APIC–North Carolina Chapter

Hall of Fame Award – Judge Scorecard

Total Possible Score: 100 Points

Judges should score each category independently. Comments are encouraged to support scoring decisions.

Nominee Name:	
Date:	

Scoring Category	Maximum Points	Score Awarded	Judge Comments
Career Longevity & Commitment to IPC	10		
Mastery of APIC Competency Domains (incl. IPC Operations)	25		
Leadership & Professional Service	25		
Professional Impact & Legacy	20		
APIC Engagement & Mentorship	20		

Detailed Scoring Guide (Aligned to APIC Competency Model)

Use this guide to award points consistently and transparently. When scoring, prioritize evidence that demonstrates sustained impact, measurable outcomes, and behaviors aligned to APIC's competency domains (Leadership, Professional Stewardship, Quality Improvement, IPC Operations, IPC Informatics, and Research).

- **Score based on evidence.** Award points only for achievements supported by the nomination packet (e.g., dates, roles, metrics, publications, committee minutes, project summaries, letters).
- **Weight impact over activity.** Prefer outcomes (reduced HAI, improved compliance, sustained process change) over participation alone.
- **Look for scope and sustainability.** Organization/region impact generally scores higher than unit-level impact, and multi-year sustained work scores higher than one-time efforts.
- **Avoid double-counting.** If the same accomplishment is cited in multiple categories, score it in the category where it best fits and reference it in comments elsewhere.
- **An activity may apply to more than one category.** It may be scored in multiple categories when it reflects different accomplishments relevant to each category (e.g., separate projects or distinct contributions related to committee participation).

- **Use the full range.** A perfect score is reserved for exceptional, clearly evidenced alignment with APIC competencies and significant professional impact.

Scorecard Category	Primary APIC Competency Domain Alignment
Career Longevity & Commitment to IPC	Professional Stewardship (ethics, accountability, professional growth) + Leadership (role-modeling, development)
Mastery of APIC Competency Domains (incl. IPC Operations)	IPC Operations + Quality Improvement + Research + IPC Informatics (as evidenced)
Leadership & Professional Service	Leadership + Professional Stewardship (advocacy, service, collaboration)
Professional Impact & Legacy	Quality Improvement + Leadership + Research (translation to practice) + IPC Operations
APIC Engagement & Mentorship	Professional Stewardship + Leadership (mentorship, networking, development)

Category Rubrics and Scoring Anchors

1) Career Longevity & Commitment to IPC (0–20 points)

- **0–2 (Limited evidence):** Short duration in IPC and/or limited demonstrated commitment to ongoing professional growth (e.g., few examples of continued learning, service, or accountability to IPC practice).
- **3-5 (Developing):** Consistent role in IPC with some evidence of growth (courses, certifications pursued, participation in IPC initiatives). Impact is primarily local and/or not clearly sustained.
- **6-8 (Strong):** Multiple years of IPC practice with clear professional progression; demonstrates accountability and ethical practice; evidence of ongoing development (e.g., CIC/other credentials, continuing education, conference participation, leading portions of IPC work).
- **9-10 (Exceptional):** Sustained, long-term commitment to the field with clear trajectory of influence; repeatedly seeks and applies new knowledge; demonstrates stewardship through sustained responsibility (e.g., program ownership, mentoring, regulatory readiness leadership) and recognized reliability across settings.

Evidence examples: Years in IPC/IP-adjacent roles; role descriptions; certifications (CIC, FAPIC, etc.); continuing education; documented responsibilities; examples of sustained accountability (committee work, regulatory preparedness, policy ownership).

2) Mastery of APIC Competency Domains (incl. IPC Operations) (0–25 points)

- **0–6 (Limited evidence):** Demonstrates basic IPC knowledge and participation, but limited examples showing applied competency (e.g., surveillance participation without demonstrating analysis, interventions, or outcomes).
- **7–12 (Developing):** Demonstrates applied competency in *one* domain area (e.g., IPC Operations or QI) with some examples of practice change; limited integration across domains.
- **13–19 (Strong):** Demonstrates applied competency across *multiple* APIC domains (e.g., IPC Operations + QI and/or Informatics/Research). Shows sound surveillance and epidemiology practice, risk assessment, implementation of interventions, and communication of findings.

