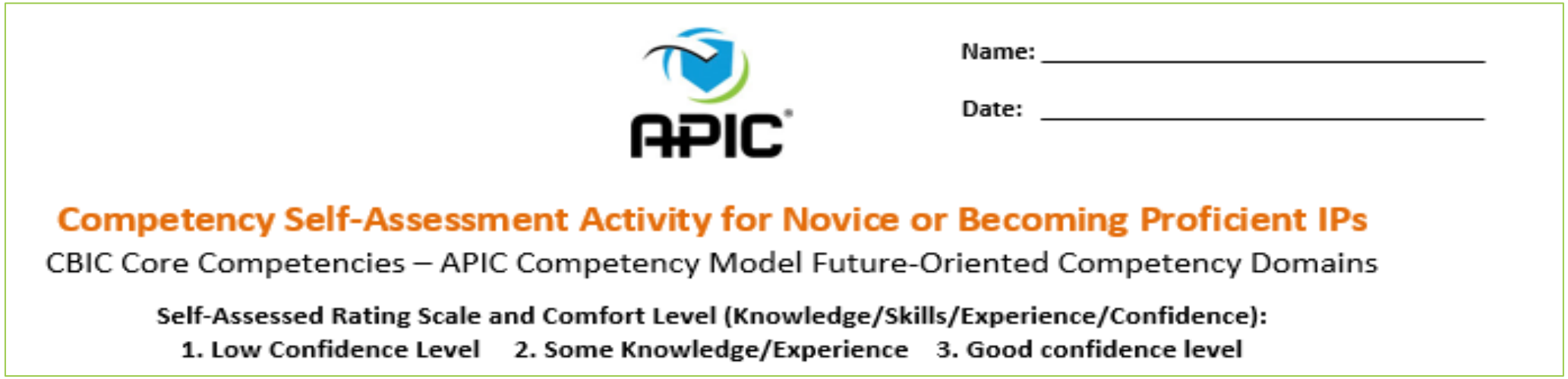
APPLICATION OF THE MODEL

- **Orientation**
  - Ensure standardization during onboarding
  - Adapt the Roadmap and Core Competencies into your orientation process
  - Recent Update – Online "interactive" with completion checklists link: Novice Roadmap



APPLICATION OF THE MODEL

- **Ongoing Competency**
  - Ensure individual ongoing competency
  - Novice Roadmap
  - Novice and Becoming Proficient Self Assessment Tool



Name: _____

Date: _____

Competency Self-Assessment Activity for Novice or Becoming Proficient IPs

CBIC Core Competencies – APIC Competency Model Future-Oriented Competency Domains

Self-Assessed Rating Scale and Comfort Level (Knowledge/Skills/Experience/Confidence):

1. Low Confidence Level 2. Some Knowledge/Experience 3. Good confidence level

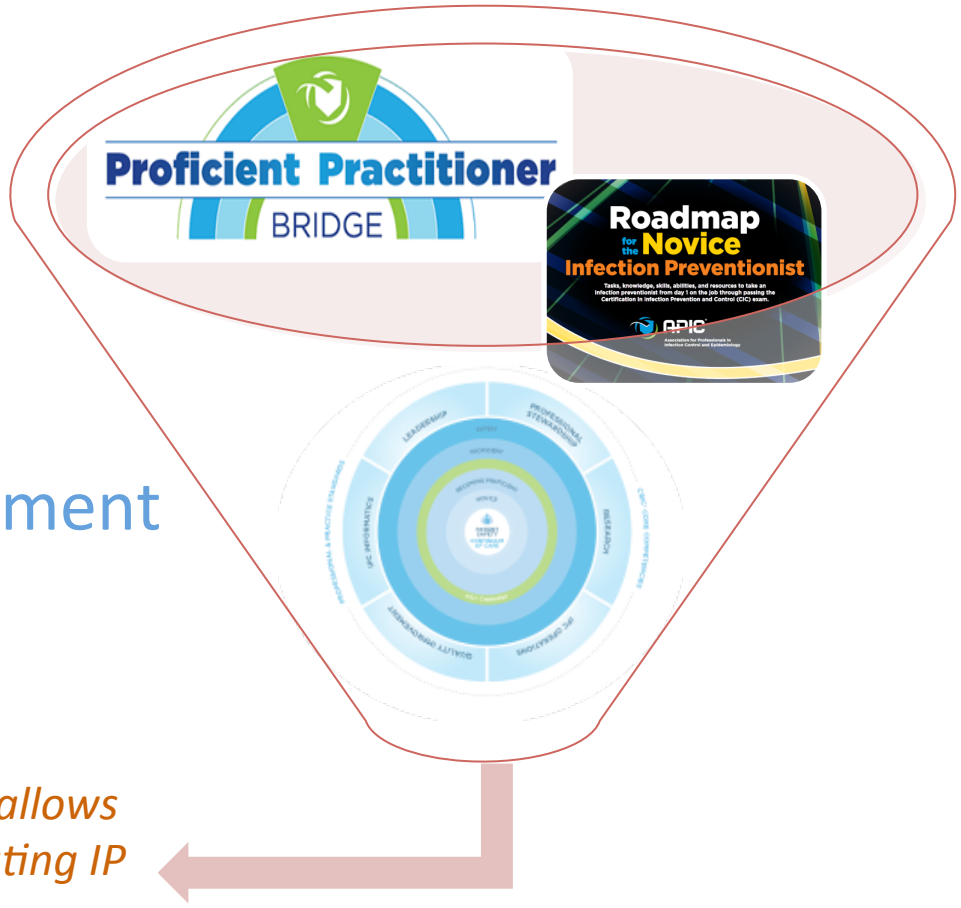
APPLICATION OF THE MODEL

How many of you have ever used??

- **Ongoing Competency**
  - Ensure individual ongoing competency
  - Novice Roadmap
  - Novice and Becoming Proficient
  - Proficient Practitioner Bridge

APPLICATION OF THE MODEL

- **Ongoing Competency**
  - Ensure individual ongoing competency
  - Novice Roadmap
  - Novice and Becoming Proficient Self Assessment
  - Proficient Practitioner Bridge
  - **Adapt to competency statements**



Using the model to develop internal tools allows for a consistent methodology when evaluating IP competency assessment

APPLICATION OF THE MODEL: ADAPT TO COMPETENCY STATEMENTS

Future-oriented Competency Domain Content:

Leadership: Collaboration

Increasingly, and with the trend expected to continue to grow in the future, an IP's work is executed effectively and sustainably only through working with multiple departments and disciplines to carry out the IPC program's goals. Infection prevention and control touches many areas of health care and often involves sectors that are governed by their respective regulations and standards. An IP may be required to facilitate/ lead interdisciplinary projects, serving as a champion for a culture of safety. Doing so requires situational awareness, emotional intelligence, and strategic vision. At other times, collaboration might mean encouraging teamwork and getting the most from others. It might also mean being able to negotiate your program needs in the larger context of the group or facility.

