APIC

Association for Professionals in Infection Control and Epidemiology

Chapter Level Mentoring Program

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Introduction:

APIC's Member Services Committee has developed a new mentoring program, specifically with your chapter in mind. Although many APIC chapters have had success with their own programs, there are others that may need a little more help. This program can be modified and adapted to any size chapter and with any Board structure. Using the *Roadmap for the Novice Infection Preventionist*, the program creates a pathway for the new APIC member and/or Infection Preventionist.

Depending on the structure, size and need of a chapter, it may be necessary to create a Mentoring Coordinator position. However, in the majority of cases, a mentee will choose their own mentor. This program is developed on that model.

All new APIC members as well as members who transfer to unfamiliar healthcare settings will benefit from this Program.

Purpose, Goals and Objectives of the Mentorship Program:

The purpose of the APIC Chapter Mentoring Program is to help new Infection Preventionists create an effective Infection Prevention program within their organization by offering resources and one-on-one support from experts certified in infection prevention (CIC).

This program gives the APIC Chapters a template which can be followed in their efforts to develop a more an individualized tool. A chapter member may be assigned as the coordinator of the Mentoring Program, if necessary.

Goals include:
- To accelerate the development of Infection Preventionists (IPs) by using chapter experts as mentors to their peers (mentees)
- To share infection prevention knowledge using personal and career experience within a trusting, 1:1 relationship
- To create a reciprocal mentoring relationship
- To strengthen the value of mentorship to APIC and its chapters

Objectives are:
- To develop a career pathway and overall growth in the field of Infection Prevention
- To learn and understand the content from the *APIC Roadmap for the Novice Infection Preventionist*

- To gain Infection Prevention surveillance skills to ascertain compliance, trends and outcomes
- To describe organizational situations as it relates to the content of the program
- To receive ongoing program evaluation, assessment and follow-up to assist in future program participation

Benefits of Mentor/ Mentee program

A successful mentor program provides opportunities to...

- Explore the world of work through interaction with professionals in similar infection prevention arenas
- Gain an experienced Infection Preventionist's perspective on applying textbook concepts to real-life situations
- Enhance critical thinking and problem-solving skills for infection prevention professionals
- Work with clinical and support services leaders to position IPs to be most effective in influencing best practices to minimize infection risk
- Teach IPs both scientific skills, e.g., epidemiology and statistics, and management skills, such as effective presentations
- Familiarize IPs with corporate protocol
- Identify long-term professional development needs
- Realize the value of networking
- Develop a meaningful professional relationship

A mentor program benefits professionals by allowing them to....

- Contribute to the professional development of the future IP workforce.
- Assist IP's in the beginning of successful careers
- Give something back to the profession.
- Provide creative learning experiences on critical components of an IPC program

Expectations for the Mentor

- Mentoring is a serious business relationship: If your current workload is overwhelming and you find it might be difficult to devote time to your mentee, it may be better for you to discontinue your participation in the program and defer to a later date.
- Prior to the first meeting, request the mentee send you a brief biography and work history to help assess prior infection prevention experience or knowledge.
- Consider your own experiences and background in reviewing your mentee's career and life; reflect on areas of common interest and experience.
- Identify options in your calendar for regular mentor meetings or conversations prior to your first conversation to identify dates and times for future sessions during your first conversation.
- Suggest a date and time for your first meeting or conversation, specifying both the starting and ending time for the conversation. If you are planning to meet in person, choose a safe, public location. If you select a restaurant or coffee shop, you should take the lead in communicating whether the meal or coffee are your treat or will be split between you. Sharing the expense will avoid establishing the expectation that you will pay for future treats and meals.
- Start and end your first session on time to establish a consistent boundary with your mentee.
- Convey your enthusiasm and make a personal connection via the tone of your email or phone communication. (e.g. "I look forward to getting to know you.") This will help relieve your mentee of fears that he/she may be inconveniencing you.
- Determine how frequently or infrequently you will meet. Ask the mentee to identify what he/she wants from you; you should have a specific idea about what the person hopes to gain from the mentorship, and he/she should know what you are hoping to accomplish.
- Find out which areas of infection prevention your mentee wants to develop - share the Novice Roadmap.
- Complete an Action Plan at each session to cover the desired topics in the Novice Roadmap. (see Attachment A – pg.16)
- Provide clear performance measures to help your mentee chart his/her career progress.
- Practice active listening: Do not dominate the conversation; be an engaged listener and respect what your mentee has to say.
- Confirm the date, time and location of next mentoring conversation.
- Follow up after the first session with a note of encouragement.
- Follow up immediately after the mentoring session with any actions upon which you have agreed. Do not delay in follow up, as it is more likely to slip your mind as days pass.
- Keep on target at future meetings; set parameters for learning and time limitations.
- Evaluate your effectiveness as a mentor at the end of the term.
- Enjoy your successes and learn from your shortcomings.

