CIVILIAN PERSONNEL CAREER MANAGEMENT

August 2002

ARMY CIVILIAN TRAINING, EDUCATION, AND DEVELOPMENT SYSTEM (ACTEDS) PLAN

ADDENDUM K

TO THE REGISTERED NURSE ACTEDS PLAN

INFECTION CONTROL NURSE

ACTEDS PLAN

CORNERSTONE OF CONCERNED HEALTH CARE

F O R E W O R D

This Department of the Army Civilian Training, Education, and Development System (ACTEDS) plan for the civilian Infection Control nurse provides careerists and management with a guide to assist in career enhancement and progression. Training and development plans are essential in developing and enhancing an individual's knowledge, skills, and abilities; hence, promoting optimal performance, effectiveness, and efficiency. This plan, if followed, will provide all civilian Infection Control nurses the opportunities to become leaders of tomorrow in their field.

Civilian Infection Control nurses and their supervisors are encouraged to review this ACTEDS plan and tailor it to their needs. Although individuals ultimately control their own careers, all levels of command share in the responsibility of implementing guidance contained in this plan. This will help to ensure a continuing source of highly qualified civilian Infection Control nurses for the Department of the Army.

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ADDENDUM K

ARMY CIVILIAN TRAINING, EDUCATION, AND DEVELOPMENT SYSTEM PLAN

INFECTION CONTROL NURSE
OCCUPATIONAL SERIES GS-610
(Career Field 53)

Introduction. This Addendum to the civilian Registered Nurse (RN) ACTEDS Plan describes the Infection Control nurse portion of the plan and must be used in conjunction with the basic RN ACTEDS Plan. This Addendum includes the training, education, and developmental opportunities that enhance the employee's capability to advance within the Infection Control nursing community. General information of interest to all Army civilian RNs in all nursing specialties is found in the basic RN ACTEDS Plan of which this Addendum is a part.

Contents

ADDENDUM K

ARMY CIVILIAN TRAINING, EDUCATION, AND DEVELOPMENT SYSTEM PLAN

INFECTION CONTROL NURSE
OCCUPATIONAL SERIES GS-610
(Career Field 53)

1. OBJECTIVES.

a. To assist employees and supervisors in determining specific education and experiences needed for the Infection Control nurse specialty.

b. To enable Infection Control nurses to plan and schedule clinical and leader development activities appropriate for their chosen career progression.

c. To identify broad-based training needs throughout the Infection Control nurse's employment.

d. To provide Infection Control nurses a comprehensive list of the competencies applicable to Infection Control nursing practice.

e. To aid in the recruitment and retention of quality RNs identifying the numerous training and career advancement opportunities offered by Department of the Army (DA) in the Infection Control nursing community.

2. STRUCTURE. This plan applies to all Army civilian RN employees working in the field of Infection Control nursing, regardless of the level at which they were hired and the organization or agency to which they are assigned or attached.

3. KEY POSITIONS AND CONSULTANTS.

a. Key Positions are staff positions in which the incumbent establishes and/or interprets policy, plans, and strategy. The basic RN ACTEDS Plan lists Key Positions where any Infection Control nurse can be assigned. There is no one Key Position in Infection Control nursing; rather positions are established according to the responsibilities assigned at each individual installation or agency.

b. Consultant. The Nurse Consultant (Infection Control) (GS-610-13) position is recruited on a 4-year term basis. The individual selected for this 4-year promotion accepts the additional Consultant duties at their original work site. At the

end of four years, the employee reverts to their original grade

and duties. The recruitment process begins again for the position.

4. RESPONSIBILITIES. Responsibilities for the Functional Chief (FC), the Functional Chief Representative (FCR), the installation, the Medical Treatment Facility (MTF), the supervisor, and the employee are listed in the basic RN ACTEDS Plan.

5. CAREER PATH. (Appendix A) The career path for Infection Control nurses represents progression in Infection Control nursing normally beginning at the entry level and continuing through the advanced level. Descriptive levels are as follows:

a. Entry Level. The entry level (GS-10) is defined as an RN with a minimum of 1 year of specialized experience or two and a half years of progressively higher-level graduate education. At this level the new Infection Control nurse generally requires on-the-job training (OJT) experience and technical training. Emphasis is placed on involvement with and training in: (a) infection control nursing fundamentals; (b) fundamentals of federal law, DA regulations, and directives in promoting wellness; and (c) computer training to assist in managing infection control health programs. Personnel have responsibility for assisting with training subordinates, peers, and students. Attendance to professional group activities is encouraged.

