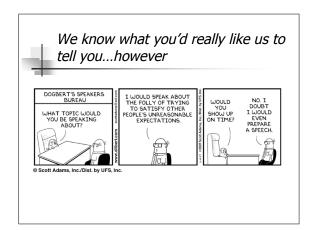




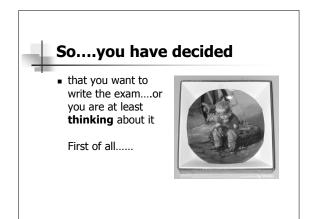
- Review the process of taking the computer based exam
- Provide points on application specific to international candidates
- Advise examinees about the structure of exam questions and answer options

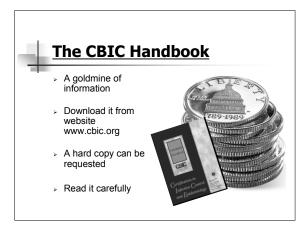


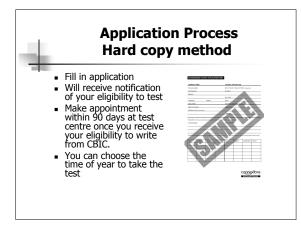


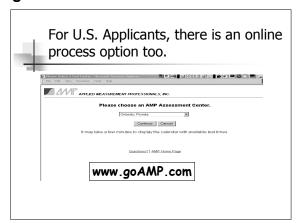
The computer based exam

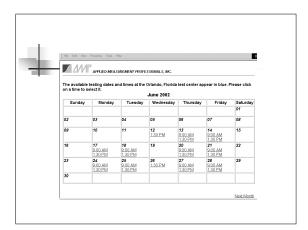
- First exam is always the higher security computer based exam
- The recertification exam (SARE) is paper based at this time
- Technology to mark a paper based exam is becoming extinct
- SARE will be computerized in future

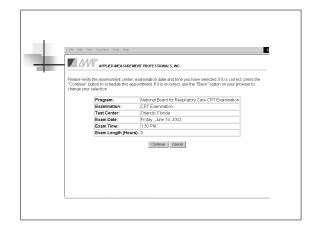


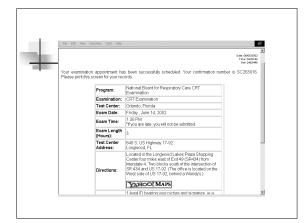


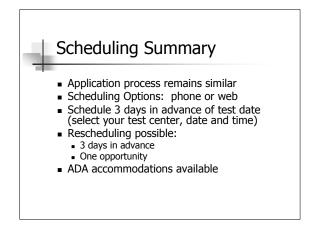












Hosted by Paul Webber paul@webbertraining.com www.webbertraining.com

How many testing sites?

- 140 Assessment Centres in US and Canada
- Exam available in 30 countries including US



International Candidates

- Manual application
- Cannot book an exam date on line
- There is a \$35.00 fee
- Will receive mark in approximately 3 weeks



Taking the test

- Arrive in plenty of time
- Late comers will be turned away if more than 15 minutes past the time of the appointment
- No paper is allowed. Scrap paper will be provided and must be returned at the end of the exam
- Non-programmable calculator is allowed
- You will be given some practice time with the mouse and computer

Taking the test

- Must have your letter with you and photo ID
- So what does the exam look like?

Practice Exam – mirror image – gives you practice with the format Available for purchase from CBIC

The questions will be different!

Taking the test

- 3 hours to write the computerized exam
- US candidates will receive a "pass" or "fail" notice when the exam is finished.
- International candidates
 The mark will arrive in
 the mail 2-3 weeks
 following the exam.



CIC

■ Why should I consider taking the CIC exam??

There are a number of reasons....



- Recognition and marketability
- Professional development
- Personal satisfaction
- Regulation it may be required to keep your position
- It provides an objective measure of competence to employers and the public



- Licensure assures minimal competency to practice in a field,
- Certification indicates mastery of a defined body of knowledge



Competency

- CBIC does not believe that continuing education credits measure competency
- Ongoing process that requires repeat measurement

Competency

 Incorporates performance of several related tasks and/or requires the use of a variety of knowledge domains/cognitive levels

How do we measure competency?

 Through a comprehensive examination that measures the skills and abilities expected of an ICP that could be working in a variety of settings.



Validity of the Certification Examinations

- Developed under the guidance of Applied Measurement Professionals (AMP), - an independent testing agency.
- AMP oversees scoring of the exam.
- Each test item undergoes both expert and statistical scrutiny before use.
- Passing scores are calculated to compensate for item difficulty & differences between exams
- Acknowledged by the Joint Commission as an element of an effective infection control program.