Expectations for the Mentee

- Evaluate your fellow infection preventionists to identify people whom you admire or would like to emulate. If you have trouble finding a mentor, seek out your local APIC chapter. Attend a meeting and identify members who take an interest in you and your development.
- Approach your potential mentor. You cannot start a mentoring relationship without asking someone to be your mentor. Be very definitive about what you hope to accomplish.
- Request your mentor's contact information.
- Send a brief biography and work history summary to your mentor, along with a word of thanks for volunteering to be your mentor.
- Get a journal or notebook which can be used exclusively for taking notes during your mentoring sessions and contain any related materials. Bring it with you to all mentoring sessions.
- Arrive on time for your mentoring session and remember to plan adequate travel time.
- Take notes during mentoring sessions and any subsequent contacts such as phone calls and email communications.
- Confirm the date and time of your next mentoring session.
- Follow up immediately after each mentoring session with any actions to which you have agreed. There has to be accountability in the mentoring relationship for it to be effective.
- Send an email one to two days prior to confirm that the mentor is still available for the next session.
- Give advance notice to the mentor if you are running late, must cancel or postpone a session.
- Do not hesitate to ask to review previously covered topics.

Content

The content of the Chapter Mentoring Program should be in concert with the "*APIC Roadmap for the Novice Infection Preventionist*". The following is a summary of the topics that should be considered. They may vary based upon the experience and needs of the mentee. This summary may also be used a checklist.

Professional Development
- ☐ Become a member of the local APIC chapter if not already
- ☐ Become familiar with APIC, CDC, state and local resources
- ☐ Take infection prevention courses sponsored by APIC and APIC chapters - this might include EPI 101 and Webinars
- ☐ Become familiar with the Information Technology at the facility in order to gather and present data

Identification of Infectious Disease Process
- ☐ Describe how to interpret diagnostic/laboratory reports
- ☐ Understand the terms associated with the infectious disease process
  - o Colonization
  - o Infection
  - o Contamination
  - o Geographic distribution
  - o Reservoirs
  - o Periods of communicability
  - o Modes of transmission
  - o Susceptibility
- ☐ Understand the basics of microbiology/virology
  - o Bacteria
  - o Fungi
  - o Parasites
  - o Viruses
- ☐ Differentiate normal flora versus pathogenic flora by site
  - o Respiratory tract
  - o Genitourinary tract
  - o Gastrointestinal tract
  - o Skin, eye, ear
  - o Bone and joints
  - o Blood
  - o Central nervous system

- ☐ Identify appropriate reasons for environmental cultures
  - o Culture of water and dialysate in hemodialysis units
  - o Environmental cultures of potential sources during an outbreak investigation
  - o Lack of evidence to do random environmental cultures of fomites and staff
- ☐ Determine methods of antimicrobial susceptibility testing
- ☐ Differentiate among prophylactic, empiric and therapeutic uses of antimicrobials

Surveillance and Epidemiologic Investigation
- ☐ Assess the surveillance plan for the Mentees facility to understand what data is gathered, how it is gathered and what data is needed. Surveillance is unique to the population and services- acute care, dialysis, ambulatory care, long term care, etc.
- ☐ Develop/revise or understand the surveillance plan
- ☐ Determine the regulatory requirements
- ☐ Review the facility's surveillance data for HAIs
  - o CLABSI
  - o CAUTI
  - o SSI
  - o *Clostridium difficil*e
  - o MRSA bacteremia
  - o VAE
  - o VAP (pediatrics)
- ☐ Determine the process for identification of individuals with communicable diseases requiring transmission based precautions
- ☐ Identify epidemiological significant infectious diseases that require immediate review and investigation (check state health department for listing) and determine method of transmission of information/reporting and employee exposure follow-up
  - o TB
  - o *Neisseria meningitidis*
  - o Influenza
  - o Measles
  - o Pertussis
  - o Varicella
  - o Mumps
- ☐ Generate surveillance data
  - o Determine numerators, denominators and constants for calculation of rates for outcomes and processes
  - o Organize and manage data in preparation for analysis
  - o Determine the incidence or prevalence for infections

