Name: _____

Date: _____

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)	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	
Surveillance and epidemiologic investigation (CBIC) *see more details on CBIC Examination Content Outline*	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?**		

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

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 • 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., Legionella, Aspergillus)		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	

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

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	
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) *see more details on CBIC Examination Content Outline*	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?**		

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

Education and research (CBIC) *see more details on CBIC Examination Content Outline*	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?**		
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, an communities		1 2 3 4 5	
	e. Assess risk of occupational exposure to infectious diseases (e.g., *Mycobacterium tuberculosis,* bloodborne pathogens)		1 2 3 4 5	

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

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.