Typical assignments include, but are not limited to: (a) Policy revision and development; (b) Education to include new employee orientation and clinical in-servicing; (c) Product review, trial, and selection; (d) Infection surveillance and reporting.

b. Intermediate Level. Intermediate level/staff nurse positions (GS-11/12) represent personnel and technical leaders of lower graded personnel. The primary focus is on increasing the technical knowledge and skills of the Infection Control nurse. Secondarily, emphasis is placed on management and human relations skills. Work assignments will be selected to add to the depth and breadth of their technical and leadership competence. Some of the assignments include: (a) managing an infection control program at an installation where the Infection Control Nurse is the sole asset, or program requirements dictate additional management oversight, (b) serving as the technical expert or point of contact for program direction, and assisting in training of subordinates, peers, and students.

The intermediate level Infection Control nurse’s self development activities are accelerated and focused to ensure nurses continue to add to their variety of experiences. They will continue to

receive specialized training for progressively responsible assignments, including leadership training for personnel selected to fill supervisory positions. Graduate study, speaking and writing activities, and active participation in professional group activities are encouraged. Personnel at this level are encouraged to obtain national certification from the recognized certification provider, the Certification Board of Infection Control (CBIC). Personnel must also be responsible for formal precepting and informal OJT of staff.

At the GS-12 supervisory level, emphasis is primarily placed on developing managerial and administrative abilities, and secondarily, broadening the employee's technical knowledge and skills.

c. Advanced Level. At the GS-13/14 levels, all advanced Infection Control nurses are recognized as subject-matter-experts (SMEs). At this level, emphasis is placed on strategic planning and administrative/managerial responsibilities. They make decisions or recommendations that significantly affect the content, interpretation, or development of Army policies or programs concerning critical matters or major issues within the Infection Control nursing community. They are assigned positions/studies where limited guidance exists as to the method of evaluation for the potential experience identified. Training will be on topics that are emerging issues in the specialized aspects of the Infection Control nurse as well as seminars and conferences where these position topics are likely to be discussed. At this level, the employee must have a mastery of one or more specialty fields evidenced by application of new developments and theories to critical and novel problems, and extension and modification of approaches and methods to solve a variety of problems with unconventional solutions.

6. COMPETENCIES. (Appendix B) Commanders and supervisors are responsible for identifying resources and offering opportunities to meet career objectives of their employees. They must ensure that employees under their supervision possess, or are provided opportunities to obtain, the required competencies commonly referred to as knowledge, skills, and abilities (KSAs) found at Appendix B. Equivalency credit for competencies gained may be granted for formal courses or OJT received from sources other than the courses listed at Appendix D of this Addendum. The required equivalency credit form is at Appendix G of the basic RN ACTEDS plan.

7. MASTER TRAINING PLAN (MTP). (Appendix C)

a. Universal Training. Employees enter the Infection Control nurse occupational series with varying degrees of experience, capability, and potential for growth. For this reason, training identified in the master Training Plan Matrix at Appendix C should be based on what formal training and/or OJT the individual brings to the job in comparison with that required for advancement as outlined in this Addendum. Broadband training shown in the MTP is identified as those courses and OJT that cover a spectrum of grade levels. This training may be completed at any level within the band, but should be completed prior to accession out of the band. Consideration should be given to any documented prior experience and training.

