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Brief report

Advancing the competency of infection preventionists

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The Association of Professionals in Infection Control and Epidemiology (APIC) has identified advancing infection prevention competency as a core goal in their Strategic Plan 2020. To achieve this goal, APIC has published a self-assessment tool to help infection preventionists identify where they are on a predefined scale. This project trialed APIC's self-assessment tool along with an internally developed objective assessment. The objective was to determine if the tools help identify areas for improvement to advance overall group competency at BJC HealthCare, a large Midwestern health care system with nearly 30 infection preventionists.

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The Association of Professionals in Infection Control and Epidemiology's (APIC's) Strategic Plan 2020 was approved by the Board of Directors in early 2012. One of 5 strategic goals identified was advancing infection prevention (IP) competency and supporting board Certification in Infection Prevention and Control (CIC).¹ To support this goal, APIC introduced a conceptual model for IP competency and development (Fig 1).² The model shows the educational development of an infection preventionist that begins with novice, moves to proficient, and expands to expert.

The 6 core competencies represented in the model have been previously defined by the Certification Board of Infection Control and Epidemiology (CBIC) and include the following: identification of infectious disease processes; surveillance and epidemiologic investigations; preventing and controlling the transmission of infectious agents; employee-occupational health; management and communication (leadership); and education and research.³ APIC has also included 4 future-oriented domains for competency development: leadership; IP and control; technology; and performance improvement and implementation science. The future domains are linked to the core competencies and also to one another.

BJC HealthCare is an 11-hospital system serving urban, suburban, and rural communities in Missouri and Illinois with a

mix of critical access, community, pediatric, and academic hospitals ranging from 35–1,250 beds. IP resources include infection preventionists at each facility, IP consultants at the system level, a medical director, and support staff. The BJC HealthCare Infection Prevention and Epidemiology Consortium (IPEC) is a voluntary collaborative group that originated in 1997 and meets monthly to discuss current issues, coordinate interventions, share best practices, and advance group learning. An ongoing IPEC goal is to advance from novice to expert status in APIC competency model. The objective of this project was to trial APIC's self-assessment tool along with an internally developed objective assessment to determine if the tools help identify areas for improvement to advance overall group competency.

METHODS

Hospital infection preventionists electronically completed APIC's Competency Self-Assessment and Professional Development Plan (SA).⁴ The tool uses a 1–5 scale (where 1 is novice, 2 is approaching proficient, 3 is fully proficient, 4 is approaching advanced, and 5 is advanced-expert). The scoring of each of the 33 elements among 6 categories is done by the person completing the assessment.

Infection preventionists then completed a 58-question internally developed, unvalidated objective assessment (OA) that was created by an experienced system IP consultant based on CBIC review material and APIC Text of Infection Control and Epidemiology.^{5,6} (Appendix). Questions in the OA were categorized into the

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Conflicts of interest: None to report.

