

# SELF-ASSESSMENT TO ADVANCE IP COMPETENCY

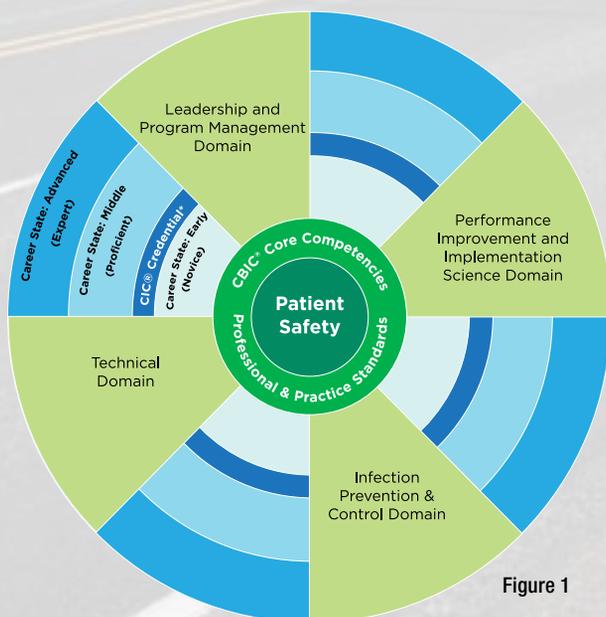


Figure 1

APIC's new tool serves as a road map for personalized, professional career growth.

BY MARILYN HANCHETT, RN, MA, CPHQ, CIC

In May 2012, APIC introduced a conceptual model for infection preventionist (IP) competency development across the career span.<sup>1</sup> The model (Figure 1) is designed to apply broadly to all IPs and be relevant in a variety of practice settings. It helps guide the ongoing acquisition of knowledge, skills, and leadership ability as the IP progressively acquires greater career maturity, role specialization, and overall expanded professional status.

**“The objective of the self-assessment exercise is not to achieve a high ranking; it is intended to function as a road map for personalized, professional career growth. It can be included as part of an annual performance appraisal process or any time there are significant institutional or personal changes impacting the IP role.”**

During the first year following its introduction, APIC has focused on the novice career stage. In this initial phase, the IP uses the core competencies, as described by the Certification Board of Infection Control and Epidemiology (CBIC) through their practice analysis research, to obtain baseline knowledge and demonstrate essential skills in topic areas such as surveillance methods, data analysis and reporting, principles of epidemiology, and microbiology. Successful completion of the certification in infection prevention and control (CIC) national exam represents the transition point from novice to proficient. There is no specific time frame for this transition. For novice IPs who have a strong clinical background, the transition may occur rapidly. For others, the transition will most likely take longer. An expected general time period for the novice career phase is approximately two years.

APIC now continues to address its strategic initiative of advancing competency by focusing on the proficient and advanced career stages. In these stages, progress is determined by self-assessment rather than examination. A new self-assessment tool on the following page can assist IPs in this process.

During all career stages, the CBIC core competencies remain relevant. In the accompanying tool, this content is shown in maroon/red. However, the application of these competencies changes as the IP advances in his/her career. For example, the novice will focus almost entirely on obtaining essential, basic skills. During the proficient and advanced phases, the emphasis shifts from having the skills to demonstrating how they are applied and, ideally, the extent to which they correspond to improved safety and infection prevention outcomes.

Because there is wide variation in IP roles, including the expanding presence in post-acute settings, periodic self-assessment is

essential to assure that (1) personal competency continues to build, (2) competency advancement is aligned with the IP's current position and future career goals, and (3) competency development includes thoughtful consideration of the emerging content areas not yet described in the CBIC practice analysis but identified via expert consensus as priority areas where new knowledge/skills will be needed.

The tool presented here is designed to meet all three of those requirements. It combines the topics of the CBIC core competencies with the future-oriented competency domain (shaded in blue) described in the APIC conceptual model.