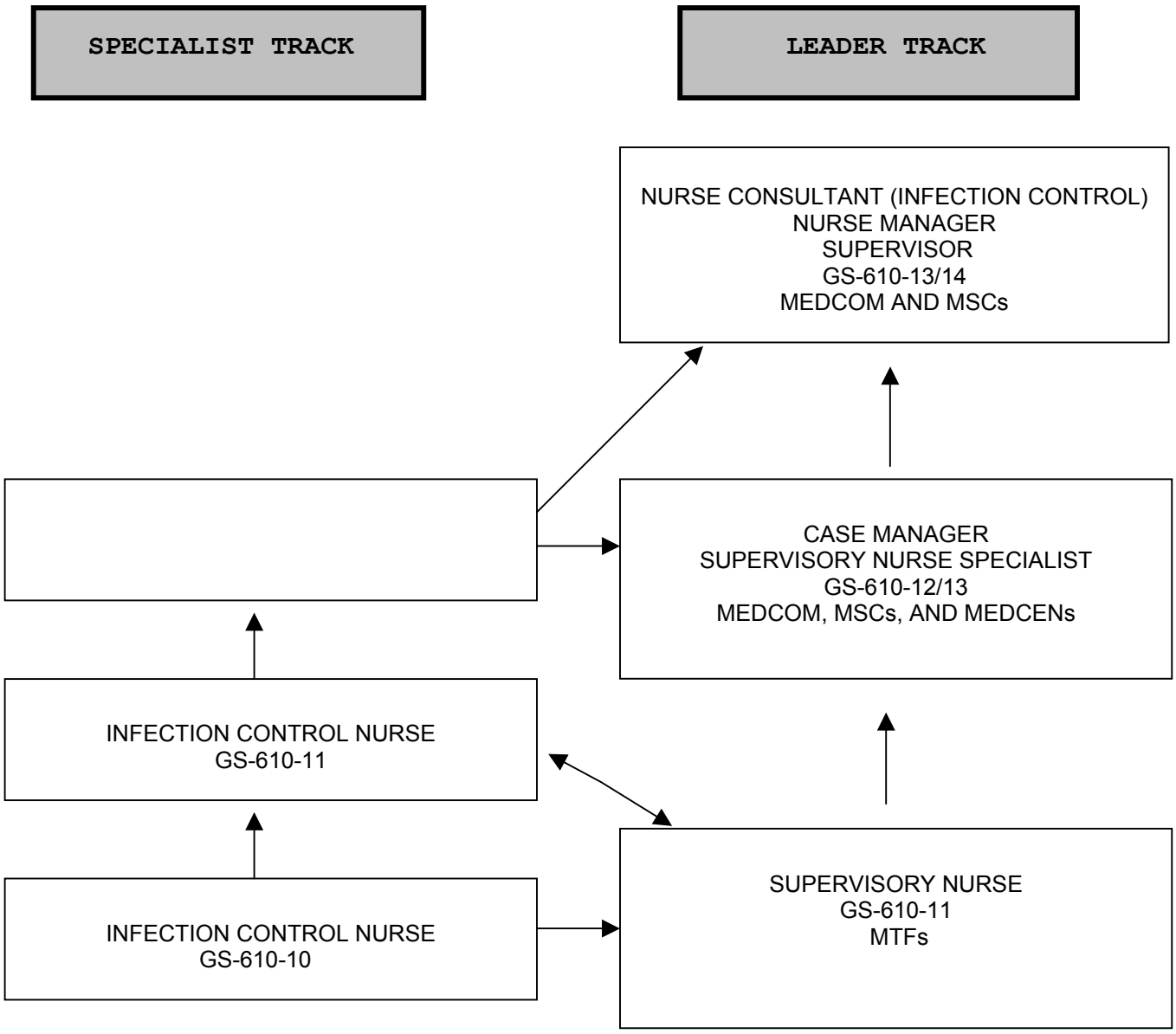
b. Self-development. In addition to the mandated training outlined in the MTP, Infection Control nurses at all levels are encouraged to undertake individual projects such as technical papers, presentations, and membership in professional organizations. Additional self-development activities are defined in the basic RN ACTEDS Plan.

c. Competitive Training. Competitive training includes Army-wide competitive programs (such as the senior service colleges and the Sustaining Base Leadership and Management Program) that are centrally funded by DA. It also includes fellowship programs, developmental assignments, and training-with-industry which may be funded by installations, Major Commands (MACOMs), or other designated agencies. Competitive training opportunities are defined in the basic RN ACTEDS Plan.

8. AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY. Training and development opportunities for participants covered by this plan will be provided without regard to race, color, sex, religion, national origin, non-disqualifying disabilities, or age.

APPENDIX A

INFECTION CONTROL NURSE
CAREER PATH CHART



APPENDIX B

COMPETENCIES FOR INFECTION CONTROL NURSE

1. Infection Control – Knowledge, skill, and ability to implement prevention and control activities that are specific to the practice setting, the population served, and the continuum of care in order to protect the patient, the healthcare workers, and the community.

2. Infection Control – Ability to integrate surveillance findings into the organization's plan for improvement of practice and outcomes in order to ensure compliance with the command's Infection Control Policy.

3. Infection Control – Ability to review, analyze, and apply existing regulations, standards, and guidelines from professional organizations and regulatory agencies in order to incorporate pertinent information.

4. Infection Control – Ability to recommend new or revised practices or procedures based on currently accepted, evidence-based infection prevention and control strategies in order to improve current practice.

5. Epidemiology – Knowledge, skill, and ability to apply epidemiological principles and statistical methods, including risk stratification, in order to identify target populations, analyze trends and risk factors, and design and evaluate prevention and control strategies.

6. Epidemiology – Ability to conduct surveillance and investigations by using epidemiological principles in order to determine the cause of outbreak situations.

7. Epidemiology – Ability to use appropriate statistical techniques to describe the data, calculate rates, and critically evaluate significance of findings in order to provide accurate conclusions.

8. Surveillance – Knowledge, skill, and ability to use a systematic approach to surveillance in order to monitor effectiveness of prevention and control strategies that are consistent with the organization's goals and objectives.

9. Surveillance – Ability to develop a surveillance plan based on the population(s) served, services provided, and previous surveillance data, if available, in order to determine the extent or presence of actual or potential health hazards.

10. Surveillance – Ability to ensure surveillance design is consistent with selected internal or external comparative databases in order to ensure accuracy of resulting data.

11. Surveillance – Ability to select indicators based on the projected use of the data (i.e., external benchmarking and/or internal trending) and use standardized definitions for the identification and classification of events, indicators, or outcomes in order to ensure consistency and relevancy of results.

12. Surveillance – Ability to analyze surveillance data, including the calculation of risk-adjusted rates appropriate to the indicator when sufficient data are available in order to determine what infection is present, where it is, and how it occurred.

13. Education – Knowledge, skill, and ability to serve as an educational resource for infection prevention and control and health care epidemiology in order to provide accurate information to population serviced.

14. Education – Ability to assess the educational needs of customers routinely and develop educational objectives and strategies to meet those needs in order to provide information, evaluate understanding, and enhance adherence.

15. Education – Ability to collaborate in the development, delivery, and evaluation of educational programs or tools that relate to infection prevention, control, and epidemiology in order to develop effective learning programs which provide effective learning to adult groups.

16. Consultation – Ability to maintain access to current information on infection prevention and control and epidemiology, in order to maintain competence.

17. Consultation – Skill and ability to provide expert knowledge and guidance on the function, role, and value of the infection surveillance, prevention, and control program to customers in order to articulate the issues relative to prevention and protection and allay fears.

18. Consultation – Ability to collaborate in the integration of pertinent regulatory requirements, accreditation standards, guidelines and current infection surveillance, prevention, and control practice, into policies and procedures in order to ensure accuracy and timeliness of data.

19. Consultation – Ability to ensure that findings, recommendations, and policies of the infection control program are disseminated to appropriate groups or individuals in order to ensure corrective actions are implemented.

20. Consultation – Ability to provide consultation to administration, committees, staff, managers, and patients on issues regarding infection prevention and control and epidemiology in order to relay information and coordinate programs.

21. Performance Improvement – Knowledge and ability to establish an infection surveillance, prevention, and control program in order to ensure that the program is an integral component of the plan for improvement of practice and patient outcomes.

22. Performance Improvement – Ability to coordinate the organization's infection prevention and control improvement activities in order to conduct a cohesive program.

23. Performance Improvement – Ability to participate in the organization's multidisciplinary improvement strategies in order to incorporate the expertise of all necessary disciplines in a comprehensive integrated approach to care.

24. Performance Improvement – Ability to contribute epidemiological skills to improvement processes in order to evaluate the impact of care on infection outcomes.

25. Program Management and Evaluation – Knowledge, skill, and ability to systematically evaluate the quality and effectiveness of the infection surveillance, prevention, and control program in order to modify as necessary.

26. Program Management and Evaluation – Ability to assess customer needs and satisfaction and integrate findings into applicable infection control programs in order to enhance responsiveness of the program.

27. Budget - Ability to incorporate the principles of fiscal responsibility into the infection control program in order to ensure optimal stewardship of resources.

28. Budget - Ability to consider both clinical outcomes and financial implications when making recommendations for changes in practice in order to provide an accurate cost benefit analysis.

29. Budget - Ability to determine appropriate resources needed to accomplish mission needs and to evaluate use of newly developed infection control technology or products in order to determine cost-effectiveness.

30. Budget - Ability to integrate cost accounting data into the analysis of nosocomial infection reports in order to ensure accuracy of reports.

31. Budget - Ability to document cost reduction in the organization through infection surveillance, prevention, and control program activities in order to validate value of the program.

32. Research – Knowledge of public health issues, infection prevention and control practice and research principles and techniques in order to critically evaluate research and incorporate findings into practice.

33. Research – Ability to disseminate relevant published research findings, recommendations, and policies through practice, education, or consultation in order to enhance education, wellness, and prevention of disease.

