



Becoming an APIC Fellow

BY LISA CAFFERY, MS, BSN, RN-BC, CIC, FAPIC

In May 2016, I was notified that I had been selected to be in the first class of APIC Fellows. It's very humbling to see one's name alongside the distinguished list of honorees, many of whom I have admired throughout my career. Being named a Fellow is an honor and a privilege, and it has challenged me to explore opportunities outside my comfort zone. Becoming a Fellow is not the end of the journey, but a step along the way.

Prior to submitting my application, I used the APIC Competency Self-Assessment and Professional Development Plan to assess my strengths and weaknesses.¹ The tool helped me to focus on the areas needing to be strengthened, as well as create future-oriented career goals. The path to fellow status does not occur in isolation. Along the way I have had many mentors who have guided me throughout my nursing career. I could not have achieved this recognition without the support of my family and co-workers, who encouraged me to continue to learn and strive to be the best person possible.

Early in my career in infection prevention, I became involved with Eastern Iowa APIC, my local chapter. I have since served in a variety of roles that have helped me to develop leadership skills and the confidence to volunteer at the national APIC level. Our chapter has had four members become APIC

Fellows in the first two classes. These Fellows have taken a leadership role in mentoring new infection preventionists (IPs), encouraging those preparing for certification, and assisting with statewide educational planning to ensure that IPs have the information they need to be successful.

BECOMING AN APIC FELLOW

As I prepare to begin my term as chair of the Professional Development Committee (PDC), I want to share some information with you on the Fellows program and encourage you to consider applying for the recognition. Fellows have come from all practice settings, both in the United States and internationally. The program is designed to recognize IPs who have gone above and beyond to advance the profession. All IPs, regardless of their practice setting, are encouraged to apply if they meet the selection criteria.

Becoming a Fellow demonstrates a commitment to continued learning, mentorship, leadership, and research. It should also lead the Fellow to expand their knowledge base and continue to grow as a professional.

Applying for Fellow recognition is easy, but it's always good to plan ahead when the time comes.

- It is important that you begin preparing your application early and download a practice application. The final application is online and must be completed in one sitting.
- Confirm that your APIC membership and certification (CIC®) status are current.
- Complete the APIC Competency Self-Assessment tool to determine where you are in your career development.
- Update your CV/resume to ensure that it supports the activities listed in your application. Be sure to follow APA format when writing references.
- Gather all the supporting documents in case there are questions about the activities listed on your application.

NEW FOR 2018

There are two new criteria in 2018—all applicants must have a master's degree or higher, and all activities must have occurred within the 10 years prior to applying. The criteria were developed around the four domains of the APIC Competency Model²:

- Leadership and Program Management
- Infection Prevention and Control
- Performance Improvement and Implementation Science
- Technical

You cannot use the same activity to meet the criteria for more than one domain; however, you can use the same delivery format (e.g., poster or oral presentation) for the activity. Please note that leadership activities must occur outside of your workplace responsibilities and you must be in a leadership role, such as a board director, committee chair, or co-chair. Some key items of the application to make note of are:

- The publication/peer review requirement can make or break your application. Automatic publication like conference abstracts in *AJIC* (e.g., a supplement issue where ALL submissions are published) will not count.
- Your five years of membership *must* be consecutive.
- CIC certification is a requirement, not a preference.
- Holding a master’s degree is a new requirement.

Each application is reviewed by APIC staff and PDC leadership. Every effort is made to recognize all qualified applicants. If further supporting documentation is required, you

will be notified by APIC staff and asked to provide additional documents. Applicants who have been awarded Fellow status will be notified in May, and they will be recognized at the Annual Conference in June. You do not need to attend the Annual Conference, but I admit that it is pretty cool to see your name listed with your class and to wear the blue APIC Fellow ribbon on your conference name badge. You will also receive a certificate and, if you choose, a letter will be sent to your immediate supervisor.

Lastly, there is some evidence that healthcare settings with IPs who are certified in infection control and prevention (CIC) demonstrate better patient outcomes.^{3,4} It will be interesting to see what impact a Fellow will have on patient care and outcomes in healthcare. It is important that leaders in healthcare settings recognize the skills and knowledge that an APIC Fellow brings to the table, whether the discussion is about infection prevention or patient safety. The skill set of an APIC Fellow can help to guide healthcare settings in the implementation of evidenced-based interventions to ensure that patients are receiving the best care possible.

My challenge to you as we approach the new year is to complete the APIC Self-Competency Assessment and, if the time

is right, consider submitting a Fellow application. You might be surprised at how much you have accomplished during your career! If this isn’t the right time, create your professional development plan and begin the steps to take your career to the next level. **PS**

Lisa Caffery, MS, BSN, RN-BC, CIC, FAPIC, is the infection prevention coordinator at Genesis Health System in Davenport, Iowa. She is also the 2018 Chair of the APIC Professional Development Committee.

References

1. Hanchett M. Self-assessment to advance IP competency. *Prevention Strategist* 2013;6(2):63-67.
2. Hanchett M. Moving the profession forward. *Prevention Strategist* 2012;5(2):46-51.
3. Pogorzelska M, Stone P, Larson E. Certification in infection control matters: Impact of infection control department characteristics and policies on rates of multidrug-resistant infections. *Am J Infect Control* 2012;40(2):96-101.
4. Kerin SL, Hofer TP, Kowalski CP, et al. Use of central venous catheter-related bloodstream infection prevention practices by US hospitals. *Mayo Clin Proc* 2007;82:672-678.

