

CERTIFICATION EXAM OVERVIEW TEST-TAKING TIPS AND STRATEGIES

CIC REVIEW COURSE JULY 13, 2023

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https://spice.unc.edu/

CONTENT OUTLINE

- ► Identification of Infectious Disease Process (22 questions)
- Surveillance and Epidemiologic Investigation (24 questions)
- Preventing/Controlling the Transmission of Infectious Agents (25 questions)
- ► Employee/Occupational Health (11 questions)
- Management and Communication (13 questions)
- Education and Research (11 questions)
- Environment of Care (14 questions)
- ► Cleaning, Sterilization, Disinfection, Asepsis (15 questions)



OVERVIEW CIC EXAM



- Developed by the Certification Board of Infection Control and Epidemiology (CBIC)
 - Content development
 - Repository of approved exam questions
 - Setting the passing score
 - Setting the criteria for eligibility



INITIAL CERTIFICATION

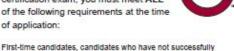
- Attestation Statement (completed, signed and dated by current supervisor)
- Proof of Degree (a diploma or transcripts)
- Official Job Description (must be signed by your immediate manager or supervisor- a sample job description is available online)
- > \$410 examination application fee

Certification in Infection Control® (CIC°): Overview



CIC® Eligibility Requirements

In order to be eligible to take the initial certification exam, you must meet ALL of the following requirements at the time of application:



passed the examination, and lapsed certificants wishing to become

- 1. Completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, public health, or blology. Post-secondary includes public or private universities, colleges, community colleges, etc.
- 2. Direct responsibility of the infection prevention and control programs/activities in a healthcare setting, and this is reflected in your current job description.
- 3. Work experience, defined as active engagement in infection prevention, determined by a current job description, for compensation, for a minimum of:
 - · At least one-year full-time employment
 - · Two (2) years part-time employment
 - Completed 3,000 hours of infection prevention work experience earned during the previous three (3) years

CIC® Exam Process

Review the CIC* eligibility requirements.

STEP 2

Submit your application, supporting documentation,

Walt 7-10 business days for the CBIC office to review your

Receive follow up communication from CBIC office. If you are accepted, you'll receive an email from CBIC with next steps. If you are not accepted, you'll receive a full refund.

Schedule and take your exam within your 90-day eligibility

If successful, your certification maintain your certification.



https://www.cbic.org/CBIC/Get-Certified/Get-Started.htm



INITIAL CERTIFICATION



- Introduction and tutorial- 10 minutes
- Section 1: 90 minutes
- Candidate Break: 16 minutes
- Section 2: 90 minutes
- Survey: 5 minutes

- Objective, multiplechoice examination
- ▶150 questions
- ▶ 135 used to compute score
- Need a total scaled score of at least 700 to pass

You are not allowed to use any electronic devices or phones during breaks.



RECERTIFICATION

- Recertifying candidates may recertify either by passing a web-based recertification examination (SARE)or through continuing education, hereby referred to as Infection
 Prevention Units (IPUs)
 - ► Effective <u>January 1, 2026,</u> the openbook untimed recertification examination will no longer be offered. Recertification will be obtainable through infection prevention units (IPUs) or by retaking the initial CIC® proctored examination.





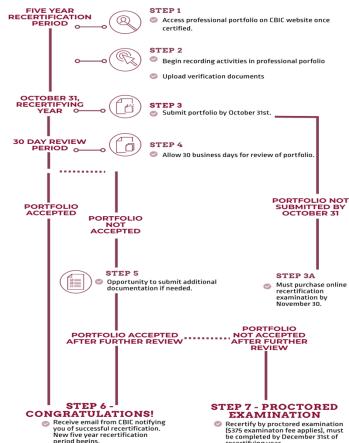
RECERTIFICATION-CONTINUING EDUCATION

- Accumulate points at any point during your fiveyear recertification period.
- Submit portfolio by October 31
- Allow 30 days for review
- Accepted-congratulations
- Not accepted-recertify by proctored exam (fees apply)

RECERTIFICATION BY CONTINUING EDUCATION









Category	Description of Activity	Number of Infection Prevention Units (IPUs)	Maximum Number of IPUs	Examples of Participating Providers	Required Documentation
Online, paper, or live format education	Complete offerings from an accredited or approved source that provide continuing education credits specific to the domains that are at minimum one hour in length	1 IPU per activity hour (no partial credit)	No max	APIC, CDC, SHEA, IDSA, IPAC Canada, Public Health Ontario	· Certificate of completion/attendance
	Read scientific publications from an accredited or approved source that provides continuing education credits upon completion of an assessment	1 IPU per activity hour	5 IPUs max	APIC, AORN	
Local, National or International conferences and workshops	Attendance at local, national or international infection prevention and control conferences or workshops	5 IPUs per single-day conference or workshop OR	No max	Local APIC chapters, Local IPAC Canada Chapters, APIC, IPAC Canada, IDSA, IFIC	Certificate of attendance
		10 IPUs per multi-day conference or workshop			
	Other related conferences with infection prevention sessions that are not specifically infection prevention and control centric	1 IPU per session hour	No max	AORN, AAMI, ANCC, ASM, SGNA	
Academic education	Completion of an accredited program that offers specific education that would advance the profession of infection prevention and control	10 IPUs per program completion	10 IPUs max	Certification in statistics, MPH, MSN, project management	Copy of official or unofficial transcripts with institution name visible
					OR
	provenion and control				Copy of diploma, with institution name visible
Publications	Published in a peer reviewed journal covering topics specific to infection prevention and control.	5 IPUs per publication	No max	AJIC, CJIC, ICHE, ASM	Copy of article, guidelines, prevention guide, or other publication, ensuring your participation as author or co-author, title of written work, date of publication, and a subject synopsis is visible
	Letters to the editor not accepted.		s .		
	Authoring/co-Authoring evidence-based guidelines, prevention guides, or similar publication related to the field of infection prevention and control.	5 IPUs per publication	No max	CDC, IHI, professional organization, APIC prevention guide	



