

Demand for certification is growing



BY ROY BOUKIDJIAN, 2019 CBIC PRESIDENT

“Several states have taken steps to consider legislation requiring certification for IPC, health systems are requiring certification as a condition of hire, and there is increasing interest from our international candidates to pursue certification.”

**LOOKING BACK OVER** a decade of how infection prevention and control (IPC) has changed and morphed exponentially is exciting, nerve-racking, and just plain amazing. What better time to be in a profession that continues to gain momentum in ensuring patient and public safety throughout society. As the 2019 president of CBIC, I am thrilled to be part of this journey as we partner with current and new professional societies and organizations to advance the mission and vision of CBIC. I would like to thank Steve Langan, who rotated off the Board in 2018 after six years of service, as well as former CBIC president Jo Henman for her years of leadership and foresight on what is to come. I also would like to thank Joann Andrews for her leadership, which witnessed a clear framework on what needs to be done in the near and long-term future. Joann will assume the role of past president in 2019.



Recently, I had an opportunity to attend a three-day high reliability organization (HRO) course that reviewed the various aspects of HROs and how they are implemented. The goal of the HRO is to make minimizing negative outcomes a constant reality through the implementation of various tools. The course went on to define healthcare delivery as a complex system where chain reactions can cause unpredictable events and thus putting safeguards in place can reduce harm significantly. This concept is applicable to the IPC profession and more specifically certification. I have listed several published studies that show the significance of certification. It is important that the certified infection preventionist is equipped with the knowledge to put necessary safeguards in place to reduce harm.

With this in mind, the demand for certification is growing within the healthcare community. Several states have taken steps to consider legislation requiring certification for IPC, health systems are requiring certification as a condition of hire, and there is increasing interest from our international candidates to pursue certification. With this growing demand, CBIC is compelled to continuously evaluate how certification is developed and delivered while maintaining the vision and mission of the organization. CBIC is strategically approaching 2019 with renewed commitment to uphold the vision of the organization and establish new horizons as we advance in IPC together.

I look forward to updating you all throughout 2019 on CBIC’s strategic decisions. It’s going to be an exciting year for all of us! P3

With much gratitude,

Roy Boukidjian  
2019 CBIC President

**References**

Kim KM, ChoiJS. (2015). Self-perceived competency of infection control nurses based on Benner’s framework: a nationwide survey in Korea. *Applied Nursing Research, 28*(2), 175-179.

Knighton SC, Gilmartin HM, Reese SM. (2018). Factors affecting annual compensation and professional development support for infection preventionists: Implications for recruitment and retention. *American Journal of Infection Control, 43*(1), 29-33.

Murphy DM, Hanchett M, Olmsted RN, et al. (2012). Competency in infection prevention: a conceptual approach to guide current and future practice. *American Journal of Infection Control, 40*(4), 296-303.

Pogorzelska M, Stone PW, Larson EL. (2012). Certification in infection control matters: impact of infection control department characteristics and policies on rates of multidrug-resistant infections. *American Journal of Infection Control, 40*(2), 96-101.

Saint S, Greene MT, Olmsted RN, et al. (2013). Perceived strength of evidence supporting practices to prevent health care-associated infection: results from a national survey of infection prevention personnel. *American Journal of Infection Control, 41*(2), 100-106.

Stone PW, Dick A, Pogorzelska M, et al. (2009). Staffing and structure of infection prevention and control programs. *American journal of infection control, 37*(5), 351-357.