Different types of leadership skills are required to collaborate effectively, including "followership": learning to provide expertise in a supporting role while not officially being the team leader. Qualities of a good follower might include listening to and respecting others' opinions, demonstrating commitment, displaying loyalty, and working well with others to achieve consensus. It also means having a willingness to challenge leaders and offer constructive criticism.

APPLICATION OF THE MODEL: ADAPT TO COMPETENCY STATEMENTS

Novice

- The IP demonstrates effective emotional intelligence, listening, and learning skills and is acquiring baseline knowledge about each department and team in which she or he interacts.
- The IP is beginning to understand the diverse areas of responsibility in her or his new role and is developing relationships with department staff outside of Infection Prevention

APPLICATION OF THE MODEL: ADAPT TO COMPETENCY STATEMENTS

Novice

- The IP demonstrates effective emotional intelligence, listening, and learning skills and is acquiring baseline knowledge about each department and team in which she or he interacts.
- The IP is beginning to understand the diverse areas of responsibility in her or his new role and is developing relationships with department staff outside of Infection Prevention

Becoming Proficient

- The IP collaborates well with peer groups and can work well with diverse groups.
- The IP is developing collaboration skills by assuming a role in a focused group project.
- With ongoing guidance, the IP is becoming more independent in collaborating with key stakeholders.

Proficient

- The IP actively suggests and seeks ideas to improve quality, efficiency, and effectiveness.
- The IP is able to prepare for group meetings by identifying key issues and expectations and is able to identify resources most likely to guide project tasks.
- The IP is able to engage all members in the discussion with respect and professionalism

Expert

- The IP actively pursues collaboration and discussion by facilitating and leading diverse groups, welcoming opinions, respectfully challenging perspectives, and modeling effective listening skills.
- The IP encourages ownership of the process by group members, highlights group successes, builds a sense of shared accomplishment, and reinforces success by becoming an advocate for the group's decisions.

Annual IP Competency

CMS and Joint Commission

Almost always review IP HR records

Specifically look for

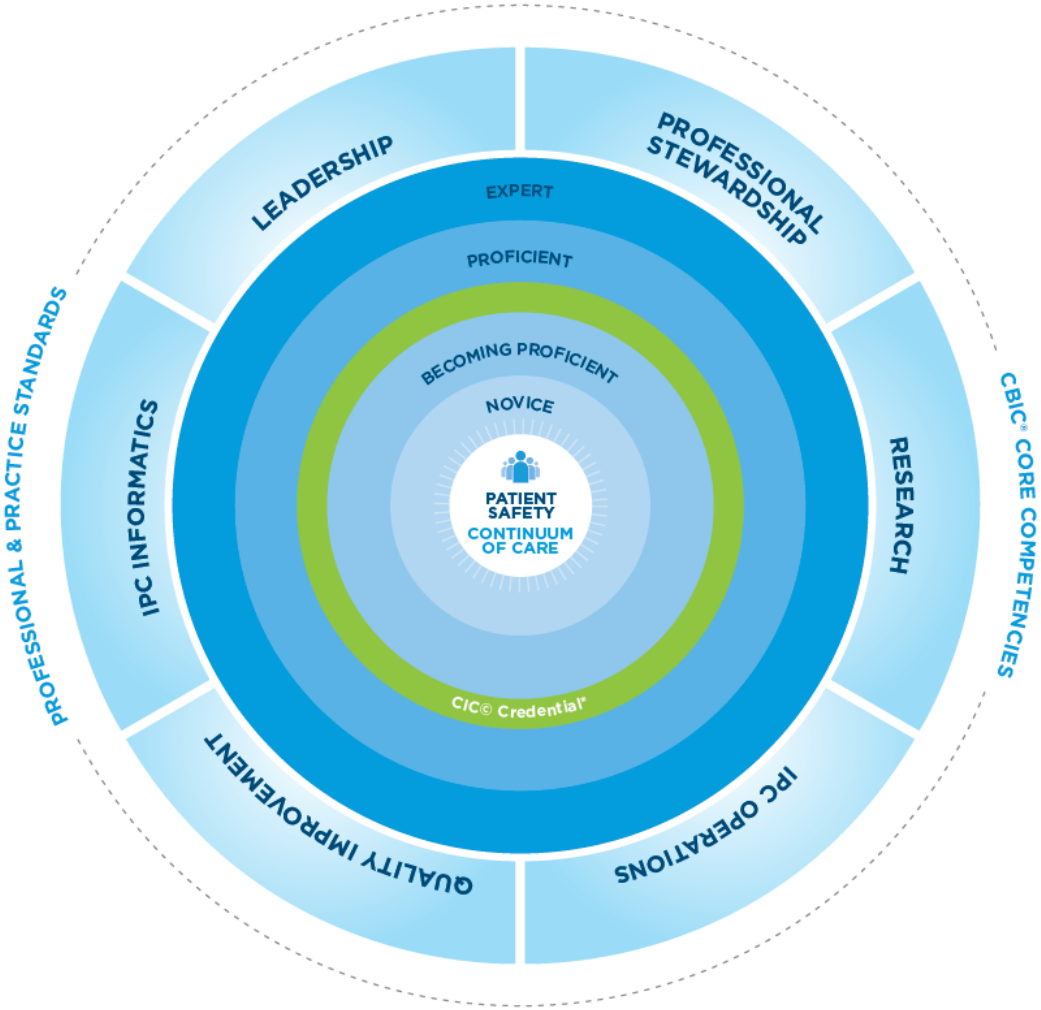
> IP Annual Competency

> IP Training records

> IP Certification

APPLICATION OF THE MODEL

- **Professional Development**
  - **Individual Growth**



APIC
Association for Professionals in Infection Control and Epidemiology

Infection Prevention Orientation Mentor Program

WEEK 1 – Introduction to the Infection Prevention & Control Program

Learning Activity	Skill Building	Meetings	Date of Completion/ Comments
Intro to IC Team • Meet IC Manager & IC Medical Director • Meet IP Program Manager • Meet Quality Management Director • Review personal responsibilities/expectations Hospital tour; review hospital leadership structure Review Infection Prevention Program • Review IP&C policies & procedures • Occ. Health P&Ps Review IC Committee meeting minutes & surveillance reports • Review surveillance forms for healthcare-associated infections (HAIs) Introduction to Regulatory: CMS/TJC/State • OSHA, NIOSH, FDA, • CDC, APIC, AHA, SHEA Review of national and local APIC • Membership, websites, literature, professional practice Review resources • Books, websites, library access, sharepoint sites, computer, various software	**READ** Infection Prevention and Control Programs (Chapter 1) Occupational Health (Ch. 100) Accrediting & Regulatory Agencies (Ch. 4)	Attend any committee, team or medical staff meetings as appropriate and any scheduled in-services. Attend IC Committee meeting at alternate facility	