TEST- TAKING TIPS AND STRATEGIES

- ► Select a date and stick to it
 - Select the time of day best for you
- Assess and compile the resources available for studying
 - APIC Text
 - ► APIC Certification Study Guide-Table of Study Methods (i.e., memorization, cues, summary etc.,)
- ► How do you study the best?
 - Take notes as you go along
 - Use study aids, guides, groups
 - Don't over do or over think it





PAY ATTENTION TO KEY WORDS

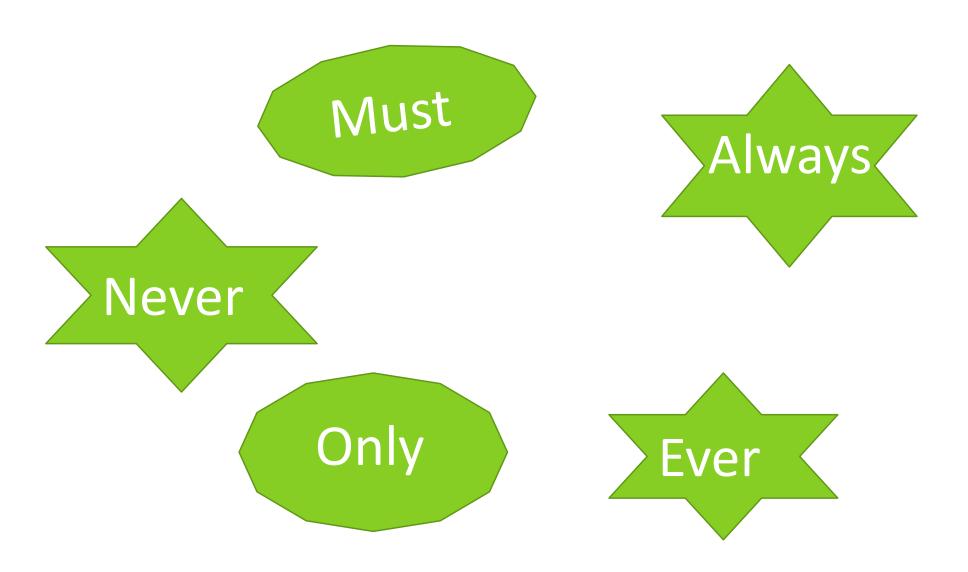
- First
- Initial
- Least
- ❖ Most
- Safest
- Next
- Correct



- Effective
- Appropriate
- Avoid
- Incorrect
- Ineffective
- Unlikely



ABSOLUTE WORDS





PORTANT

Essential laboratory values that you need to

know:

- **ABG**
- ► Renal function test
- Serum chemistry and CBC
- ► CSF findings

test will
either be in
normal
range or
significantly
abnormal





- Read the question thoroughly before you look at the answer
- Words such as most, first, best, and initial indicate you need to establish priorities
- Eliminate options that are clearly wrong or incorrect
- Select the best answer from the ones provided
- Do not worry about your selection
- Answer every question



TAKING THE EXAM



Get Plenty of rest the night before



Don't go hungry







BENEFITS AND IMPACT OF CERTIFICATION

Personal benefits

- Sense of self-accomplishment
- Self-satisfaction
- Increased recognition, credibility and confidence
- Enhanced personal growth and development

Benefits for patients

- Improved clinical outcomes
- Certified staff may be more knowledgeable regarding established practice standards and guidelines



EVIDENCE OF CERTIFICATION IN IPC IMPROVES OUTCOMES?

- Pogorzelska et al. highlighted the importance of certification among IPs and its significant impact on infection rates involving multidrug-resistant organisms, notably methicillin-resistant Staphylococcus aureus bloodstream infections.
- In 2013, Saint and colleagues sought to determine perceived strength of evidence of common practices aimed at preventing device- and procedure-associated infections.
 The team surveyed hospital IPs who were looking at practices implemented to prevent those types of infections, and results were stratified by certification status of IPs. Certified IPs were more likely to perceive the evidence as strong for certain preventive activities than were their noncertified colleagues. The implication is that certification may lead to greater use of evidence-based practice.
- Carrico and colleagues surveyed practicing IPs across multiple settings regarding immunization practices, vaccine
 handling, and program management. 17 Their findings indicated that programs managed by certified IPs were more
 likely to adhere to recognized best practices when compared with their noncertified colleagues.
- Marx et al. reported on a CBIC survey of IPs, as well as other stakeholders to determine the perceived value of certification.
 They found increased patient safety, as well as increased competency, professionalism, and growth in one's career, can be associated with certification.
- Fu and coauthors reported that nursing homes with a certified IP had more comprehensive antimicrobial stewardship
 programs and more comprehensive policies on antimicrobial stewardship compared to nursing homes where the IPs
 had no specific training.

https://text.apic.org/toc/overview-of-infection-prevention-programs/competency-and-certification-of-infection-preventionists