#### **HOW TO USE THE TOOL**

Begin by comparing your role to the core competencies. Consider how your application of this information has evolved as you have grown in your role and advanced your career. Identify core areas for which you may need to review or update your knowledge. Determine how an intensified focus on core competencies can enhance your current role. Indicate areas of mastery where you may be able to teach or mentor others.

Next, or concurrently with the initial step, assess your performance in the future-oriented domains of competency (shaded in blue). Specific topics are not listed for the future-oriented domains. Instead, proficient and advanced IPs should include examples in these four areas of their current role and/or responsibilities and project how these will likely change in the next three to five years. The examples will vary according to indi-

vidual position, place/type of employment, and personal preferences.

The objective of the self-assessment exercise is not to achieve a high ranking; it is intended to function as a road map for personalized, professional career growth. It can be included as part of an annual performance appraisal process or any time there are significant institutional or personal changes impacting the IP role.

APIC recommends that all proficient and advanced IPs also use this tool to analyze their current job description. The tool will have the greatest value if the content area between the job description and the self-assessment correspond as closely as possible. The self-assessment tool may be useful in indicating areas where the job description may need to be revised or expanded. It can help facilitate ongoing dialog between the IP and the manager regarding the IP role and changing responsibilities, as well as assist in targeting content areas for educational goals.

APIC remains committed to the lifelong learning and ongoing professional development of its members. This tool, the first of its kind, represents this commitment and promises to be the first of many more resources for IPs at all career stages to advance their competency. 

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#### **Reference**

1. Murphy DN, Hanchett MA, Olmsted RN, Farber MR, Lee TB, Haas JP, Streed SA. Competency in infection prevention: A conceptual approach to guide current and future practice. *Am J Infect Control* 2012; 40:296-303.

**FOR MORE SPACE TO MAKE NOTES AND COMMENTS, DOWNLOAD THE TOOL FROM THE IP COMPETENCY PAGE:**

[http://apic.org/Professional-Practice/Infection\\_preventionist\\_IP\\_competency\\_model](http://apic.org/Professional-Practice/Infection_preventionist_IP_competency_model)

# Competency Self-Assessment and Professional Development Plan

For proficient and advanced infection preventionists.

## RATING SCALE

1: Novice knowledge/skills

2: Approaching proficiency

3: Fully proficient

4: Approaching advanced

5: Advanced/expert

Competency categories, integrating both the APIC and CBIC domains	IP practice areas as identified in CBIC practice analysis	Describe how/ to what extent these areas are addressed in current IP role (or specify N/A)	Assessment of personal competency in each practice area	Professional development plan to advance competency in the domain
Identification of infectious disease processes (CBIC)	1. Differentiate among colonization, infection, and contamination		1 2 3 4 5	
	2. Identify occurrences, reservoirs, incubation periods, periods of communicability, modes of transmission, signs and symptoms, and susceptibility associated with the disease process		1 2 3 4 5	
	3. Interpret results of diagnostic/lab reports		1 2 3 4 5	
	4. Recognize limitations and advantages of types of tests used to diagnose infectious processes		1 2 3 4 5	
	5. Recognize epidemiologically significant organisms for immediate review and investigation		1 2 3 4 5	
	6. Differentiate among prophylactic, empiric, and therapeutic uses of antimicrobials		1 2 3 4 5	
	7. Identify indications for microbiologic monitoring		1 2 3 4 5	