Infection Prevention Orientation Mentor Program

WEEK 2 – Surveillance/Microbiology

Learning Activity	Skill Building	Meetings	Date of Completion/ Comments
Tour microbiology lab • Meet micro staff • Hands on with micro tech Review daily culture reports with mentor • Review NHSN criteria • Review NHSN modules Communicable Disease reporting process Review IC Committee meeting minutes & surveillance reports • Review surveillance forms for healthcare-associated infections (HAIs) Training on Cerner Micro/HAI Surveillance	**READ** Microbiology Basics – (Ch.24) Lab Testing & Diagnostics – (Ch. 25) Microorganisms – • Gram positive and gram negative (Chapters 93,94,76,77,75,87,72,84,71,85) • Viruses (Chapters 80,97,81,82,90,86,88,98, 96, 89) • Fungi (Ch. 78) • Mycobacteria (Ch. 95) • Parasites (Ch. 99) • CJD & Other Prion Diseases (Ch. 73) Foodborne Illnesses (Ch. 83) Diarrheal Diseases: Viral, Bacterial, Parasitic (Ch. 79A, 79B, 79C) Sexually Transmitted Diseases (Ch. 91) Microbiology References: Control of Communicable Diseases Manual; Sanford Guide to Antimicrobial Therapy	Attend Infection Prevention & Control Committee meeting Attend IC NEO Presentation as an observer	

Infection Prevention Orientation Mentor Program

WEEK 3 – Infection Prevention Basics

Learning Activity	Skill Building	Meetings	Date of Completion/ Comments
Review Hand Hygiene policy and hand hygiene data for facility and process for collecting data. Review Banner policies: Standard Precautions, Contact Precautions, Droplet Precautions, and Airborne Precautions. Review policies on Central Line Insertion & Maintenance. Review prevention strategies for CLABSI, UTI, VAP, SSI (e.g. SHEA Compendium; APIC text. Review types of disinfectants and EVS procedures Micro/HAI Surveillance	Observe isolation practices; review Cerner Discern alert process. Perform hand hygiene observations with mentor. Observe sterile procedure (e.g., line insertion, wound care, dressing change) Spend time in Sterile Processing, review OR/CSPD sterilizer logs with manager, observe Endoscopy scope cleaning process. Spend time with EVS manager. Observe room cleaning procedure. Site visit to linen and infectious waste hauling companies. Review required IC education for HCW and current NEO IC Presentation **READ** General Principles of Epidemiology (Ch. 10) Risk Factors Facilitating Infection Transmission (Ch. 21), Isolation Precautions (Ch. 29), Hand Hygiene (Ch. 27), Aseptic Technique (Ch. 30) Infections in Indwelling Medical Devices (Ch. 35), Biofilms (Ch. 70), Pneumonia (Ch. 36), Surgical Site Infection (Ch. 37), Intravascular Device Infection (Ch. 34), Urinary Tract Infection (Ch. 33)) Cleaning, Disinfection, and Sterilization (Ch. 31) Environmental Services (Ch. 107), Laundry, Patient Linens, Textiles and Uniforms (Ch. 111), Waste Management (Ch. 113)	Attend facility CAUTI Team, CLABSI Team and SCIP Team meetings. Attend System IP meeting Attend Infection Prevention & Control meeting Attend IC NEO Presentation as Observer	

Infection Prevention Orientation Mentor Program

WEEK 4 – Hospital-Acquired Conditions (HACs)

Learning Activity	Skill Building	Meetings	Date of Completion/ Comments
Review Surveillance using NHSN Definitions • Catheter Associated Urinary Tract Infection (CAUTI) • Central Line Associated Bloodstream Infection (CLABSI) • Surgical Site Infection (SSI) • Ventilator Associated Events (VAE) Review HAC's data with your mentor • CLABSI • VAP • SSI • CAUTI Facility rounds with mentor Micro/HAI Surveillance Review HAC rate for your facility, compare with other facilities, NHSN. Calculate ICU Infection Rates and prepare report with Mentor Attend Safety Rounds	**READ** Infection Prevention and Control Programs (Ch.1), Surveillance (Ch. 11) Intravascular Device Infection (Ch. 34) Urinary Tract Infections (Ch. 33) Bacteria (Chapters 93,94,76,77,75,87,72,84, 71) Mycobacteria (Ch. 95) Pneumonia (Ch. 36) Surgical Site Infection (Ch. 37) Use of Statistics (Ch. 13) Statistical Process Control (Ch. 14) Risk Adjusted Comparaison (Ch 15)	Attend PSI/HAC system or team meetings. Attend facility CLABSI, VAP, CAUTI, SCIP Team meetings Present IC NEE Presentation with mentor • **Mid Program orientation review with Mentor or IP manager.**	

Infection Prevention Orientation Mentor Program

WEEK 5 – Patient Care Practice (Clinical) Areas

Learning Activity	Skill Building	Meetings	Date of Completion/ Comments
Micro/HAI Surveillance Tour nursing units: ED, Critical Care, WIS (L&D, Post-partum, Nursery), Pediatric services (NICU/CCN, PICU), Progressive Care, Med/Surg, OOU, Surgery/Pre-op/PACU with mentor Tour OP areas: ATU, Radiation Oncology, OPS, Cardiovascular Services (Cath Lab) Review Banner Health websites, resources, leadership structure, People Resources P&Ps including compensation, clerical support, etc. Review appropriate P&P and prepare in-service outline (i.e., lice & scabies, MDROs, etc.); prepare audiovisual material and handouts for in-service. Meet with Public Health Dept. Facility Liaison Meet with Education Director and Nurse Educators re: Orientation & Annual Updates. Review membership, literature, & professional practice of National APIC; attend local chapter meeting.	Present IC NEO Presentation – Mentor present if appropriate Review CMS, JCAHO and DHS regulations Review Nursing P&Ps Review ICC Minutes, SSI Reports, and IC procedures for Data Collection. **READ** Perinatal Care (Ch. 43) Neonates (Ch. 41) Pediatrics (Ch. 42) Geriatrics (Ch. 40) Intensive Care (Ch. 59) Surgical Services (Ch. 68) Cardiac Catheterization and Electrophysiology (Ch. 50) Endoscopy (Ch. 55) Dialysis (Ch. 39) Ambulatory Care (Ch. 48) Behavioral Health (Ch. 49) Pre-hospital /EMS (Ch. 54) Disaster Response (Ch. 119)	Attend Medical Staff Committee meetings, as appropriate Attend all required committee meetings and facility team meetings with IP Sr. Manager; present reports, as appropriate	

