What does it mean to be called an Infection Prevention and Control Professional?

Bruce Gamage
CHICA–Canada President
IFIC Conference, 2013
Objective

- To explore issues around the profession of infection prevention and control
- Four questions will be addressed:
  1. What does it mean when a healthcare professional calls himself/herself and ICP?
  2. What are the competencies that a healthcare professional should be working towards to be called an ICP?
  3. How does one measure those competencies?
  4. Is certification the answer?
Outline

- What is an ICP?
- Definition of competency
- Why do we need competencies?
- History of IC competency
- Comparison of ICNA, ECDC and APIC Models
- Where is Canada on this?
- How does one work towards competency?
- Certification in IC – is it the answer?
ICP – Definition

- Infection Control Professionals (ICPs) are experts in the prevention and control of healthcare associated infection
- They lead planning, development, implementation, coordination and evaluation of system wide improvements in infection prevention and control
- They serve as role models to promote the goals of the IPC program
- An ICP facilitates change through interpretation and application of standards, and provides best practice recommendations with the ultimate goal of improving patient outcomes and preventing health-care associated infections
- ICPs are responsible for consultation, surveillance, education, risk management and research

Source: Alberta Health Services Job Description
What does an ICP look like?
Definition of Competency/Competence

- The proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development

Why do we need competencies?

- IC context and environment is constantly changing
  - Emerging threats
  - New resistant organisms
  - New ways of managing HAIs
- ICPs need to be constantly learning
- Be proactive to ensure that ICPs have the knowledge and skills to deal with changing environment
- Competencies help define that knowledge/skill set.
History

- What work has been done?
  - ICNA 1st 2000 → 2nd 2004
  - ECDC 2010
  - APIC 2012
What is the purpose of core competencies?

- Standardizing competencies of an ICP
- Designing training courses
- Self Assessment and Professional Development
- Developing Job Descriptions
- Evaluating Performance
## Competency Domains

<table>
<thead>
<tr>
<th>ICNA</th>
<th>ECDC</th>
<th>APIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Knowledge</td>
<td>Quality Improvement</td>
<td>Performance Improvement &amp; Implementation Science</td>
</tr>
<tr>
<td>Healthcare Governance</td>
<td>Program Management</td>
<td>Leadership &amp; Program Management</td>
</tr>
<tr>
<td>Management and Leadership</td>
<td>Surveillance &amp; investigation of HAI</td>
<td>Technical</td>
</tr>
<tr>
<td>Clinical Research</td>
<td>Infection control activities</td>
<td>Infection Prevention and Control</td>
</tr>
<tr>
<td>Evidence Based Practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- **Program Management**
  - Elaborating and advocating an IC program
  - Management of an IC program

- **Quality Improvement**
  - Contributing to quality management
  - Performing audits of professional practice
  - IC training of employees
  - Contributing to research

- **Leadership**
  - Collaboration
  - Followership
  - Program management
  - Critical thinking
  - Communication

- **Performance improvement and implementation Science**
  - Tools and methods
  - Implementation
  - Measuring success
Surveillance and investigation of HAIs
- Designing a surveillance system
- Managing a surveillance system
- Identifying, investigation and managing outbreaks

IC Activities
- Elaborating IC interventions
- Implementing IC healthcare procedures
- Contributing to reducing antimicrobial resistance
- Advising appropriate laboratory testing and use of laboratory data
- Decontamination and sterilization of medical devices
- Controlling environmental sources of infections

Technology
- IT support
- Surveillance technology
- EMR/EDW

IPC
- Epidemiology and surveillance
- Risk assessment
- Risk reduction and infection prevention
- Use of diagnostic tests
- Antimicrobial Stewardship
- Education
- Research
Levels of Competence

- Novice → Expert
- Expertise is a continuum

- Novice (Early)
  - (CIC)
  - Proficient (Middle)
  - Advanced (Expert)

- Both models are self-directed for increasing competency over time
- ICPs are often expert in some areas but novices in others (depending on experience, education, interest or relevance to their setting)
Where is Canada on this?

- Newly formed committee to create core competencies for IC
- 3 year project:
  - Complete a literature review
  - Draft Core Competencies
  - Review by Membership
- Does Canada accept CIC as a national standard?
Reinventing the wheel?
Why is Canada Doing it’s own core Competency model?

- Our literature review will compare the competency models and actual statements (not just topic areas) of APIC, ECDC, ICNA and others so that we get a comprehensive set of competency statements that fit our Canadian healthcare milieu.

- The brief comparison of APIC and ECDC illustrates that there are disparities—one set is not better than the other but they are not in 100% agreement.

- The document will be very useful for guiding self-assessments and educational offerings (including our basic courses).

- We do have input into CIC so CIC will still be primarily relevant, but we are not matching our core competencies to CIC as APIC has done.
How does one work towards competency in IC?

1. Do a self assessment
2. Each ICP should develop a personalized professional development plan to work toward goals
   - E.g. formal courses, short webinars, focused readings, working with an experienced ICP
   - Domains in Core Competency are not mutually exclusive
   - Does not matter what your starting point is
   - Focus on areas that are relevant to you in your current position
3. Re-evaluation
What is the value of certification?

1. Provides a standardized measurement of current essential knowledge needed for persons practicing infection prevention and control
2. Formally recognizes professionals in infection prevention and control who fulfill the requirements for certification and recertification
3. Exam developed from a practice analysis of ICPs in US, Canada and other countries.
4. Provide employers and consumers with an accepted measure of one’s mastery of essential infection control knowledge
5. Protects public through an accredited certification process
Should there be an international certification process?

- What would that look like?
- How would we make it internationally acceptable?
- How would we translate cultural differences?
- Could the CIC be accepted as an international standard?
- I don’t have the answers to these questions but I think it’s worth exploring…
Conclusion

- So, what does it mean to be an ICP (or to be called one)? It should be a recognition of skills and knowledge and competence—not just anyone should be called an ICP. If someone is assigned tasks and responsibilities in IP&C, they need the education, knowledge and skills to fulfill them.
Questions?

- Bruce Gamage
- bgamage@phsa.ca