34. Research – Ability to organize and share findings from surveillance activities or outbreak investigations in order to contribute to the professional growth of others.

35. Research – Ability to participate in infection prevention and control-related research independently or collaboratively in order to manage individual or population health and continuously improve practice.

36. Research – Ability to publish or present research findings in order to assist in advancing the field of infection prevention and control and epidemiology.

37. Informatics/Research. Skill in management of information systems and technology in order to ensure access to current information on infection control programs, manage individual or population health, continuously improve practice and maintain competence.

APPENDIX C
MASTER TRAINING PLAN MATRIX FOR INFECTION CONTROL NURSE

COURSE / SEMINAR / OJT TITLE	TYPE OF TRAINING	LENGTH HOURS	ENTRY	INTERMEDIATE		ADVANCED		SOURCE	COMPETENCIES (APPENDIX B)	COURSE NUMBER (APPENDIX D)
			GS-10	GS-11	GS-12	GS-13	GS-14			
Prevention and Control of Hospital Associated Infections (Basic)	FC	Varies	U1	U1	U1			Local	1, 5	1
Tuberculosis Training for Healthcare Workers	FC/ CC/OL	Varies	U1	U1				CDC/Local	1, 3, 4	2
Communicable Disease Control	CC/OL	Varies	U1	U1				CDC	1, 3, 4	3
Multi-Drug Resistant Organisms: Gram Positive	CC/OL	Varies	U2	U1	U1			Professional Org-Based	3, 17	4
Antimicrobial Resistance in the 20th Century: What Have We Learned?	FC	Varies	U2	U1	U1			CDC	3, 17	5
Infection Control and Epidemiology (ICE) I - An Intro to the Fundamentals	FC	25	U1	U1				Professional Org-Based	1, 5, 8, 11, 12, 27, 29	6
ICE II - Clinical Problem Solving in Multiple Practice Settings	FC	20		U1	U1			Professional Org-Based	1, 2, 5, 6, 8, 11, 12, 21, 22, 29	7
ICE III – The Research Model for Performance Improvement	FC	20		U2	U1	U1		Professional Org-Based	1-12, 16, 18-26, 29, 32-37	8
Bloodborne Pathogen Training	FC	Varies	U1	U1	U1			OSHA	1, 3	9
Occupational Safety Standards, Regulations, And Codes	FC	56	U3	U1	U1	U1		Local	32, 34, 35, 36	10
The New AIA Guidelines… Understanding Your Role in Construction/ Renovation Code Compliance	FC	16	U3	U1	U1			Professional Org-Based	17	11
Patient Safety: Tools for Implementing an Effective Program	FC	Varies		U2	U2	U1	U1	Professional Org-Based	1, 3, 4, 5, 8	12
Quality and Process Improvement in Healthcare Using Root Cause Analysis	FC	Varies		U2	U2	U1	U1	Vendor	1, 2, 3, 4, 5, 8, 17, 22, 23, 24, 25	13
Elements of Statistics	FC	Varies	U3	U1	U1			University-Based	5, 7, 11, 12	14
Certification Review Course	FC	9		U1	U1			Professional Org-Based	17, 18, 19, 20	15

LEGEND: FC = FORMAL COURSE U1 = UNIVERSAL PRIORITY I C = COMPETITIVE * = ACCORDING TO INDIVIDUAL JOB REQUIREMENT
CC/OL = CORRESPONDENCE COURSE/ON-LINE U2 = UNIVERSAL PRIORITY II SUP = SUPERVISOR ONLY ** = RECURRING REQUIREMENT
OJT = ON-THE-JOB TRAINING U3 = UNIVERSAL PRIORITY III DVP = DEVELOPMENT ASSIGNMENT *** = BY EXCEPTION

APPENDIX C
MASTER TRAINING PLAN MATRIX FOR INFECTION CONTROL NURSE

COURSE / SEMINAR / OJT TITLE	TYPE OF TRAINING	LENGTH HOURS	ENTRY	INTERMEDIATE		ADVANCED		SOURCE	COMPETENCIES (Appendix B)	COURSE NUMBER (Appendix D)
			GS-10	GS-11	GS-12	GS-13	GS-14			
National Certification in Infection Control	FC	Varies		U1**	U1**	U1**	U1**	Professional Org-Based	17, 18, 19, 20	16
Critical Reading of Research Publications	CC/OL	12			U1	U1	U1	RMC NESDS	32, 33, 35, 36	17
Preceptor Development Course	FC	3.5	U3	U2				Local	13, 17	18
Instructor Training Course/Effective Briefing	FC	80/Varies	U3	U1	U3	U3	U3	AMEDDC&S/ Local	14, 15, 36, 37	19
Nursing Informatics	FC	Varies	U3	U2	U2	U3	U3	University–Based	13, 35, 37	20
Total Quality Management Training	FC	Varies		U1	U3	U3	U3	Installation	19, 20, 25, 26, 37	21
Basic Computer Skills	FC	Varies	U1	U1				Local/ Installation	37	22
Intermediate/Advanced Computer Skills	FC	Varies	U1	U1				Local/ Installation	37	23
Computer Tools for Data Management	FC	16	U3	U1	U1			Professional Org-Based	37	24
Becoming a Web Wizard: Using the Web for Infection Control Resources	FC	8	U2	U1				Professional Org-Based	37	25
Budget Justification and Presentation	FC	24	U2	U1				USDA	27, 28, 29, 30, 31	26

LEGEND: FC = FORMAL COURSE; CC/OL = CORRESPONDENCE COURSE/ON-LINE; OJT = ON-THE-JOB TRAINING; U1 = UNIVERSAL PRIORITY I; U2 = UNIVERSAL PRIORITY II; U3 = UNIVERSAL PRIORITY III; C = COMPETITIVE; SUP = SUPERVISOR ONLY; DVP = DEVELOPMENT ASSIGNMENT; * = ACCORDING TO INDIVIDUAL JOB REQUIREMENT; ** = RECURRING REQUIREMENT; *** = BY EXCEPTION

APPENDIX D

COURSE DESCRIPTIONS
INFECTION CONTROL NURSE

1. Prevention and Control of Hospital Associated Infections (Basic). Presents the fundamental principles of preventing and controlling hospital infections and provides current information on the most significant problem areas. (Source: Local) (Length varies)

2. Tuberculosis (TB) Training for Healthcare Workers. This program is designed to assist facilities and operations whose employees have a risk of exposure to tuberculosis, and to help employees understand the nature of the disease, as well as what they can do to protect themselves from infection. Information presented in the program includes: Centers for Disease Control (CDC) TB guidelines; tuberculosis as a disease; transmission and symptoms; recognizing exposure situations; the Exposure Control Plan; administrative and engineering controls; Respirators and Personal Protection Equipment (PPE). (Source: CDC/Local) (Length Varies)

3. Communicable Disease Control. This self-study course covers the scientific discoveries that have led to control of communicable diseases as well as scientific nomenclature, characteristics, physiology, and environmental conditions for microorganisms, control and classification. The course identifies and differentiates between the characteristics of various body defenses, as well as discusses administrative practices, conditions, and frequencies of communicable disease reporting. The course identifies factors for a number of selected diseases that are classified under the three general methods of direct transmission (person to person, inanimate vehicle, and animal to human). Additional information is available at: http://www.phppo.cdc.gov/PHTN//catalog/3012g.asp (Source: CDC) (Length varies)

4. Multi-Drug Resistant Organisms (MDRO): Gram Positive. This course will discuss bacteria and the diseases they cause; evolution of antibiotics and the emergence of drug-resistant bacteria; the epidemiology of several MDRO; isolation systems for MDRO; and assist in developing a management plan appropriate to the learner's setting. Additional information is available at: http://www.apicelearn.org/ (Source: Professional Org-Based) (Length varies)

5. Antimicrobial Resistance in the 20th Century: What Have We Learned? Addresses techniques for providing quality antimicrobial testing using both manual and automated methods. Approaches for testing and reporting of problem organisms will be discussed. Additional information is available at: http://www.phppo.cdc.gov/nltn/uscal.asp (Source: CDC) (Length varies)

6. Infection Control and Epidemiology I (ICE) – An Introduction to the Fundamentals. This course provides an introduction to the fundamental skills necessary for the practice of infection control and epidemiology. Practice settings and specialties include acute, ambulatory, home health, long-term, critical and surgical care, and pediatrics. Topics cover surveillance, methodology; basic microbiology, immunology, and infectious process; infection control precautions; and outbreak investigation. Infection control experts present the most current information, including how to assess resources to facilitate a successful infection control program. It is recommended that registrants have a minimum of six months of experience in infection control by the course start date. Additional information is available at: http://www.apic.org/cat/catalog.cfm?category=courses (Source: Professional Organization-Based) (25 Hours)