Infection Prevention Orientation Mentor Program

WEEK 6 – Patient Care Clinical Support Areas

Learning Activity	Skill Building	Meetings	Date of Completion/ Comments
Prepare for and present NEO IC Presentation Meet with Accreditation and Regulation Manager and Risk Manager Micro/HAI Surveillance Spend one hour reviewing websites, resources, leadership structure, personnel policies including compensation, clerical support, etc. Tour clinical support areas with mentor: Medical Imaging, Laboratory/Micro, Respiratory Therapy, Nutritional Services, Radiation Oncology, Rehab Services (PT/OT/Speech), Spiritual Care, Volunteers Meet with Respiratory Therapy, Medical Imaging, Pharmacy, Laboratory, Nutritional Services, Radiation Oncology Directors Meet with Occupational Health Manager and tour department. Review Occupational Health P&Ps. Meet with Librarian Present in-service One hour reading current IC Journals Review policy on Dog Therapy/Service Animals Attend APIC local chapter meeting.	Observation of staff hand hygiene practices during rounds/surveillance Observation of staff standard precautions/isolation practices during rounds/surveillance Prepare Annual IC Update education program for targeted departments; review last year's presentation(s) **READ** Nutritional Services (Ch. 109) Laboratory Safety (Ch. 108) Pharmacy Services (Ch. 110) Respiratory Care Services (Ch. 63) Imaging Service & Radiation Oncology (Ch. 67) Interventional Radiology (Ch. 60) Rehabilitation Services (Ch. 66) Volunteers and Other Nonemployees Who Interact with Patients (Ch. 102) Immunization in the Healthcare Workers (Ch. 103) The Pregnant Healthcare Worker (Ch. 104) Minimizing Exposure to Blood and Body Fluids (Ch. 105) Animals Visiting Healthcare Facilities (Ch. 122)	Attend all required committee meetings with IP Sr. Manager; present reports, as appropriate	

Infection Prevention Orientation Mentor Program

WEEK 7 – Ancillary Services/ Emergency Preparedness/ Outbreak Investigation

Learning Activity	Skill Building	Meetings	Date of Completion/ Comments
Tour Ancillary Services: Facilities, EVS/Transport/Linen storage, and meet managers with Mentor Micro/HAI Surveillance Spend one hour reviewing Banner Health websites, resources, leadership structure, personnel policies including compensation, clerical support, etc. Spend one hour with Mentor and onsite IP Manager reviewing performance and areas for opportunity identified during Mentor Program, as well as plan of action to address these areas Practice on computer – input surveillance data/ review existing reports and create pending committee reports Review all routine reports required for presentation to local committees/ Departments. Assist Mentor or IP manager in conducting an Outbreak investigation if opportunity exists.	Observation of staff hand hygiene practices during rounds/surveillance Observation of staff standard precautions/isolation practices during rounds/surveillance Meet with IP Senior Manager and Infection Control Medical Director; review progress made during Mentor Program and remaining areas of concern/opportunities for improvement **READ** Environmental Services (Ch. 107) Laundry, Patient Linens, Textiles, and Uniforms (Ch. 111) Waste Management (Ch. 113) Maintenance and Engineering (Ch. 112) Heating, Ventilation and Air Conditioning (Ch. 114) Water Systems Issues and Prevention of Waterborne Infectious Diseases in Healthcare Facilities (Ch. 115) Construction and Renovation (Ch. 116) Emergency Management (Ch. 119) Infectious Disease Disasters: Bioterrorism, Emerging Infections, and Pandemics (Ch. 120) Outbreak Investigation (Ch. 12) Review system policy on Outbreak Investigation (#3815)	Attend all required committee meetings with IP Senior Manager; present reports, as appropriate	

Infection Prevention Orientation Mentor Program

RECOMMENDED REFERENCE MATERIALS

Recommended Minimum Required Reference Materials

A. Reference Books:

1. Carrico, Ruth, Editor. The APIC Text of Infection Control and Epidemiology, 3rd Edition. Washington DC: APIC; 2009. Text and CD ROM
2. Mayhall, C. Glen, Editor. Hospital Epidemiology and Infection Control, 3rd Edition. Philadelphia: Lippincott, Williams & Wilkins; 2004.
3. Jarvis, William. Bennett & Brachman's Hospital Infections, 5th Edition. 2007
4. Heymann, David L., Editor. Control of Communicable Diseases Manual, 19th Edition. Washington, D.C.: American Public Health Association; 2008.
5. Brooks, Kathy. Ready Reference to Microbes, 2nd Edition. Washington, D.C.: APIC; 2007.
6. Abrutyn, E. et al. Saunders Infection Control Reference Service. Philadelphia: WB Saunders; 1998

B. Journals:

1. Morbidity and Mortality Weekly Report (MMWR): http://www.cdc.gov/mmwr
2. American Journal of Infection Control: http://www2.us.elsevierhealth.com/scripts/om.dll/serve?action=searchDB&searchDBfor=home&ID=ic
3. Infection Control and Hospital Epidemiology: http://www.ichejournal.com/

C. Websites:

- APIC: http://www.apic.org/
- Premiere Safety: http://www.premierinc.com/all/safety/publications/08-03_full_txt.htm
- FDA: http://www.cfsan.fda.gov/
- FDA FoodSafety:http://www.foodsafety.gov/
- To get on APIC listserv: apicinfo@apic.org
- CDC: http://www.cdc.gov/
- CMS: http://www.cms.gov/
- IHI: http://www.ihi.org/ihi
- The Joint Commission: http://www.jointcommission.org/
- NHSN: http://www.cdc.gov/nhsn/
- NIOSH: http://www.cdc.gov/niosh/
- OSHA: http://www.osha.gov/
- SHEA: http://www.shea-online.org/

Orientation Checklist

Orientation Bibliography and Curriculum	APIC Text Chapter	IP Policy location/ database	Contact Person	Clinical Observations /Isolation Rounds	Clinical Education	Clinical Projects	Department Orientation	Other References	Surveillance/ Epidemiology	Education	Collaboration/Consultations	Program Management	Performance Improvement	Leadership	Implementation Science	Research	Technology	Occupational Health	Completion Date