KEY APPLICATION INFO

1. Application opens: February 1, 2018
2. Application closes: March 31, 2018
3. A non-refundable \$125 application fee is required

For additional information, visit www.apic.org/fellows.

COMPETENCY SELF-ASSESSMENT AND PROFESSIONAL DEVELOPMENT PLAN FOR PROFICIENT AND ADVANCED INFECTION PREVENTIONISTS

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)	a. Interpret the relevance of diagnostic and laboratory reports		1 2 3 4 5	
	b. Identify appropriate practices for specimen collection, transportation, handling, and storage		1 2 3 4 5	
	c. Correlate clinical signs and symptoms with infectious disease process		1 2 3 4 5	
	d. Differentiate between colonization, infection, and contamination		1 2 3 4 5	
	e. Differentiate between prophylactic, empiric, and therapeutic uses of antimicrobials		1 2 3 4 5	

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
Surveillance and epidemiologic investigation (CBIC) <i>see more details on CBIC Examination Content Outline</i>	a. Design of surveillance systems		1 2 3 4 5	
	b. Collection and compilation of surveillance data		1 2 3 4 5	
	c. Interpretation of surveillance data		1 2 3 4 5	
	d. 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	If no prior experience, ask: 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)	a. Develop evidence-based/informed infection prevention and control policies and procedures		1 2 3 4 5	
	b. Collaborate with relevant groups in planning community/facility responses to biologic threats and disasters (e.g., public health, anthrax, influenza)		1 2 3 4 5	
	c. Identify and implement infection prevention and control strategies related to		1 2 3 4 5	
	• Hand hygiene		1 2 3 4 5	
	• Cleaning, disinfection, and sterilization		1 2 3 4 5	
	• Wherever healthcare is provided (e.g., patient care units, operating rooms, ambulatory care center, home health, pre-hospital care)		1 2 3 4 5	
	• Infection risks associated with therapeutic and diagnostic procedures and devices (e.g., dialysis, angiography, bronchoscopy, endoscopy, intravascular devices, urinary drainage catheter)		1 2 3 4 5	
	• Recall of potentially contaminated equipment, food, medications, and supplies		1 2 3 4 5	
	• Transmission-based precautions		1 2 3 4 5	
	• Appropriate selection, use, and disposal of personal protective equipment		1 2 3 4 5	
	• Patient placement, transfer, discharge		1 2 3 4 5	
	• Environmental pathogens (e.g., <i>Legionella</i> , <i>Aspergillus</i>)		1 2 3 4 5	
	• Use of patient care products and medical equipment		1 2 3 4 5	
	• Immunization programs for patients		1 2 3 4 5	
Preventing/controlling the transmission of infectious agents (CBIC), continued	• Influx of patients with communicable diseases		1 2 3 4 5	
	• Principles of safe injection practices		1 2 3 4 5	
	• Identifying, implementing and evaluating elements of standard precautions/routine practices		1 2 3 4 5	
	• Antimicrobial stewardship		1 2 3 4 5	

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
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	If no prior experience, ask: How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		
Management and communication (CBIC) <i>see more details on CBIC Examination Content Outline</i>	a. Planning		1 2 3 4 5	
	b. Communication and feedback		1 2 3 4 5	
	c. Quality/performance improvement and patient safety		1 2 3 4 5	
Future-oriented domain (APIC): 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 executive level, team and consensus building within and across stakeholder groups	If no prior experience, ask: How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		
Education and research (CBIC) <i>see more details on CBIC Examination Content Outline</i>	a. Education		1 2 3 4 5	
	b. Research		1 2 3 4 5	
Future-oriented domain (APIC): 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	If no prior experience, ask: How do I anticipate practicing in the next three to five years? What new knowledge/skills will be required?		

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
Employee/occupational health (CBIC)	a. Review and/or develop screening and immunization programs		1 2 3 4 5	
	b. Collaborate regarding counseling, follow up, and work restriction recommendations related to communicable diseases and/or exposures		1 2 3 4 5	
	c. Collaborate with occupational health to evaluate infection prevention-related data and provide recommendations		1 2 3 4 5	
	d. Collaborate with occupational health to recognize healthcare personnel who represent a transmission risk to patients, coworkers, and communities		1 2 3 4 5	
	e. Assess risk of occupational exposure to infectious diseases (e.g., <i>Mycobacterium tuberculosis</i> , bloodborne pathogens)		1 2 3 4 5	
Environment of care (CBIC)	a. Recognize and monitor elements important for a safe care environment (e.g., heating-ventilation-air conditioning, water standards, construction)		1 2 3 4 5	
	b. Assess infection risks of design, construction, and renovation that impact patient care settings		1 2 3 4 5	
	c. Provide recommendations to reduce the risk of infection as part of the design, construction, and renovation process		1 2 3 4 5	
	d. Collaborate on the evaluation and monitoring of environmental cleaning and disinfection practices and technologies		1 2 3 4 5	
	e. Collaborate with others to select and evaluate environmental disinfectant products		1 2 3 4 5	
Cleaning, sterilization, disinfection, asepsis (CBIC)	a. Identify and evaluate appropriate cleaning, sterilization and disinfection practices		1 2 3 4 5	
	b. Collaborate with others to assess products under evaluation for their ability to be reprocessed		1 2 3 4 5	
	c. Identify and evaluate critical steps of cleaning, high-level disinfection, and sterilization		1 2 3 4 5	
Updated August 2017 to align with changes in CBIC Examination Content Outline (2017)				

ASSUMPTIONS:

- Once certification in infection control (CIC) 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 domains 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.