Moving the profession forward

APIC’s new IP Competency Model helps infection preventionists design a plan for professional development.
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In May 2012, APIC introduced the first conceptual model of infection preventionist (IP) competency. The model was designed to be broadly applicable across both practice settings and career stages. The foundational elements are centrally positioned to reinforce the significance of patient safety, professional standards, and the Certification Board of Infection Control and Epidemiology (CBIC) core competencies.

While these elements remain essential throughout the IP’s career, the model also looks to the competencies necessary to support future knowledge and skills. Four specific, future-oriented domains radiate outward from the center and include: (1) technical, (2) leadership and program management, (3) infection prevention and control, and (4) performance improvement/implementation science.

It is important to recognize that the core competencies and the future-oriented domains are not mutually exclusive. In fact, they are complementary. Depending on the specific topic, content areas may overlap. For a complete description of the model and its interpretation, see the May 2012 *American Journal of Infection Control* article titled “Competency in infection prevention: A conceptual approach to guide current and future practice.”

To demonstrate how this model can be used to help direct the IP’s professional development, it has been applied to examples representing each of the three career stages. Each example has been color coded to reflect how the model pertains to the individual scenario described. A recommended professional development plan is offered to help the individual achieve his or her goals.
Green areas indicate critical competencies required for the expanding IP role.

*The CIC® Credential is available from CBIC® The Certification Board of Infection Control and Epidemiology, Inc.
The early stage IP

Kathy is a registered nurse (RN) and worked in the intensive care unit (ICU) in her community hospital for three years before joining the Infection Prevention department. She is one of two full-time IPs and has been in her role for 18 months. She is confident about her clinical skills related to patient care, device management, and key prevention strategies such as antibiotic utilization, hand hygiene, and contact precautions. Her undergraduate degree is in nursing. She has completed initial National Healthcare Safety Network (NHSN) training. She attends the hospital’s monthly Infection Control Committee meetings, gives introductory presentations to the hospital’s orientees, and participates in rounds led by the safety officer. Kathy’s self-assessment of her infection prevention skills indicates that, although she has a strong nursing background, she is in the early career stage as an IP. She has read about the Certification Board of Infection Control and Epidemiology examination but is unsure if she is ready to take that step. Kathy is married, has two children, and stays very busy. Due to family demands, she is not considering graduate education at this time but expects to do so in the future. She enjoys infection prevention and wants to advance in the field. But with multiple demands on her time every day, it is imperative that she focus on activities that will expedite achieving her professional goals in a practical, achievable way.

Kathy’s professional development plan

- **Plan and prepare to earn the certification in infection prevention and control (CIC®) credential.** She should investigate preparatory resources available at both the national and local levels. Many APIC chapters sponsor study groups and other informal peer-to-peer support programs.
- **Focus on epidemiology and surveillance to expand her existing clinical skills.** For clinicians transitioning into infection prevention, these are topics that usually require focused attention.
- **Transfer RN leadership skills to the IP role** by volunteering to lead project teams, serve on committees or other stakeholder groups addressing infection prevention related issues.
- **Expand her internal network;** include departments such as EVS, Quality, Risk and others.
- **Attend APIC’s EPI® 101 and 201 programs to obtain baseline education.**
- **Participate in APIC programs and events.** Kathy should attend as many local APIC chapter activities as her schedule permits. She should also attend the APIC Annual Conference, as it offers many beginner-level sessions to meet her learning needs.

Goal

If Kathy follows the professional development plan described above and integrates it with the performance measures specific to her employment, she can expect to transition from novice to the early phase of a proficient IP within the next one to two years. Completion of the certification process will be essential to making this career transition.
The mid-career IP

John worked in the microbiology laboratory at his hospital for five years. During that time, he participated in the hospital’s infection control program and became interested in epidemiology. After several years of collaboration with the hospital’s epidemiologist, John was encouraged to apply for the infection prevention manager position when it was vacated due to a retirement.

John now manages the infection prevention team. The team includes two other full-time IPs and a part-time data analyst. The team is responsible for the hospital, the outpatient areas, and a nearby ambulatory surgical center. One year ago, the hospital implemented a new electronic surveillance system. While John and his team appreciate the efficiencies gained by the software, senior directors remain skeptical regarding the return on such a significant investment. It was recently suggested that the use of the new software could justify reducing John’s staff.