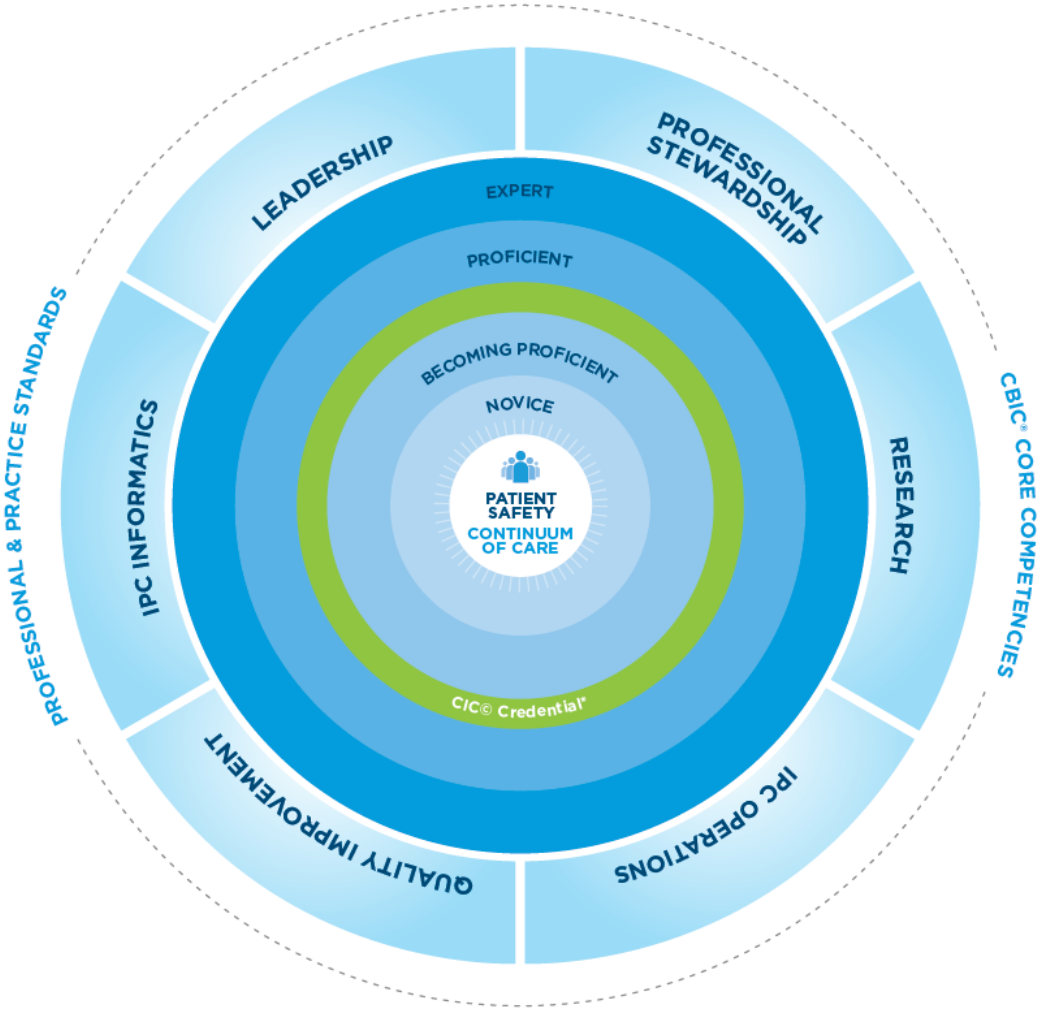
GET TO KNOW YOUR:

1. Microbiologist/Lab managers
2. Central Sterilization/High Level Disinfection Manager(s)
3. Environmental Services Manager
4. Food Service/Culinary Manager
5. Engineering/Facilities/Plant Operations Manager
6. Quality Manager
7. Occupational Health Manager
8. Perioperative Manager
9. Antimicrobial Stewardship Pharmacists/Physicians

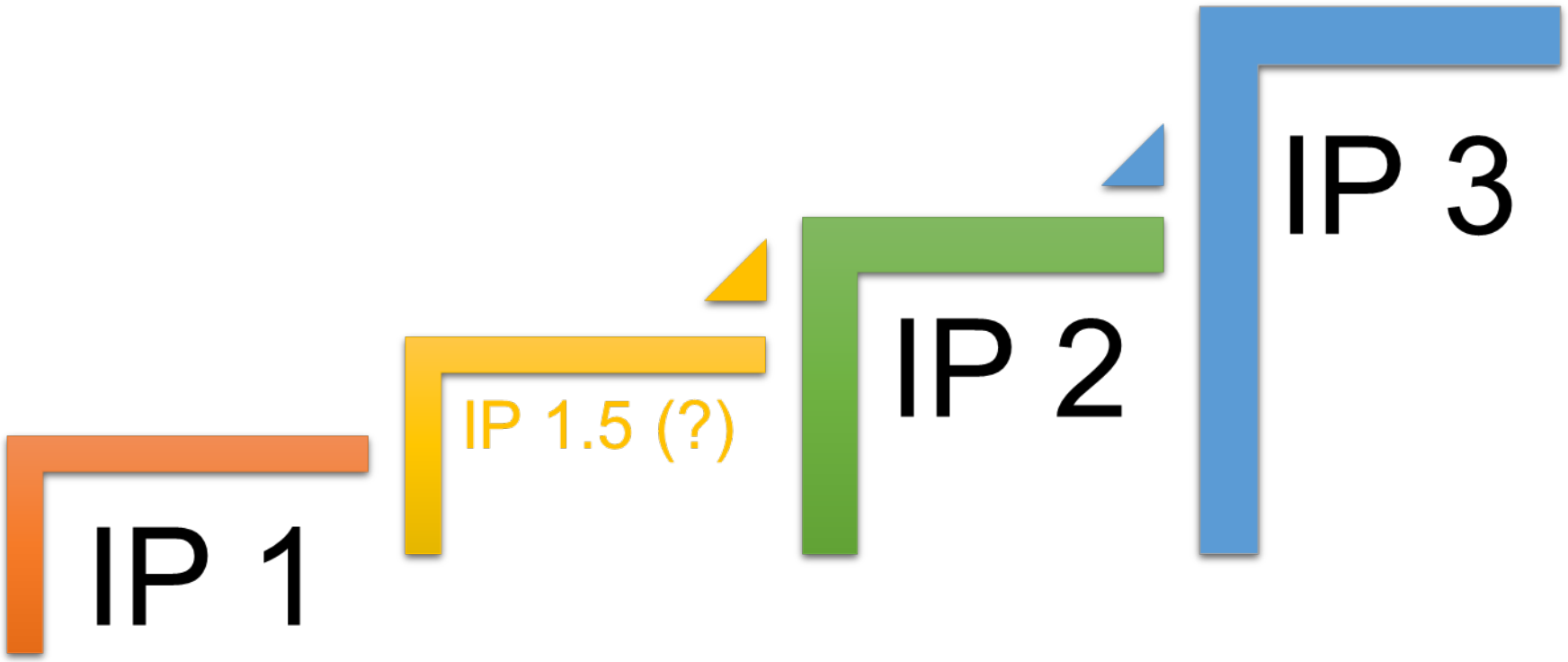
Spend time with these scopes of practice!!