7. ICE II – Clinical Problem Solving in Multiple Practice Settings. This course provides an opportunity to apply and integrate infection control and epidemiology skills to varied clinical settings. Practice settings/specialties include acute, ambulatory, home health, long-term, critical and surgical care and pediatrics. Topics cover expanded epidemiology and surveillance methodologies, analysis of case studies, data management, and reporting, and environmental issues. It is expected that registrants have a minimum of two years of experience and a formal, basic course in infection control and epidemiology by the course start date. Additional information is available at: http://www.apic.org/cat/catalog.cfm?category=courses (Source: Professional Organization-Based) (20 Hours)

8. ICE III – The Research Model for Performance Improvement. This course provides experienced healthcare professional with epidemiological tools and strategies to address healthcare problems using the research process. Topics include study design and research process, ethical and legal implications, statistical measures/interpretation, data management/analysis, and report preparation and presentation. It is expected that registrants have at least two years of infection control experience; a practical understanding of statistical methods; a prior formal basic infection control or epidemiology course; familiarity with

calculator operations; experience in analyzing, implementing and evaluating interventions to improve process and outcome; and have participated in collaborative activities using group process techniques. Additional information is available at: http://www.apic.org/cat/catalog.cfm?category=courses (Source: Professional Organization-Based) (20 Hours)

9. Bloodborne Pathogens Training. Instructs the student in managing a program in accordance with Occupational Safety and Health Administration (OSHA) mandated requirements in 29 CFR 1910.1030. Course content includes identifying the scope of the act, developing an exposure control plan (ECP), identifying infectious materials, methods of compliance, and hepatitis B vaccinations. (Source: OSHA) (Length varies)

10. Occupational Safety Standards, Regulations, and Codes. Provides the student with the skills to research the 29 CFR 1910 General Industry Standards and the NFPA 101 Life Safety Code. The student will be able to locate and interpret the applicable standard(s) that will provide guidance in developing and implementing corrective or control measures required to comply with federal regulations. (Source: Local) (56 Hours)

11. The New AIA Guidelines...Understanding Your Role in Construction/Renovation Code Compliance. This workshop will educate architects, engineers, project managers, and contractors on the new standards and compliance requirements. Featured textbooks will be "Guidelines for Design and Construction of Health Care Facilities and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) "Environment of Care/Infection Control Standards and the Centers for Disease Control's New Guidelines for Environmental Infection Control in Healthcare Settings." Additional information is available at: http://128.11.25.81/calendar/AIAfax.pdf (Source: Professional Organization-Based) (16 Hours)

12. Patient Safety: Tools for Implementing an Effective Program. Provides participants with both a general understanding of patient safety in hospitals and a variety of practical tools to apply in the clinical setting to improve patient safety. Additional information is at: http://www.apic.org/safety/pscourse.cfm (Source: Professional Organization) (Length varies)

13. Quality and Process Improvement in Healthcare Using Root Cause Analysis. This course offers in-depth training on incident investigation and root cause analysis using the TapRooT® Incident Investigation System. Provides core incident investigation techniques and an introduction to safeguards analysis. Additional information is at: http://www.taproot.com/pages/jcaho/JCAHO.htm (Source: Vendor) (Length varies)

14. Elements of Statistics. This course is a non-calculus introduction to statistics. Topics include distributions, histograms, exploratory data analysis, measures of location and dispersion, elementary probability, probability functions (binomial, normal, t-distribution, chi-square distribution), analysis of measurements (confidence intervals and hypothesis testing), analysis of paired data (linear regression and correlation), and the use of statistical software for the analysis of data. (Source: University-Based) (Length varies)

15. Certification Review Course. This intensive course focuses on each of the five major areas of knowledge tested in the infection control certification examination leading to board certification in infection control. The course is meant to supplement personal study and provide a review of the basic issues and techniques necessary for qualified infection control program management. Additional information is available at: http://www.apic.org/cat/catalog.cfm?category=courses (Source: Professional Organization-Based) (9 Hours)

16. National Certification in Infection Control (CIC). Applicant must meet eligibility requirements defined by hours of experience in the field and other criteria. Successful completion of National Certification exam is required to earn certification in CIC. Recertification is required every five years to maintain CIC status. Additional information is available at: http://www.cbic.org/ (Source: Professional Organization-Based) (Length varies)