John’s primary educational background is in microbiology and epidemiology. He is highly skilled in biostatistics. John also understands the principles of patient care and has obtained his certification in infection prevention and control (CIC®) credential. However, his background did not prepare him for the business challenges he now faces as a front-line manager. At this point in his career, he still feels unsure of how to respond to the increasing managerial demands. When John used the IP Competency Model to evaluate his progress, he identified performance improvement/implementation science and the technical domains as areas for more development.

John’s professional development plan

- Consider graduate-level courses that include a business component. If that is not feasible, complete business courses focused on skill building (e.g., budgeting and finance, persuasion and negotiation, presenting and defending proposals). Business courses are available from a wide range of providers, including online and through community colleges.
- Network with other IP managers. IPs who manage similar departments can offer valuable advice and insight into the challenges John faces.
- In the technical domain, make proficiency in using the new surveillance software a priority. See if ongoing training/support is available from the vendor and participate in any user groups it sponsors. Look for additional opportunities to expand e-surveillance capabilities.
- Learn to use performance improvement tools to support IP program justification. Use APIC resources on “making the case for infection prevention” to integrate these skills and better prepare for management discussions.
Attend the APIC Annual Conference to access additional learning opportunities and to expand his national network. The annual conference offers content-rich sessions on not only core competencies, but also in the four areas targeted in the model for future professional development.

**Goal**

Within the next 12 to 18 months, John will balance his competencies across the various areas described in the model and, in doing so, will demonstrate the ability to successfully use essential business skills to support his role. Within two years, John will be fully proficient as a mid-career IP.

### The advanced IP

Leanne has worked in the field of infection prevention for 20 years. She has maintained CIC®. She has participated in state and regional work groups, presented posters and abstracts at APIC meetings, and served on several APIC national committees. She has been president of her local chapter twice. She is a frequently requested keynote speaker at many regional meetings where her infection prevention expertise is widely recognized and respected.

At this time, Leanne is no longer working as the sole practitioner for a local hospital. Instead, she is teaching undergraduate courses part time at a local college and doing some occasional consulting for industry. She remains active in her APIC chapter.

While Leanne recognizes that the IP role in her former institution was highly valued, it was rarely included in senior management discussions and decision making. For this reason, as Leanne looks to a new career direction, she wonders if a lack of director-level experience will be a drawback. In addition, the hospital was just beginning to move forward with implementing electronic medical records at the time of her departure. She had been an important advocate for including e-surveillance in this process, but she has limited personal experience with any of the current software packages available to IPs. Leanne is eager for new career opportunities but wants to make sure she remains up to date and competitive. She wants to maintain her clinical credibility and leverage her excellent reputation as a hospital-based IP in new ways. She has no plans to retire any time soon.

**Leanne’s professional development plan**

- Advance competency in the technical domain through learning and other engagement opportunities offered by APIC and other healthcare organizations. Attend sessions at the APIC Annual Conference that focus on e-surveillance and other emerging technologies; interact with technology vendors in the exhibit hall to discover additional professional development options.
Consider serving on the APIC Board of Directors. Leanne’s previous experience qualifies her for a national role and this would offer new opportunities to strengthen her leadership competencies.

- Focus on building consulting skills and network with IPs who have established successful consulting firms.
- Evaluate the feasibility of developing and offering independent seminars, workshops, or other educational offerings beyond the courses already included in the college curriculum. While this presents greater financial risk to Leanne, there is also great opportunity to innovate and showcase her unique skills to a wider audience.

Goal

Within the next two years, Leanne will have successfully redirected her career. Her prior reputation as an IP expert will now include expanded content areas in which she can showcase her advanced knowledge and skills.

Conclusion

APIC views competency as a self-defined and self-assessed process. Competency is not defined by specific time requirements, but acknowledges that experience is important. In order to prepare IPs for current workplace demands, and to help them meet the complex challenges ahead, a systematic approach, presented by the association in its conceptual model, offers a general plan to help all IPs achieve their individual career goals while simultaneously advancing the profession. IPs are encouraged to use the model to conduct their own self assessments and to optimally utilize the association’s extensive educational resources to prepare for the future.

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Learn more about the IP Competency Model

- Read the May 2012 American Journal of Infection Control article titled “Competency in infection prevention: A conceptual approach to guide current and future practice.”
- Attend the APIC 2012 Annual Conference session titled “A Long and Winding Road: Meeting Current Challenges, Preparing for Future Demands: APIC Introduces a Model of IP Competency” on Tuesday, June 5, 3-4 p.m. (www.apic.org/ac2012)