APIC Competency Model for the Infection Preventionist

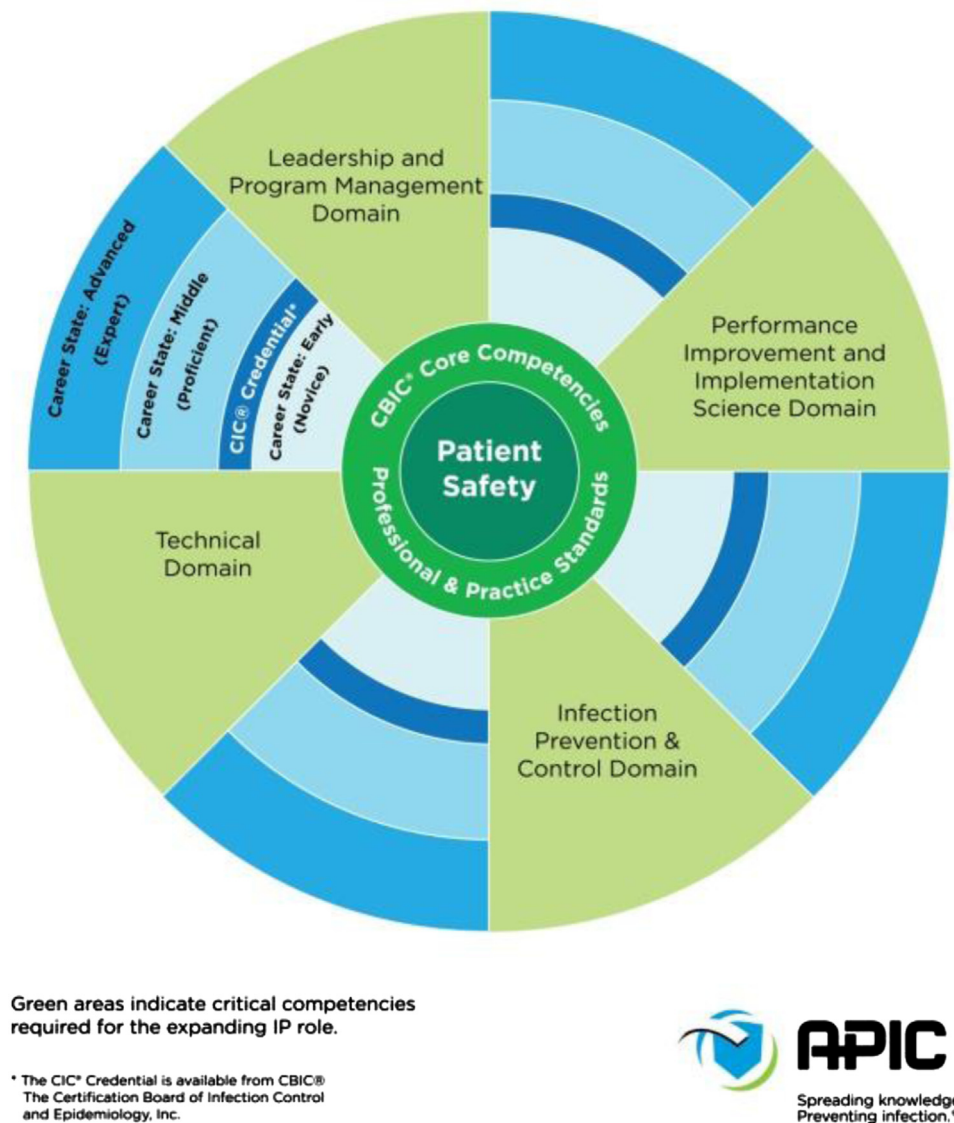


Fig 1. APIC competency model for the infection preventionist. CBIC, Certification Board of Infection Control and Epidemiology. Copyright APIC - Association for Professionals in Infection Control and Epidemiology. Used with permission.

Table 1
Self-assessment and objective assessment results, CIC and non-CIC comparison

Measure	SA (n = 28)	SA CIC (n = 15)	SA non-CIC (n = 13)	OA (n = 28)	OA CIC (n = 15)	OA non-CIC (n = 13)
Mean	2.46	3.01	1.80	2.40	2.62	2.15
		$P < .001$			$P = .06$	
Median	2.29	3.21	1.55	2.50	2.67	2.00
Range	3.28 (1–4.28)	2.31 (1.97–4.28)	2.66 (1–3.66)	2.14 (1.33–3.50)	2.17 (1.33–3.50)	2.17 (1.33–3.50)

NOTE. The scale as scored as follows: 1 (novice), 2 (approaching proficient), 3 (fully proficient), 4 (approaching advanced), and 5 (advanced).
CIC, Certification in Infection Prevention and Control; OA, objective assessment; SA, Competency Self-Assessment and Professional Development Plan.

6 competency areas matching the SA. Each question was worth 1 point. The category score was based on the percent correct of all the questions in that category, with the percent correct assigned a score of 1–5 to match APIC's scoring scale. Each category was worth 1/6 of the overall score. The OA was completed during a regularly

scheduled IPEC meeting or returned via fax or e-mail if the infection preventionist was not in attendance.

The results of the SA and OA for each respondent were linked, deidentified, and aggregated overall and by competency category. Aggregate results were presented and discussed with

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