- **20–25 (Exceptional):** Demonstrates advanced competency across domains with clear examples of integrating them (e.g., uses informatics/data tools to drive QI, translates evidence/research into practice, leads complex outbreak response with measurable results). Work reflects systems thinking and promotes a culture of safety.

Evidence examples (by domain):

IPC Operations: Surveillance leadership (NHSN alignment), outbreak investigation, exposure management, isolation/precautions optimization, HLD/sterilization oversight, construction/ICRA, water management.

Quality Improvement: Data-driven PI projects (PDSA/Lean/Six Sigma), process measures and outcomes, sustainment plans.

IPC Informatics: Dashboard/report development, workflow optimization, data quality improvements, novel analytics/visualization that improved decisions.

Research: Critical appraisal, presentations, publications, protocol development, evidence implementation.

3) Leadership & Professional Service (0–25 points)

- **0–6 (Limited evidence):** Participates on teams/committees but limited evidence of leading, influencing, or contributing beyond assigned tasks.
- **7–12 (Developing):** Leads small initiatives or workgroups; contributes reliably to committees; provides IPC input to operational partners. Influence is primarily within a unit/facility.
- **13–19 (Strong):** Leads cross-functional work (facility/market/region), builds partnerships, and communicates effectively with diverse stakeholders. Demonstrates advocacy for patient safety and IPC standards. Evidence of service to professional organizations and/or internal leadership roles.
- **20–25 (Exceptional):** Demonstrates sustained, visible leadership that shapes strategy or standards (e.g., program development, organizational guidance, major change leadership). Builds others' capability, models professionalism/ethics, and is sought out as a leader/consultant.

Evidence examples: Committee chair/co-chair roles; governance participation; policy/standard development; presentations; awards/recognitions; documented stakeholder feedback; examples of influencing executive/medical staff decisions.

4) Professional Impact & Legacy (0–20 points)

- **0–5 (Limited evidence):** Impact described is primarily anecdotal, short-term, or not clearly tied to outcomes or practice change.
- **6–10 (Developing):** Demonstrates identifiable contributions to improved practice in a local area; outcome/process metrics may be present, but sustainability/spread is limited.
- **11–15 (Strong):** Demonstrates measurable improvements (clinical/process/financial) and clear translation to safer care; work is sustained over time and/or spread to additional areas. Demonstrates influence on culture (e.g., standardized practice, improved accountability).
- **16–20 (Exceptional):** Leaves a clear legacy: long-term, durable improvements and/or tools (policies, playbooks, dashboards, education programs) adopted broadly. Outcomes are strong, clearly attributed, and sustained; knowledge is

shared beyond the organization (presentations, publications, chapter/state contributions).

Evidence examples: Before/after metrics (HAI rates, compliance, turnaround times); sustained control charts; spread plans; toolkits/training materials created; adoption evidence; external dissemination (regional/national presentations, publications).

5) APIC Engagement & Mentorship (0–20 points)

- **0–5 (Limited evidence):** Minimal APIC engagement and/or mentorship activity described.
- **6-10 (Developing):** Active APIC participation (meetings, education). Some mentorship/support of peers or learners is described, but limited structure or reach.
- **11-15 (Strong):** Regular engagement with APIC chapter/national activities (committee work, presenting, hosting education) and consistent mentorship/precepting with evidence of development of others.
- **16-20 (Exceptional):** Demonstrates sustained leadership within APIC and a clear mentorship legacy (e.g., formal mentorship program development, multiple mentees advancing, succession planning). Engagement meaningfully advances the profession and strengthens the chapter/community.

Evidence examples: APIC roles (chapter board/committee, national workgroups); presentations/webinars; conference planning; mentoring/precepting logs; letters from mentees; onboarding tools; structured development plans.

Handling Incomplete Evidence and Tiebreakers

- **If evidence is unclear or missing:** Score in the lower band and note what information would be needed to justify a higher score (e.g., dates, scope, outcome metrics, role clarity).
- **If two nominees score similarly:** Members of the committee will use discretion to determine award based on prioritizing measurable, sustained outcomes and cross-domain integration.

TOTAL SCORE: _____ / 100

Overall Judge Recommendation

☐ Strongly Recommend ☐ Recommend ☐ Recommend with Reservations ☐ Do Not Recommend

Additional Comments: