AL-CIP™ Portfolio Guidance: Tips for Success

Introduction

This guide is here to help you prepare your portfolio for the Advanced Leadership Certification in Infection Prevention and Control (**AL-CIP™**). It shares common reasons portfolios are not successful and practical tips to make your submission stronger. Use this guide to clearly showcase your experience, leadership impact, and contributions to advancing infection prevention and control.

How to Use this Guide:

- Use this guide as a reference while building your portfolio to ensure your evidence, rationales, and examples clearly demonstrate advanced leadership.

- Refer to this guide as you select evidence, write rationales, and check that each component aligns with **AL-CIP™** expectations.

- Keep this guide nearby as you prepare your submission to help you avoid common pitfalls and strengthen your portfolio.

- Use this guide alongside the Candidate Handbook.

Disclaimer
This guide provides general guidance and helpful tips for candidates preparing their **AL-CIP™** portfolios. It is not a substitute for the official Candidate Handbook. Following the advice in this guide does not guarantee successful certification. Candidates are responsible for ensuring that all portfolio submissions meet the requirements outlined in the Candidate Handbook and the **AL-CIP™** framework.

Common Reasons Portfolios Are Not Successful

1. Unclear Role or Rationale

Portfolios often fail when your role in the project or work is not clear. While most IPC work is done in collaboration with others, reviewers need to know your specific contributions: did you provide specific planning, decision-making, execution, and/or leadership? Simply presenting evidence of participation in a project or activity without explaining your role leaves reviewers guessing.

Explain why you made certain decisions, showing strategic thinking, alignment with organizational goals, or application of best practices. Without this, it's difficult to assess leadership or impact.

Tip: Clearly state your role, what you did, and why you did it. Connect your actions to outcomes, system-level improvements, or measurable results.

EXAMPLES:

• Rationales that refer to "we" or "the team" make it difficult to understand the contribution of the applicant. If there are multiple authors of an article that you are submitting – be clear what your role was. It is not the role of the judge to guess.

• **Submitting a hand hygiene campaign project written as:**
"We conducted audits and implemented interventions."
→ **Judges cannot see your leadership role in this example.**

• **Submitting a multi-author outbreak investigation report without specifying:**
"I led the epidemiological analysis" or
"I coordinated stakeholder meetings and developed the action plan."

• **Awards, certificates, or certifications:** If you submit these as evidence, clearly explain how the work you completed to earn them demonstrates advanced leadership in infection prevention and control. Reviewers need to see the connection, not just the credential.

2. Not Following Candidate Handbook Guidelines

Another frequent reason portfolios are deemed unsuccessful is failure to follow the instructions outlined in the Candidate Handbook. This may include submitting evidence in the wrong format, omitting required sections, or not addressing the specific criteria for each portfolio component. Adhering to the guidelines is essential as it ensures reviewers can efficiently assess your portfolio and fairly evaluate your leadership experience. Deviations from the instructions can make it difficult to demonstrate your qualifications, even if your work is strong.

Tip: Carefully review the Candidate Handbook before submitting. Following the guidelines demonstrates attention to detail—a key leadership trait.

EXAMPLES:

• Providing links in rationales to YouTube, podcasts, or other multimedia files. This is not permitted and clearly stated in the Candidate Handbook.

• Uploading evidence that will not open or download. Candidates should take the time to review their portfolio before submission and make sure evidence files can be opened. In the event a file cannot be opened, the judge will mark it as a "0." We will not follow up with you to send the evidence again.

• Length of evidence. Uploading a 50 slide PowerPoint presentation or full journal article makes it challenging for the judges to find your work or understand what you are asking to be scored. Judges need concise, clear, pointed evidence.

• Using the same evidence too many times.

3. Evidence or Rationales Not Aligned with Sub-Competencies

High-quality evidence and a well-written rationale are not sufficient if it does not directly connect to the competency and sub-competency you are addressing. Reviewers need to see the link between your evidence, your role, and the leadership skill or outcome you are addressing.

Tip: Strong projects may fail if submitted under the wrong sub-competency. Ensure that your rationale clearly shows the connection. Before applying map out available evidence and the sub-competencies to ensure the best fit.

EXAMPLES:

• Using the same rationale and evidence for more than one sub-competency. Each sub-competency needs to be addressed individually in your rationales, even if the same evidence is used.