APPLICATION OF THE MODEL

- **Professional Development**
  - Individual Growth
  - **Clinical Ladder**

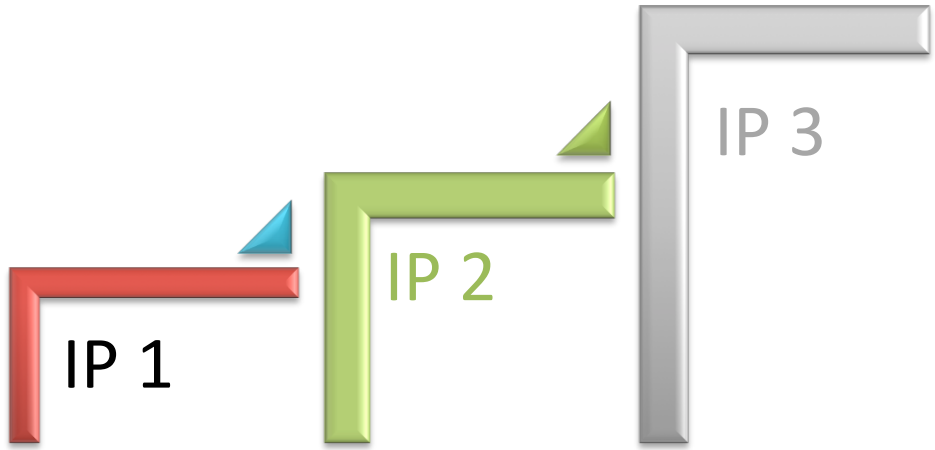


CLINICAL LADDER



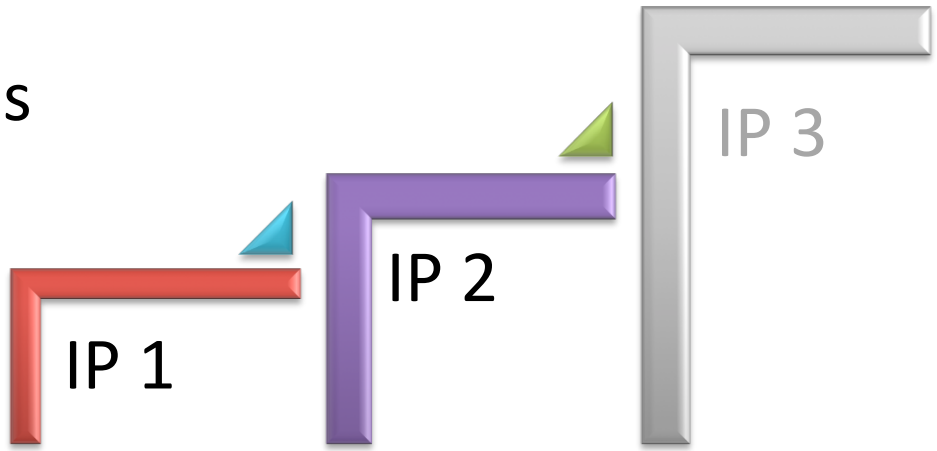
CLINICAL LADDER

- Level 1, 2, 3, and/or 4 Infection Preventionists
- Specify Criteria to Advance to Next Level
- Education Requirements
- Certification Requirements
- Project Requirements
- Competency Requirements
- Example of Clinical Ladder



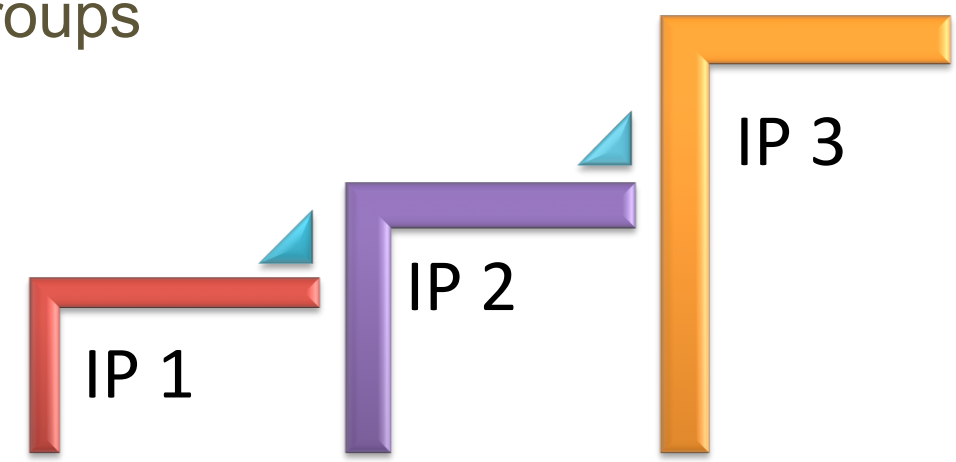
CLINICAL LADDER

- **IP Level I – Level II**
  - Mentor and guidance from those IP's in level 2 or 3
  - Successful certification
  - Actively apply core competencies
  - Active participation on PI/IS teams
  - Assisting in developing policies
  - Actively participates in committees/teams



CLINICAL LADDER

- **IP Level II – Level III**
  - Maintain certification
  - Application of future oriented domains (FOD)
  - Leading PI/IS teams/Projects
  - Identify the need for and autonomously revises policies
  - Participates on a Committee/Participates Local/National APIC
  - Present internally and externally to large groups
  - Moving to autonomous practice/ Subject Matter Expert

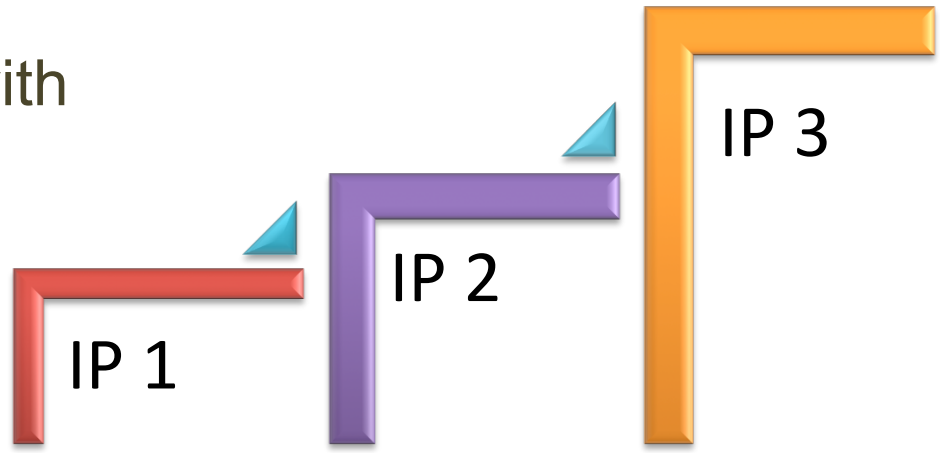


CLINICAL LADDER

Professional Advancement Ladder PI/IS

Project examples:

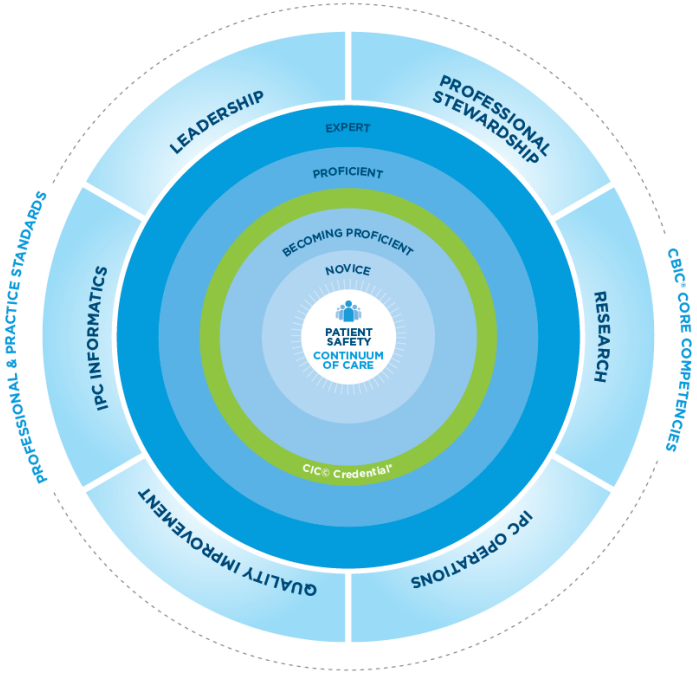
- SSI Reduction for Total Hips and Knees
- Nurse Driven Foley Removal Protocol
- Nurse Driven C. difficile Protocol Built in EMR
- Hand Hygiene Campaign
- C. difficile Reduction Bundle Implementation
- Develop Business Case for a New Product with Successful Implementation



Clinical Ladder Success

- Vary by facility size
  - Important to recognize Infection Preventionists at rural facilities where they likely practice alone, and have multiple responsibilities
- Advancement of knowledge, skills, and abilities
- Successful Certification (CBIC)
- Advancement opportunity examples:
  - Infection Preventionist
  - Infection Preventionist, Sr Program Manager (CIC)
  - Infection Prevention Director (CIC and Master's in related field)

- APPLICATION OF THE MODEL



- **Advancing the Profession**
  - Advanced practice education programs
  - Educational curriculum
  - Recruitment tool

APIC FELLOW

FELLOW OF THE ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY

Advancing the Profession

Certification

Competency Advancement Assistance (CAA) Program
https://apic.org/education-and-events/certification/caa/

Tuition Reimbursement/Scholarships

Join local APIC chapter

Volunteer for Chapter Office
Volunteer for Chapter Committees

Volunteer for National APIC Committees/Teams

Attend Conferences

Volunteer for CBIC

Preparing for the Certification Examinations

This section of the handbook outlines resource materials recommended by CBIC for examination preparation. The expanded examination content outline provided below, is a useful tool for course and curriculum preparation and to judge the relevance of topics to the content of the examination. The below content outline is for the initial certification examination. ***Please note:*** The recertification examination content outline contains the same content as listed below but the scored domains and number of items in each domain area may vary slightly. This section also contains reference lists for all examinations, as well as information about the CBIC practice examination.

2020 CIC® Examination Content Outline

1) Identification of Infectious Disease Processes (22 items)

a. Interpret the relevance of diagnostic and laboratory reports
b. Identify appropriate practices for specimen collection, transportation, handling, and storage
c. Correlate clinical signs and symptoms with infectious disease process
d. Differentiate between colonization, infection and contamination
e. Differentiate between prophylactic, empiric and therapeutic uses of antimicrobials

2) Surveillance and Epidemiologic Investigation (24 items)

a. Design of Surveillance Systems
    1. Conduct a risk assessment on the population served, services provided, and regulatory or other requirements
    2. Develop goals and objectives based upon the risk assessment
    3. Develop a surveillance plan based on the goals identified from the risk assessment
    4. Evaluate periodically the effectiveness of the surveillance plan and modify as necessary
    5. Create a notification system based on surveillance plan including epidemiologically significant findings
    6. Integrate surveillance activities across health care settings (e.g., ambulatory, home health, long term care, acute care)
    7. Establish mechanisms for identifying individuals with communicable diseases requiring follow-up and/or transmission based precautions

b. Collection and Compilation of Surveillance Data
    1. Use a systematic approach to record surveillance data
    2. Organize and manage data in preparation for analysis
    3. Calculate the incidence or prevalence of infections
    4. Calculate specific infection rates/ratios (e.g., provider-specific, unit-specific, device-specific, procedure-specific, Standardized Infection Ratio)
    5. Use of standardized definitions

c. Interpretation of Surveillance Data
    1. Generate, and validate surveillance data
    2. Use basic statistical techniques to describe data (e.g., mean, standard deviation, rates, ratios, proportions)
    3. Monitor and interpret the relevance of antimicrobial susceptibility patterns
    4. Compare surveillance results to published data and/or other relevant benchmarks
    5. Analyze and interpret data using appropriate methods
    6. Prepare and present findings in an appropriate format that is relevant to the audience/ stakeholders (e.g., graph, tables, charts)
    7. Develop and facilitate corrective action plans based on surveillance findings
    8. When to implement an epidemiological study to investigate a problem (e.g., case control, cohort studies)

d. Outbreak Investigation
    1. Verify existence of outbreak
    2. Collaborate with appropriate persons to establish the case definition, period of investigation, and case-finding methods
    3. Define the problem using time, place, person, and risk factors
    4. Formulate hypothesis on source and mode of transmission
    5. Implement and evaluate control measures, including ongoing surveillance
    6. Prepare and disseminate reports

3) Preventing/Controlling the Transmission of Infectious Agents (25 items)

a. Develop evidence-based/informed infection prevention and control policies and procedures
b. Collaborate with relevant groups and agencies in planning community/facility responses to biologic threats and disasters (e.g., public health, anthrax, influenza)
c. Identify and implement infection prevention and control strategies related to:
    1. Hand hygiene
    2. Cleaning, disinfection, and sterilization
    3. Wherever healthcare is provided (e.g., patient care units, operating room, ambulatory care center, home health, pre-hospital care)
    4. Infection risks associated with therapeutic and diagnostic procedures and devices (e.g., dialysis, angiography, bronchoscopy, endoscopy, intravascular devices, urinary drainage catheter)
    5. Recall of potentially contaminated equipment, food, medications, and supplies
    6. Transmission-based Precautions
    7. Appropriate selection, use, and disposal of Personal Protective Equipment
    8. Patient placement, transfer, and discharge
    9. Environmental pathogens (e.g., Legionella, Aspergillus)
    10. Use of patient care products and medical equipment
    11. Immunization programs for patients
    12. The influx of patients with known/suspected communicable diseases (e.g., bioterrorism, emerging infectious diseases, syndromic surveillance)
    13. Principles of safe injection practices (e.g., parenteral medication administration, single use of syringes and needles, appropriate use of single and multi-dose vials)
    14. Identifying, implementing and evaluating elements of Standard Precautions/Routine Practices (e.g., respiratory hygiene/cough etiquette)
    15. Antimicrobial stewardship

4) Employee/Occupational Health (11 items)

a. Review and/or develop screening and immunization programs
b. Collaborate regarding counseling, follow up, and work restriction recommendations related to communicable diseases and/or exposures
c. Collaborate with occupational health to evaluate infection prevention-related data and provide recommendations
d. Collaborate with occupational health to recognize healthcare personnel who may represent a transmission risk to patients, coworkers, and communities
e. Assess risk of occupational exposure to infectious diseases (e.g., *Mycobacterium tuberculosis*, bloodborne pathogens)

5) Management and Communication (13 items)

a. Planning
    1. Develop, evaluate, and revise a mission and vision statement, goals, measurable objectives, and action plans for the Infection Prevention and Control Program
    2. Assess needs then recommend specific equipment, personnel, and resources for the Infection Prevention and Control Program
    3. Participate in cost benefit assessments, efficacy studies, evaluations, and standardization of products
    4. Recommend changes in practice based on current evidence, clinical outcomes, and financial implications
    5. Incorporate business modeling to assign value to prevention of and/or presence of healthcare-associated infection (e.g., cost/benefit analysis, return on investment)

b. Communication and Feedback
    1. Provide infection prevention and control findings, recommendations, and reports to appropriate stakeholders
    2. Facilitate implementation of policies, procedures, and recommendations
    3. Communicate effectively with internal and external stakeholders (e.g., transitions of care, reporting of notifiable diseases)
    4. Collaborate with internal and external stakeholders in the identification and review of adverse and sentinel events
    5. Evaluate and facilitate compliance with accreditation standards/regulatory requirements
    6. Perform and create a personalized development plan. (e.g., set goals, maintain competence)

c. Quality Performance Improvement and Patient Safety
    1. Participate in quality/performance improvement and patient safety activities related to infection prevention and control (e.g., failure mode and effects analysis, plan-do-study-act)
    2. Develop, monitor, measure, and evaluate performance indicators to drive quality improvement initiatives
    3. Select and apply appropriate quality/performance improvement tools (e.g., "fishbone" diagram, Pareto charts, flow charts, Strengths-Weaknesses-Opportunities-Threats, Gap Analysis)

6) Education and Research (11 items)

a. Education
    1. Assess needs, develop goals and measurable objectives for preparing educational offerings
    2. Prepare, present, or coordinate educational content that is appropriate for the audience
    3. Provide immediate feedback, education, and/or training when lapses in practice are observed
    4. Evaluate the effectiveness of education and learner outcomes (e.g., observation of practice, process measures)
    5. Facilitate effective education of patients, families, and others regarding prevention and control measures
    6. Implement strategies that engage the patient, family, and others in activities aimed at preventing infection

b. Research
    1. Conduct a literature review
    2. Critically appraise the literature
    3. Facilitate incorporation of applicable research findings into practice

7) Environment of Care (14 items)

a. Recognize and monitor elements important for a safe care environment (e.g., Heating-Ventilation-Air Conditioning, water standards, construction)
b. Assess infection risks of design, construction, and renovation that impact patient care settings
c. Provide recommendations to reduce the risk of infection as part of the design, construction, and renovation process
d. Collaborate on the evaluation and monitoring of environmental cleaning and disinfection practices and technologies
e. Collaborate with others to select and evaluate environmental disinfectant products

8) Cleaning, Sterilization, Disinfection, Asepsis (15 items)

a. Identify and evaluate appropriate cleaning, sterilization and disinfection practices
b. Collaborate with others to assess products under evaluation for their ability to be reprocessed
c. Identify and evaluate critical steps of cleaning, high level disinfection, and sterilization

Please note: In the CIC® exam, the term "standards precautions" is equivalent to the Canadian term "routine practices."

2020 a-IPC Examination Content Outline

1) **Identification of Infectious Disease Processes (14 items)**
2) **Surveillance and Epidemiologic Investigation (15 items)**
3) **Preventing/Controlling the Transmission of Infectious Agents (16 items)**
4) **Employee/Occupational Health (7 items)**
5) **Management and Communication (8 items)**
6) **Education and Research (7 items)**
7) **Environment of Care (9 items)**
8) **Cleaning, Sterilization, Disinfection, Asepsis (9 items)**

CBIC
Certification Board of Infection Control and Epidemiology, Inc.

2020 References (CIC® and a-IPC)

References have been categorized as primary and secondary sources for content information. Most questions are based on material in the primary references. Secondary references may be useful to help clarify more detailed issues in specific practice settings or content areas such as microbiology.

Primary References

- *APIC Text of Infection Control and Epidemiology*, 4th ed., *Volume I, Volume II* and *Volume III*, APIC, Washington, DC, 2014.
- Kulich P, Taylor D, eds. *The Infection Preventionist's Guide to the Lab*, APIC, Washington, DC, 2012.
- Heymann, D., ed. *Control of Communicable Diseases Manual,* 20th ed., Washington, DC: American Public Health Association; 2015.
- Brooks, Kathy. *Ready Reference for Microbes*, 4th ed., APIC; 2018.

Secondary References:

- Current Recommendations of the Advisory Committee on Immunization Practices (ACIP).
- Current guidelines, standards, and recommendations from CDC, APIC, SHEA, and Public Health Agency of Canada.
- Pickering, Larry K, ed. *Red Book*, 30th ed., Elk Grove Village, IL: American Academy of Pediatrics; 2015.

ACKNOWLEDGEMENTS

Home > Applying APIC's Competency Model

https://apic.org/applying-apics-competency-model/

Applying APIC's Competency Model

5

Heather Bernard, DNP RN CIC FAPIC

- COVID-19 Corps Infection Prevention and Control Specialist at NY State Department of Health
  - CDC Foundation
- Professional Development Committee
  - Chair
- No Disclosures

Angel Mueller, MPH CIC FAPIC

- System Infection Prevention Director
  - UnityPoint Health
- Professional Development Committee
  - Vice Chair
- Disclosures: Member of Cepheid Speakers Bureau

REFERENCES

[APIC Competency Model Paper - 2019]

[APIC Competency Model Application Paper]

American Journal of Infection Control 47 (2019) 602–614

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Commentary

Advancing the profession: An updated future-oriented competency model for professional development in infection prevention and control

Corrianne Billings BS, BSN, RN, CIC [a,*], Heather Bernard DNP, RN, CIC, FAPIC [b], Lisa Caffery MS, BSN, RN-BC, CIC, FAPIC [c], Susan A. Dolan RN, MS, CIC, FAPIC [d], John Donaldson MAT, MS [e], Ericka Kalp PhD, MPH, CIC, FAPIC [f], Angel Mueller MPH, CIC, FAPIC [g]

American Journal of Infection Control 46 (2018) 1202-1210

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Major Article

Creation of a competency-based professional development program for infection preventionists guided by the APIC Competency Model: steps in the process

Heather Bernard DNP, RN, CIC [a,*], Diana Hackbarth PhD, RN, FAAN [b], Russell N. Olmsted MPH, CIC [a], Denise Murphy BSN, MPH, CIC, CPPS, FAAN [a]

[a] Mohawk Valley Health System; Faxton St. Luke's Healthcare, St. Elizabeth's Medical Center Infection Prevention Departments, Utica, NY
[b] Loyola University, Chicago, IL

Janet Conner

970-580-1373

jconner6512@gmail.com