- o Calculate specific infection rates such as provider, unit specific, devise SIR
- o Calculate risk stratified rates
- o Incorporate post discharge surveillance findings into calculation of rates
- ☐ Understand internal mechanisms to analyze and validate surveillance data and sources of benchmarking
- ☐ Develop and disseminate reports based upon who gets the report, what is reported and how often are reports generated
- ☐ Learn about MDRO identification and infection prevention implications, such as
  - o MRSA
  - o VRE
  - o ESBL, CRE
  - o VISA
  - o GISA
  - o VRSA
  - o VRSE
- ☐ Understand an antibiogram and implications of antimicrobial stewardship
- ☐ Learn about the steps to investigate a cluster or outbreak
  - o Collaborate with appropriate persons to establish the case definition, period of investigation, and case finding methods
  - o Define the problem using time, place, person and risk factors
  - o Confirm that an outbreak exists
  - o Formulate a hypothesis on source and mode of transmission
  - o Implement measures to evaluate control measures including ongoing surveillance
  - o Summarize findings to present to key stakeholders
  - o Understand the appropriate use of culturing in an outbreak
- ☐ Enroll in NHSN and complete the mandatory CDC NHSN training and training updates
  - o Review NHSN case studies
  - o Find the NHSN Event form
  - o Submit data to NHSN
- ☐ Understand the CMS reporting requirements for the facility
  - o Review the process for submission and timelines
- ☐ Meet with local health department contacts

Preventing/Controlling the Transmission of Infectious Agents
- ☐ Review the facility manuals including infection prevention, nursing, administrative and safety
- ☐ Assess the infection prevention policies for evidence based/informed content

- Identify and define each of the components comprising the chain of infection
  - Infectious agent
  - Reservoir
  - Portal of exit
  - Mode of transmission
  - Portal of entry susceptible host
- Identify opportunities to break the chain between each component
  - PPE
  - Vaccination of patients and healthcare workers
  - Hand hygiene
    - Read the CDC and WHO guidelines
    - Read and understand the facility policy for hand hygiene
    - Know when hand hygiene must occur
    - Determine if monitoring of compliance is occurring and if so, by whom
    - Read policies for surgical hand scrubs
    - Determine the state fire code for use of alcohol based hand rubs
    - Understand the different roles of hand hygiene products
    - Understand the fingernail/polish policy
  - Sanitation
  - Disinfection and sterilization
  - Safe food handling
- Review the Standard Precautions/Transmission Based Precautions policies and CDC guidelines
  - Know when standard, contact, droplet or airborne (AII) isolation precautions are used
  - Know when respiratory hygiene and cough etiquette are needed and where signage is located
- Determine when and where personal protective equipment PPE should be worn
- Review the practical applications of isolation precautions related to
  - Hand hygiene
  - Transportation of isolated patients
  - Gloving
  - Gowns
  - Masks, N95, PAPR
  - Eye protection, face shields
  - Patient care equipment
  - Handling of linen
  - Routine and terminal cleaning

- o   Requirements to discontinue isolation
- o   Requirements for patient placement/cohorting
- o   Understand airborne isolation and negative pressure monitoring
- ☐ Understand the TB control plan
    - o   Determine what is done if a known or suspected case of TB is admitted
- ☐ Learn about CLABSI prevention
    - o   Read the SHEA, CDC, APIC guidelines
    - o   Understand indications for central line use, insertion bundle, maintenance bundle, scrub the hub
    - o   Removal of devises as soon as possible
    - o   Staff training
    - o   Monitoring compliance
- ☐ Learn about Pneumonia prevention
    - o   Read the SHEA, APIC and HICPAC guidelines
    - o   Understand prevention methods such as head of bed elevations, sedation vacations, weaning protocols, patient immunization
    - o   Staff training
    - o   Monitoring compliance
- ☐ Learn about CAUTI prevention
    - o   Read the SHEA, APIC and HICPAC guidelines
    - o   Understand prevention methods such as indications for use, insertion practices, maintenance, removal protocols
    - o   Staff training
    - o   Monitoring compliance
- ☐ Learn about SSI prevention
    - o   Read the SHEA, APIC, AORN and HICPAC guidelines
    - o   Review principle of asepsis in the operating room
        - ▪   Assess compliance with these principles
        - ▪   Know environmental issues such as control of air quality/ventilation/humidity, traffic control, surgical attire, housekeeping, storage of supplies
    - o   Understand prevention methods such as preoperative antibiotics, bathing, glucose control, Skin prep, oxygenation, temperature
    - o   Staff training
    - o   Monitoring for compliance
- ☐ Learn about the transmission and control of *Clostridium difficile*
    - o   Transmission
    - o   Risk factors

- Complications
- Role of the environment
- Treatment options
- Contact precautions and PPE
- Use of soap and water
- Cleaning and disinfecting products
- Staff training
- Monitoring compliance

- Learn more in depth about MDROs and implications
  - Identification
  - Transmission
  - Risks
  - Complications
  - Contact precautions and PPE
  - Hand hygiene
  - Cleaning and disinfection products used
  - Staff training
  - Alert notifications system of newly identified and readmissions
  - Monitoring compliance

- Learn about safe injection practices
  - Review the online "One and Only Campaign" materials
  - Review safe injection policies
  - Incorporate into compliance rounding

- Review the emergency response plan
  - Understand your role in the plan as far as influx of patients from bioterrorism, infectious diseases or syndromic events

- Identify risks and implement infection prevention strategies associated with therapeutic, diagnostic and service providers
  - Dialysis
  - Angiography
  - Bronchoscopy
  - Endoscopy
  - Nutrition services

- Assess what infection prevention products are in use and where they are located (PPE, safety devises)
  - Understand how they are purchased (new product committee)

- Assess non-infection prevention specific product locations (dressings, IV supplies)

Employee/Occupational Health

- ☐ Identify state licensing, regulatory and facility requirements for healthcare worker immunization
    - o MMR
    - o Varicella
    - o Hepatitis B
    - o Influenza
        - ▪ Determine CMS, state and facility policy for annual vaccination and/or masking
        - ▪ NHSN reporting
        - ▪ Campaign materials
    - o Tdap
- ☐ Identify how to collaborate with occupational health to determine current status of vaccinations and/or medications that may be required in a post-exposure notification situation such as Tuberculosis, *Neisseria meningitidis*, Pertussis
- ☐ Identify the policy for healthcare worker illness or sick leave as to confirm IP authority to require work restrictions
- ☐ Review the Bloodborne Pathogen Exposure Control Plan and the OSHA Rule
    - o Learn about Hepatitis B,C and HIV transmission
    - o Learn the requirements in the OSHA Rule as to definitions, first aid, source testing, post exposure prophylaxis, counseling, work restrictions, trending of mode of transmission
- ☐ Determine types of testing to monitor staff for exposure to TB and the development of TB disease
    - o Annual TST or blood assay
    - o Respirator fit testing/health screening

Management and Communication (Leadership)

- ☐ Learn the IP role and scope of the IP Program
    - o Read the job description
    - o Read the duties and chain of command
    - o Review the IP statement of Authority
    - o Review role in budget preparation/ recommend specific equipment and personnel for the IP program
    - o What is the structure of the Infection Prevention/Quality Committee
        - ▪ Meeting minutes
        - ▪ Future dates
- ☐ Learn the importance of the Infection Prevention Plan along with the risk assessment

- A multidisciplinary team conducts the risk assessment and develops the IP plan; based upon:
  - Population served
  - Procedures done
  - Community endemic infections
  - Process monitoring data
  - Know highest risk patients and what special prevention measures they may need
- Learn what committees use the IP expertise and become a member
- Become familiar with the regulatory bodies that govern the facility
- Determine state and or local HAI coordinators
- Determine your role during an accreditation survey or health department/ CMS inspection
- Learn tools for quality/performance improvement/patient safety
- Learn the role of risk management in the identification and review of adverse and sentinel events

Education and Research
- Learn the role of IP in the development of new hire orientation
- Learn the role of the IP in annual infection prevention education
- Learn the basics of adult learner education
  - How to develop materials
  - How to determine objectives
  - How to develop lesson plans
  - How to deliver educational materials for in-services