4. Submitting Routine Work Instead of Leadership-Level Work

While infection preventionists at all levels contribute valuable work, the **AL-CIP™** portfolio must demonstrate leadership beyond routine job duties. Routine tasks reflect what you do as part of your role as an infection preventionist—such as conducting surveillance, completing audits, or providing education. Leadership-level work shows how you influence, shape, and drive outcomes: developing strategy, leading programs, mentoring others, initiating improvements, and demonstrating measurable impact across systems or teams. Strong portfolios clearly articulate the candidate's role in decision-making, change management, and advancing infection prevention practices—not just by completing tasks, but guiding others and elevating the work across the organization and beyond.

Tip: Know the difference between routine tasks and leadership-level work.

Routine Tasks

• Day-to-day job duties carried out as part of standard IPC practice

• Focus on completing tasks, maintaining compliance, and performing established processes

• Show competence, knowledge, and capability in IPC practice

Leadership-Level Tasks

• Strategic activities that guide decisions, influence others, or advance IPC practice

• Focus on improving systems, driving change, shaping organizational direction

• Demonstrate innovation, collaboration, and measurable improvement

ADDITIONAL EXAMPLES:

• For the "Leadership & Influence" sub-competency, submitting evidence about routine environmental cleaning audits shows competence, but not advanced leadership.

• For "Data Analysis & Improvement," submitting evidence of an educational session does not demonstrate analytical or improvement skills.

• Weak: "I conducted PPE training sessions." (Operational task)

• Strong: "I performed a gap analysis on PPE practices, identified systemic deficiencies, secured budget approval for new respirators, and led a systemwide competency rollout."

• Weak: Providing a routine monthly surveillance report.

• Strong: Creating an interactive dashboard that automated surveillance, reduced reporting time by 40%, and improved early detection of clusters.

• Strong: "Despite limited pharmacy support and competing priorities, I secured leadership buy-in, built a phased stewardship plan, and integrated decision-support alerts into the EMR."

Additional Weak IPC Evidence Examples (Routine Work):

• Daily surveillance for HAIs

• Conducting hand hygiene audits

• Preparing monthly IPC reports

• Providing basic IPC education

  o Applicant submits general orientation or other training slides and describes how they provide IPC training to other healthcare professionals. This is routine work of an IPC professional and does not demonstrate advanced leadership.

• Annual risk assessments

  o Applicant submits an annual infection prevention risk assessment as evidence and describes how it was performed and used to develop an annual infection prevention plan in the rationale. This is routine work of an IPC professional and does not demonstrate advanced leadership.

Additional Strong IPC Evidence Examples (Advanced Leadership):

• Designing and implementing a multi-facility antimicrobial stewardship dashboard

• Leading root-cause analysis that reduced CLABSI across a healthcare system

- Developing corporate-wide sterilization standards and training frameworks

- Influencing senior leadership to allocate resources for an isolation unit redesign

- Developing training or mentorship programs to help others become IPs or advance in the profession

5. Not Clearly Demonstrating Impact

Portfolios must show measurable or meaningful outcomes of your leadership. Simply describing activities is not enough. Reviewers want to see how your work improved infection prevention, patient safety, team guidance, or organizational goals.

Tip: Highlight results, improvements, or changes from your efforts. Use data, examples, or anecdotes to show leadership impact.

EXAMPLES OF WEAK VS. STRONG:

- Weak: "I led a CLABSI reduction project."

- Strong: "I implemented a standardized insertion checklist that reduced CLABSI by 37% across three units over nine months."

- Weak: "I conducted PPE training sessions."

- Strong: "I performed a gap analysis on PPE practices, identified deficiencies, secured budget for new respirators, and led a systemwide competency rollout."

- Weak: Routine monthly surveillance report.

- Strong: Interactive dashboard that automated reporting, reduced turnaround time by 40%, and improved early detection of clusters.

Sample Submission Checklist – Before You Submit Your AL-CIP™ Portfolio

☐ I read and understand the policies as outlined in the Candidate Handbook.

☐ I attended an (optional) informational session to get my questions answered before the deadline.

☐ I clearly described what was done, why it was done, and the impact/outcomes of the work in my rationales.

☐ I uploaded eight pieces of evidence – this includes no less than six unique pieces of evidence and no more than eight pieces.

☐ I verified that all evidence files can be opened and downloaded.

☐ I wrote eight unique rationales as part of my portfolio.

☐ I confirmed the activity goes beyond routine job duties.

☐ My writing explains how I led, influenced others, or improved practice/programs, not just what occurred.

☐ Examples are within the required timeframe.

☐ If I am a retake candidate, I have resubmitted only in my previously unsuccessful sub-competencies.