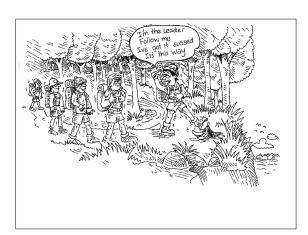
- There is no way to <u>guarantee</u> competence in any field.
- We can only measure factors that may indicate competence





However...

- We would like all competent candidates to be able to successfully pass the exams- there is no intention to create trick questions.
- There is a practice requirement.
- There is a training requirement.
- Earning the CIC credential says something about the practitioner.







- If you achieved your CIC in 1985.....
- Is it sustainable over the course of your career?
- Does it ensure competence to deal with today's ICP requirements?

+

Certification & Recertification

* CBIC believes that:

Continuing education does NOT demonstrate competence

Demonstrating competence is an ongoing process requiring repeat measurement



Driving Forces

- Public awareness of healthcare associated infections
- Informed consumers and public expectation of healthcare
- The public expects health care providers to be competent
- Emphasis on patient and occupational safety



What is important to test?



 Knowledge alone does not necessarily imply competent practice, or successful performance on the job



What are we testing?



- Memorization? Regurgitation?
- Minimizes how knowledge is used in the job environment
- Evaluates declarative knowledge:

the trivial the superfluous the irrelevant



Cognitive Levels

 Declarative/Recall - retention of knowledge assess static concepts answer will not change ability to use knowledge on the job is not assessed



Recall

Ex. What is the capital of Massachusetts?

Ex. What are the steps in outbreak management?

The answers will not change – you either know it or you don't



Cognitive Levels

- Procedural/Application dynamic or variable
- Evaluates the ability to describe the performance of given activities under certain conditions

Ex. Determine the appropriate next step, given a task scenario



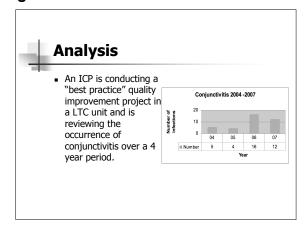
Application/Procedural

Example:

A patient is admitted with a post-operative wound infection. MRSA is cultured from the wound. What type of precautions are required for this patient?

Analysis/Performance

- Ramps it up a notch
- Analysis questions best for measuring competence - measures factors that indicate competence
- Ex. Evaluate the ability to actually perform given activities under certain conditions



Analysis

- What is the best interpretation of this data?
- Analysis of absolute numbers of infections is misleading.
- There is a problem as the number of cases increased in two out of four years.
- Literature indicates that there is no issue with this number of cases.
- Eye infections are uncommon in the elderly.

Ok..on to the test questions

What makes a good question?



Good question construction

A well constructed question:
 Follows the normal rules of grammar
 Clearly states the question
 Avoids negative wording
 Uses clear and simple language
 Eliminates irrelevant clues



Good question construction

- Are the stem and options grammatically correct?
- Are they clearly written?
- Is the stem too long?
- Can it be shortened without altering the actual question?



Consider this question.....

A patient has been admitted to one of the General Medicine nursing units in your hospital. The person is homeless, a known drug abuser, and has been admitted for investigation of a chronic cough and weight loss. A PPD has been ordered.



cont'd

- The test is administered in the following manner:
 - a) Subcutaneous
 - b) Intramuscular
 - c) Intradermal
 - d) Orally



What is wrong with the previous question?

- Do you need all the information in the stem to answer the question?
- What is the question that is being asked?





Revised version

- The appropriate administration route of a TST (tuberculin skin test) is:
 - a) Subcutaneous
 - b) Intrathecal
 - c) Intramuscular
 - d) Intradermal



To Contact CBIC

- Website: www.CBIC.org
- Please be advised that CBIC does not produce or endorse educational offerings such as study courses, study guides or "flashcards."
- We take no credit or responsibility for the contents thereof.



In summary

- We've reviewed the process of taking the computer based exam
- Provided points on application specific to international candidates
- Advised examinees about the structure of exam questions and answer options
- Any questions???

THE NE	KT FEW TELECLASSES
17 Jul. 08	[Free Teleclass] Community-Associated MRSA - What's Up & What's Next Speaker: Dr. Rachel Gorwitz, CDC
22 Jul. 08	(Free British Teleclass) Progress Report from the Chief Nursing Officer Speaker: Christine Beasley, British Department of Health
7 Aug. 08	(Free Teleclass) Disinfection & Sterilization - Current Issues & New Research Speaker: Dr. William Rutala, University of North Carolina
14 Aug. 08	(Free Teleclass) Extended Spectrum Belta Lactmases and Infection Control Speaker: Prof. David Patterson Broadcast live from New Zealand infection control conference
04 Sep. 08	We Get the Infection Control We Deserve - How to Deserve the Best Speaker: Gary Phillips, NorthWest Training & Development
11 Sep. 08	LTC - Surveillance in Long Term Care Speaker: Mary Andrus, CDC
www.webbertraining.com.schedulep1.php	