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Surveillance and epidemiologic investigation (CBIC)	1. Design of surveillance systems		1 2 3 4 5	
	2. Collection and compilation of surveillance data		1 2 3 4 5	
	3. Outbreak investigation		1 2 3 4 5	
Future-oriented domain (APIC): Technical	Example: electronic surveillance systems, access to/use of electronic databases/electronic data warehouse (EDW), other related applications, algorithmic detection and reporting processes, clinical decision support, infection prevention within the electronic health record	<b>If no prior experience, ask:</b> How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		
Preventing/controlling the transmission of infectious agents (CBIC)	1. Develop and review infection prevention and control policies and procedures		1 2 3 4 5	
	2. Collaborate with public health agencies in planning community responses to biologic agents		1 2 3 4 5	
	3. Identify and implement infection prevention and control strategies according to specific topics:		1 2 3 4 5	
	• Hand hygiene		1 2 3 4 5	
	• Cleaning, disinfection, and sterilization		1 2 3 4 5	
	• Specific direct and indirect care settings		1 2 3 4 5	
	• Therapeutic and diagnostic procedures and devices		1 2 3 4 5	
	• Product/equipment recall procedures		1 2 3 4 5	
	• Use of isolation/barrier precautions when indicated		1 2 3 4 5	
	• Patient placement, transfer, discharge		1 2 3 4 5	
	• Environmental hazards		1 2 3 4 5	
	• Use of patient care products and medical equipment		1 2 3 4 5	
	• Patient immunization programs		1 2 3 4 5	
• Construction and renovation		1 2 3 4 5		
• Influx of patients with communicable diseases		1 2 3 4 5		
Future-oriented domain (APIC): Infection prevention and control	Examples: ability to apply and use surveillance data and reports, advanced statistical methods and tools, including application of the standard infection ratio, risk assessment, hazard vulnerability analysis, use and evaluation of emerging prevention practices for patient care, diagnostic methods, participation in antimicrobial stewardship programs	<b>If no prior experience, ask:</b> How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		

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Management and communication (leadership) (CBIC)	1. Planning		1 2 3 4 5	
	2. Communication and feedback		1 2 3 4 5	
	3. Quality/performance improvement and patient safety		1 2 3 4 5	
<b>Future-oriented domain (APIC):</b> Leadership and program management	Examples: leads integration of prevention activities within and across departments, high level negotiation skills, financial/value analysis of programs and related projects, relationship management, ability to influence and persuade up to and including the executive level, team and consensus building within and across stakeholder groups	<b>If no prior experience, ask:</b> How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		
Education and research (CBIC)	1. Education		1 2 3 4 5	
	2. Research		1 2 3 4 5	
<b>Future-oriented domain (APIC):</b> Performance Improvement and Implementation Science	Examples: leads performance improvement (PI) teams for institution/system, develops interprofessional competencies, applies translational research methods, uses advanced PI tools/methods, focus on reliability and sustainability	<b>If no prior experience, ask:</b> How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		
Employee/occupational health (CBIC)	1. Review and/or develop screening and immunization programs		1 2 3 4 5	
	2. Provide counseling, follow-up, work restriction recommendations related to communicable diseases or following exposures		1 2 3 4 5	
	3. Assist with analysis and trending of occupational exposure incidents and information exchange between occupational health and infection prevention and control departments		1 2 3 4 5	

## ASSUMPTIONS

- Once CBIC certification has been achieved, competency is highly individualized and technically complex. It is driven by multiple factors, including educational opportunities, practice setting, and personal interests. Because competency is highly personalized and develops across the career span, no infection preventionist (IP) is expected to be “advanced” in most/all areas at any particular time. The goal is to identify areas for individual improvement so that professional development becomes a lifelong endeavor.
- The core competencies identified by CBIC and the future-oriented domain added by APIC are complementary and not mutually exclusive categories. By integrating them into one comprehensive self-assessment, the IP will be better prepared to address both immediate and evolving professional demands.
- Core competencies as identified by CBIC remain relevant across the career span, but their implementation evolves as proficiency increases. Therefore, assessment of core competencies for proficient and advanced IPs focuses on how these skills are applied and the extent to which the IP is able to utilize them to foster program development and to assist others in their prevention efforts.
- The future-oriented domains described by APIC build on the core competencies. The content may at times appear to overlap. However, the future-oriented domains attempt to identify those skills not yet included in the CBIC practice analysis but which, based on observation and professional consensus, are expected to be essential for IP practice in the next three to five years. 