Bridging the leadership gap:

APIC partners with SHEA on inaugural leadership development course

BY JENNIFER J. SALOPEK

Infection preventionists (IPs) receive a lot of on-the-job training to perform their crucial role of preventing healthcare-associated infections and increasing patient safety. They study for certifications and earn continuing education credits. Although leadership is a major domain within the APIC Competency Model for the Infection Preventionist, opportunities to learn what competencies are required for executive leadership development and the associated skills are more difficult to find. In the 2015 APIC MegaSurvey: State of the IP Profession, only 14 percent of respondents had received formal education in management and communication, and only 33 percent had attended professional development courses or training on those topics.¹
“Infection preventionists’ influence is increasing,” said Katrina Crist, CEO of APIC. “To continue to see it rise, it’s important that IPs not only understand how to lead infection prevention and control across a hospital or health system, but how to co-lead with physician epidemiologists and administrators.”

MODELING PARTNERSHIP IN DESIGN AND EXECUTION

Assuming a leadership role within the care setting is critical to obtaining the authority and access necessary to obtain additional resources, promote the value proposition, and increase recognition of the profession. Recognizing this important fact, APIC partnered with the Society for Healthcare Epidemiology of America (SHEA) to design and produce a three-day joint leadership development course that was offered for the first time in December 2018. Approximately 60 attendees—IPs, epidemiologists, infectious disease physicians, and consultants—convened at the Renaissance Arlington Capital View Hotel for a deep dive into what makes an effective leader and how to develop the necessary executive leadership skills.

The mixed audience of IPs and physicians was a unique aspect of the course. While SHEA and APIC have partnered for many years on practice topics, this was the organizations’ first collaboration on leadership development. Previous joint board meetings of the two groups yielded anecdotal evidence that leadership development was lacking in the field but crucial to how professionals partner in the workplace.

“The opportunity to go off site and partner with other leaders in a combined training program, to share and network with others at the same level—it was really important to our members,” said Kristy Weinshel, executive director at SHEA. “A lot of physicians and IPs are expected to perform leadership responsibilities, but they don’t really talk about it. This course allowed them to get out of the day-to-day and be very intentional about that focus.”

Rhone especially valued the assessment. “It’s great to know where you stand. It helps from a planning perspective, giving a starting point for development,” he said. Rhone noted that he attended the course because he consciously tries to leverage his education and climb the leadership ladder at TGH, but “We have a tendency to focus on the technical rather than career development. It was a great opportunity to talk about things that are difficult to get to at work.”

TRUST, TEAMS, AND TECHNIQUES

Each day of the course featured a different theme, led by expert faculty from the American Association for Physician Leadership (AAPL) as follows:

- “Leadership Within a Culture of Trust”—Mamta Gautam, MD, MBA, CPDC, CCPE, FRCP
- “Not Solely a Clinician Anymore”—Kevin O’Connor, CSP

The faculty collaborated among themselves, and with APIC and SHEA staff, to design their respective days’ agendas, informed by information about the audience, their learning styles, and the desired
experience. The focus on a single overarching topic each day was very effective, said Martin.

“Attendees really had an opportunity to focus on skill building and to practice, which requires time. All too often, my clients try to do too much in too little time,” he noted.

Martin, an associate professor at DePaul University, is chair of the Faculty Advisory Committee for the AAPL and a frequent speaker on leadership topics. For his portion of the agenda, Martin worked with AAPL colleagues to develop specific subtopics and exercises under the teambuilding umbrella. One such exercise was the “birthday lineup,” in which attendees formed two lines along the walls. Three-fourths of the attendees had to organize themselves according to birthdays without using verbal or written cues, while a fourth ensured that they followed the rules: no talking, no writing, no showing of identification.

“This exercise is challenging because the modes of communication are very constrained,” Martin said. “People divided themselves naturally into leader and follower roles, then developed a standardized language of hand signals.” During the debrief, Martin led participants through a discussion of how incentives can change motivation and behavior.

“I have been to sessions about teams before, but Marty put a different spin on the topic,” said Pam Webb, RN, MPH, CIC. “Physicians were present and very willing to share. As our relationships are changing, there is less hierarchy and more collaboration. We felt more like colleagues.”

SHEA member John Love, MD, is medical director of infectious disease and director of infection control for Butler Health System in Pennsylvania, roles he has held for three years. He was motivated to attend the course in order to focus on the leadership skills that would allow him to grow in those administrative roles.

“More didactic courses lend clinical practice information. This one wasn’t designed to provide solutions to problems but to allow me to think about my role and the value I bring,” he said. “I have so many different interactions with different people in different settings. I should be leading in all of those.”

Within his large, 300-bed community hospital, which covers four counties north of Pittsburgh, there are three infectious disease physicians but only one IP. Part of Love’s motivation for attending was to find out how he can support and empower that IP.

“Sometimes, she runs up against walls in the hospital. I forget that because, when I call or email someone, they will respond to me; I can see over those walls. I am learning that I can lend my support to get her what she needs,” he said. Love reports that, since the leadership course, he has been trying to attend meetings on things that have not been moving forward to signal that he thinks they’re important.

The course met a significant unmet need, Webb said. She worked in hospital infection prevention and control for 23 years before starting a consulting position. Webb led participants through a discussion of how incentives can change motivation and behavior.

“Facility is different, but often IPs don’t receive any leadership training. Rather, people are promoted for their clinical competence. I hear a lot from IPs who want to know more about leadership, conflict resolution, setting priorities, and handling budget pressures. This course was timely and seemed specifically designed to address these questions.”

The content and format of the course drew rave reviews from attendees. “I loved the precourse assessment, and the ability to use those results was very enlightening. The format was great; I enjoyed the different speakers as well as the table discussions and exercises,” said Katie Cary, MT(ASCP), MPH, CIC, assistant vice president of infection prevention for HCA hospitals in Denver, Colorado, and Wichita, Kansas. Cary notes that she also appreciated the multidisciplinary aspect.

“It was nice to be with colleagues who understand my daily struggles. If we can link arm in arm, we can all be more effective,” she observed.

The learning can go both ways, Webb noted. “I was impressed by the breadth of the attendees and the diversity of their experience. We have so much to learn from those who are younger, as well as so much to offer them,” she said.

Cary cites the CPI precourse assessment as the element of greatest value. “It identified opportunities for development and increased my ability during the sessions to improve my awareness and gather tools. It was very personalized and enabled me to have that information at my fingertips,” she said.

Within the current IP workforce environment, more such leadership development courses and learning opportunities are needed, said Crist.

“There is value in bringing together the different disciplines that work so closely together, to learn how to co-lead. For APIC members who do this work full-time, it brings them an element of equity with their physician counterparts as they explore how they can bring their areas of expertise and lead together.”

“Doing IP work in an organization requires a set of leadership skills that no one is trained for in medical or nursing school,” said Love. “These skills allow us to have an impact across the organization and ultimately affect patient safety and reimbursement.”

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Reference