

CERTIFICATION EXAM OVERVIEW TEST-TAKING TIPS AND STRATEGIES

CIC REVIEW COURSE
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(SPICE)

<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

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

Certification in Infection Control (CIC): Overview

CIC Exam Process

STEP 1
Review the CIC eligibility requirements.

STEP 2
Submit your application, supporting documentation, and application fee.

STEP 3
Wait 7-10 business days for the CBIC office to review your application.

STEP 4
Receive notice 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.

STEP 5
Schedule and take your exam within your 90-day eligibility period.

STEP 6
If successful, your certification is valid for the next five years. Recertification must be completed every five years in order to maintain your certification.

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:

First-time candidates, candidates who have not successfully passed the examination, and spaced certificate holders wishing to become certified again must have:

1. Completed post-secondary education in a health-related field including but not limited to medicine, nursing, laboratory technology, public health, or epidemiology. Post-secondary includes public or private universities, colleges, community colleges, etc.
2. Direct responsibility of the infection prevention and control program/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
 - OR
 - Two (2) years part-time employment
 - OR
 - Completed 3,000 hours of infection prevention work experience earned during the previous three (3) years

INITIAL CERTIFICATION



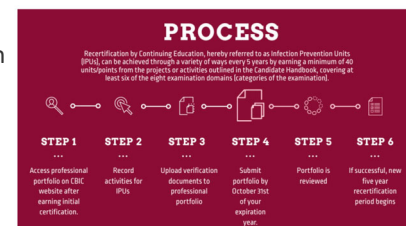
- Introduction and tutorial- 10 minutes
- Section 1: 90 minutes
- Candidate Break: 16 minutes
- Section 2: 90 minutes
- Survey: 5 minutes

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

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

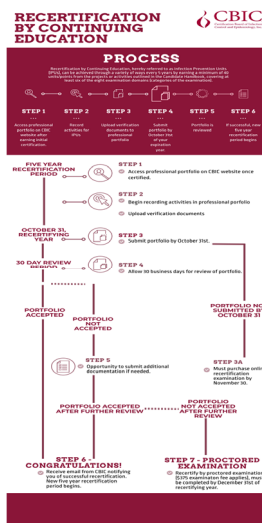
RECERTIFICATION

- ▶ 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 January 1, 2026, the open-book 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 five-year recertification period.
- ▶ Submit portfolio by October 31
- ▶ Allow 30 days for review
- ▶ Accepted-congratulations
- ▶ Not accepted-recertify by proctored exam (fees apply)



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 10 IPUs per multi-day conference or workshop	No max	Local APIC chapters, Local IPAC Canada Chapters, APIC, IPAC Canada, IDSA, IFIC	Certificate of attendance
	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, IDNA	
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 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	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



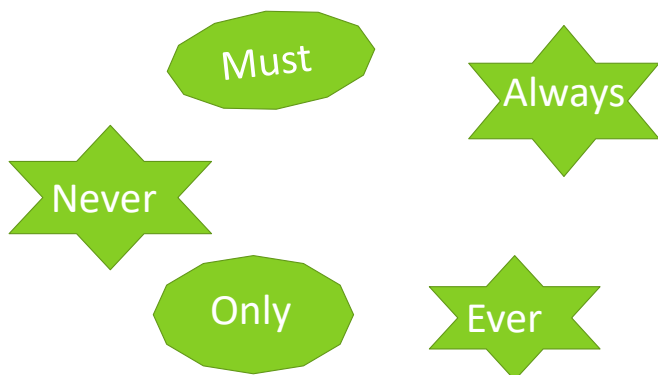
PAY ATTENTION TO KEY WORDS

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



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

ABSOLUTE WORDS



IMPORTANT

- ▶ Essential laboratory values that you need to know:
 - ▶ ABG
 - ▶ Renal function test
 - ▶ Serum chemistry and CBC
 - ▶ CSF findings

Values on 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. ¹⁵
- In 2013, Saint and colleagues sought to determine perceived strength of evidence of common practices aimed at preventing device- and procedure-associated infections. ¹⁶ 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. ¹⁸ 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. ¹⁹

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