Environment of Care
- Learn the role of the IP in housekeeping/EVS policies and procedures
  - Cleaning protocols
  - Pest control (bed bugs)
  - Waste management
  - Biohazard waste transport
  - Staff training
  - PPE
  - Blood spills
  - Cleaning/disinfection product characteristics
    - Tuberculocidal
    - Sporocidal
    - Special populations (NICU)

- o Compliance monitoring
- □ Learn the IP role in renovations and constructions
  - o Learn the basics of design, renovations, demolition, maintenance and repair
  - o Learn about the ICRA process
- □ Learn the basics of and monitoring requirements for water systems
  - o Legionella prevention
  - o Dialysis systems
  - o Cleaning schedule
  - o Sampling
  - o Products
  - o Identify water-related features such as fountains and fish tanks
- □ Learn the basics of HVAC systems, monitoring and maintenance
  - o Positive and negative air differentials
  - o Air exchange requirements for specific areas
  - o Levels of air filtration
  - o Parameters for temperature and humidity

Cleaning, Sterilization, Disinfection and Asepsis
- □ Learn the differences between cleaning, disinfection, high level disinfection and sterilization.
- □ Learn the Spaulding classification
  - o Non-critical items
  - o Semi-critical items
  - o Critical items
- □ Learn the critical steps of cleaning, high level disinfection and sterilization including
  - o Event related sterility
  - o Chemical and biological indicators for different sterilization processes
  - o Testing for effective levels of high level disinfectant solutions
  - o Documentation and monitoring requirements
  - o Recall steps for failed instrument processing and actions to take to mitigate risks
  - o Manufacturers IFU
  - o Reprocessing single-use devises
  - o Compliance monitoring
  - o Staff training and competency

Evaluation and Follow up

- The evaluation is not time consuming.
- The mentor will send the evaluation survey after the completion of the program to the mentee (Attachment B – pg. 17). It can be anonymous.
- The mentor will also take an evaluation survey (Attachment C – pg. 18) evaluating the mentoring experience.
- The completed evaluations will be sent to the Associate Director, Membership & Component Relations at the APIC National Office. A subgroup of the APIC Member Services Committee (MSC) will review the survey results.
- At the APIC national conference, there may be recognition to celebrate mentors for their volunteer work. This recognition may be in the form of ribbons, verbal recognition or something else deemed appropriate by the APIC Staff and MSC.
- Mentors have the option to leave the program at any time.
- Mentors may be highlighted in an APIC publication.
- Mentors should be recognized at the chapter level for recruiting another colleague to participate in the program.

Attachment A

Mentor/Mentee Action Plan Date:			
Mentee Competency Goals	**Mentee Activities**	**Mentoring Support**	**Next Steps**
What are the goals?	What will be done to meet the goals?	What support will the mentor provide?	What activities do the mentor and mentee plan to do next?

Attachment B
Mentoring Evaluation Survey for Mentee

Date_____   Chapter Name_____

Mentee Name_____ (can be anonymous)   Mentor _____

Please rank on a scale of 1 to 5 (1 being Needs Improvement and 5 being Excellent) the following:

The tools provided to me by my mentor met my needs.

                              1   2   3   4   5

Comments_____
_____
_____
_____

I achieved all my goals for the program.

                              1   2   3   4   5

Comments_____
_____
_____
_____

I found the mentoring experience to be positive.

                              1   2   3   4   5

Comments_____
_____
_____
_____

I will recommend the mentoring Program to other new Infection Preventionists.
                    Yes   No

Comments_____
_____
_____

Attachment C
Mentoring Evaluation Survey for Mentor

Date_____   Chapter Name_____

Mentor Name_____

Please rank on a scale of 1 to 5 (1being Needs Improvement and 5 being Excellent) the following:

Tools provided by APIC met the needs of the Mentoring Program and the mentor.

                        1   2   3   4   5

Comments_____
_____
_____
_____

The mentee achieved all their goals during the program in a timely manner.

                        1   2   3   4   5

Comments_____
_____
_____
_____

 I found the mentoring experience to be positive.

                        1   2   3   4   5

Comments_____
_____
_____
_____

I will consider being a mentor again to other Infection Preventionists.

                Yes   No

Comments_____
_____
_____