17. Critical Reading of Research Publications (CRRP). This course is designed as an Independent Study for use by Clinical Interest Groups, Journal Clubs, or small groups who want to become more comfortable in reading and evaluating research. The primary characteristic of this program is that it must be carried out by at least two or more people in order to obtain continuing education credit. The course is available on-line at: http://armynursecorps.amedd.army.mil/crrp.htm (Source: RMC NESDS) (12 Hours)

18. Preceptor Development Course. Prepares experienced nursing personnel to serve as preceptors. Facilitates the transition of new nursing personnel to clinical nursing. (Source: Local) (3.5 Hours)

19. Instructor Training Course (Formerly Faculty Development. Emphasis is placed on communication skills, audio-visual support, writing lesson plans, writing objectives, and writing test items. (Source: AMEDDC&S/Local) (80 Hours/Length varies)

20. Nursing Informatics. An overview of how computer science,

information science, and nursing science are used to manage information. The focus of the course is on how nurses can use information technology with clinical practice, research, education, administration, and communication to improve the delivery of nursing care and patient health. A current health care information system is examined. Basic computer applications are explored through hands-on training. (Source: University-Based) (Length varies)

21. Total Quality Management Training. Provides the student with the basic comprehension of total quality management skills to include: team building and facilitation; balanced scorecard and six sigma; data collection, analysis, and graphic presentation; root cause analysis; and proficiency in conducting process improvement projects using the Plan-Do-Check-Act (PDCA) format. (Source: Installation) (Length varies)

22. Basic Computer Skills. Provides basic computer skills including familiarity with Microsoft Windows, how to use a mouse, how to start a program, etc. (Source: Local/ Installation) (Length varies)

23. Intermediate/Advanced Computer Skills. Provides intermediate/advanced computer skills including proficiency with Microsoft Word, PowerPoint, ACCESS, and Excel. (Source: Local/Installation) (Length varies)

24. Computer Tools for Data Management. A hands-on course that teaches how to use Microsoft Excel to effectively manage and organize data. You learn how to use various options for organizing data, tools for completing calculations and analyzing data, and built-in functions to simplify statistical calculations. The course also provides in-depth instruction in computer methods for graphically displaying data, benchmarking information, and applying quality improvement concepts to infection control data. It is expected that participants have infection control experience and a basic knowledge of Microsoft Windows and Excel. Additional information is available at: http://www.apic.org/cat/catalog.cfm?category=courses (Source: Professional Organization-Based) (12 Hours)

25. Becoming a Web Wizard: Using The Web for Infection Control Resources. This course provides a unique opportunity to learn how to find information efficiently, travel to specific Web sites, create and organize bookmarks, and become acquainted with sites that provide useful information for Infection Control Professionals. You learn how to search the Internet using

Netscape Navigator and Internet Explorer. It is recommended that participants have a working knowledge of Windows and any Windows-based program such as Microsoft Word, Word Perfect, Microsoft Excel, etc. Additional information is available at: http://www.apic.org/cat/catalog.cfm?category=courses (Source: Professional Organization-Based) (6 Hours)

26. Budget Justification and Presentation. This course provides information on developing techniques for presenting a budget or responding to issue-related questions. The class will help attendees identify what is required, when it will be needed and how to prepare for written justification or actual presentation. Additional information is available at: http://grad.usda.gov/ (Source: USDA) (24 Hours)

APPENDIX E

GLOSSARY

ACRONYM	DEFINITION
ACTEDS	Army Civilian Training, Education, and Development System
AMEDDC&S	Army Medical Department Center & School
APIC	Association for Professionals in Infection Control and Epidemiology, Inc.
CBIC	Certification Board of Infection Control
CIC	Certification in Infection Control
CDC	Centers for Disease Control
CRRP	Critical Reading of Research Publications
ECP	Exposure Control Plan
DA	Department of the Army
FC	Functional Chief
FCR	Functional Chief Representative
ICE	Infection Control and Epidemiology
ICP	Infection Control Professional
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KSAs	Knowledge, Skills, and Abilities
MACOMs	Major Commands
MDRO	Multi-Drug Resistant Organisms
MEDCENs	Medical Centers
MEDCOM	U.S. Army Medical Command
MSCs	Major Subordinate Commands
MTF	Medical Treatment Facility
MTP	Master Training Plan
NESDS	Nursing Education and Staff Development Service
OJT	On-the-Job Training
OSHA	Occupational Safety and Health Administration
PDCA	Plan-Do-Check-Act
PPE	Personal Protective Equipment
RMC	Regional Medical Command
RN	Registered Nurse
SMEs	Subject-Matter-Experts
TB	Tuberculosis