How to Become Certified Without Becoming Certifiable

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Objectives

- · Discuss why certification is important
- Review the practice analysis
- Review eligibility requirements for certification
- · Discuss how to certify & when to re-certify
- Review the resources recommended to help prepare for certification
- Introduce you to the certification process
- Describe recent changes in the exam process

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Why Certify?

- · Recognized internationally, Certification valid for five years
- Allows successful candidate to use "CIC" designation
- The only standardized measurement of essential knowledge, skills, and abilities expected of infection prevention and control professionals
- Provides an objective measure of competence
- Recognized by APIC and IPAC-Canada as the standard for certification in infection control

Note: CBIC exam is only way to get CIC. <u>No other</u> course or program qualifies you to use the designation CIC

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- Independent organization, not connected to APIC, IPAC-Canada
- Multidisciplinary, international board of Directors
- Develops and administers the certification examination process for infection control professionals
- CBIC's certification program is accredited by the National Commission for Certifying Agencies (NCCA)

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2014 Practise Analysis

- Required every 4-5 yrs. by National Commission for Certifying Agencies
- Identifies tasks and knowledge important to the <u>current</u> work performed by ICPs
- Data collected guides development of test specifications and future exams
- Survey distributed to membership and organizations

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Practice Analysis

- Most recent survey completed in June 2014
- Task force reviewed current domains, tasks, knowledge and developed survey
- Survey distributed to members and organizations
- 2819 responses used to develop new content outline and test content



Certification

Initial certification:

- •Must complete the proctored computer based examination (CBT)
- •Administered via computer in *Prometric* test centers throughout the United States , Canada and other international sites
- Certification remains valid for 5 years
- •French version of exam now available (2016)

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Re-Certification

- Required every 5 years
- Computer based exam not available for recertification (2016)
- SARE not available in French until 2021
- Recertification Exam (formerly called SARE)
 - similar in content to the Computer-Based Test -150 multiple choice items; 15 questions under evaluation, not included in scoring
 - practice oriented and challenging questions geared to ICP with at minimum, five (5) to seven (7) years experience in infection prevention and control

Individuals who are currently certified are automatically eligible for re-certification every 5 years

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Are You Eligible for CIC?

Eligibility Requirements

•You are accountable for the infection prevention and control activities/program in your setting and this is reflected in your current job description.

AND

You have a post-secondary degree (e.g. associates' (diploma in Canada)or baccalaureate degree).

AND

You have had sufficient experience (recommended: two years) in infection prevention and control which includes all three (3) of the following:

- 1. Identification of infectious disease processes
- 2. Surveillance and epidemiologic investigation
- 3. Preventing & controlling the transmission of infectious agents

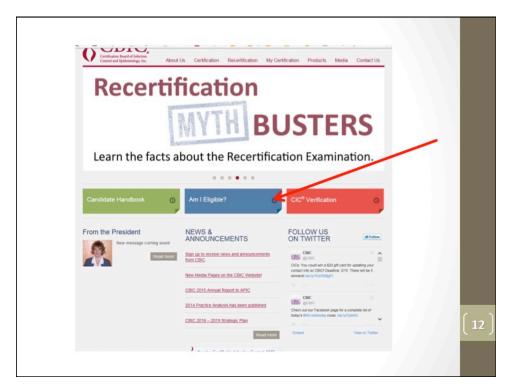
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Are You Eligible for CIC?

And

- •at least two (2) of the remaining five (5) components:
- 1. Employee/occupational health
- 2. Management and communication
- 3. Education and research
- 4. Environment of care
- 5. Cleaning, sterilization, disinfection, and asepsis

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Exam Registration

- Application process on-line or on paper application
- Cost \$350 US (SARE \$325 US)
- · Supporting documentation required
 - Proof of diploma/degree or transcripts
 - Supervisor signed attestation
 - Current job description
 - CV/resume, , if self employed 3 references
- After your application has been approved, you have 90 days to schedule and take the exam
- Complete instructions in candidate handbook

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Taking the test

Computerized exam

- 3 hours to write-receive a "pass" or "fail" notice as soon as exam is finished
- "pass" may use CIC designation-valid for 5 yrs.
- "fail" can re-write up to 4 times per year (every 90 days)

Recertification Exam

- can be ordered as early as January, deadline to order Dec 1st
- Can access as often as desired until submitted
- Must be submitted by 11:59pm on Dec 30 of recertifying year.
- Immediate "pass or fail" detailed results sent via mail in 2-3 weeks

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Taking the Exam

- You will be given the opportunity to practice taking an examination on the computer to familiarize yourself with the testing software. The time used is not counted as part of the examination time.
- You will have **3 hours** to complete the exam.

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Questions

- Bank of approx. 1300 questions
- 150 multiple choice questions, 135 scored + 15 questions being evaluated
- All questions fit into a category on the Content Outline
- All questions have answers reference in CBIC approved references
- No negative wording, exclusionary words (all, never...) or multiple answers (A+B, A+C, A+B+C, B+D)
- All nation-specific references had been removed

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Passing Score

- Individual responses for each question analyzed and adjusted
- Cut scores are adjusted taking into account levels of difficulty
- Cut score is slightly different for each version of the test
- Pass rate varies by degree of difficulty of exam
- Percentage of correct answers to pass ~ 75%

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Types of Exam Questions

- Recall (20%)
 - Recognize or recall a fact, memorization
- Analysis (20%)
 - · Minimal interpretation: explain or differentiate, understand
- Application (60%)
 - Judgement or decision making, transfer of learning

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Example: Recall

Serum that is positive for HBeAg indicates

- a) An increased likelihood of infectivity
- b) The presence of the delta agent
- c) Immunity to Hepatitis B
- d) Prior receipt of the hepatitis B vaccine

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Example: Recall

Serum that is positive for HBeAg indicates



- (a) An increased likelihood of infectivity
 - b) The presence of the delta agent
 - c) Immunity to Hepatitis B
 - d) Prior receipt of the hepatitis B vaccine

Example: Application

A 65 year old patient presents with jaundice and elevated liver enzymes. Blood for viral hepatitis screen with the following results:

- · Hepatitis A: Anti-HAV, IgG negative; IgM positive
- Hepatitis B: HBsAG negative, anti HBc negative, antiHBs positive
- Hepatitis C: Anti HCV negative

Which of the following is the **most likely** cause of the symptoms?

- a) Hepatitis A
- b) Hepatitis B
- c) Hepatitis C
- d) Delta hepatitis

Example: Application

A 65 year old patient presents with jaundice and elevated liver enzymes. Blood for viral hepatitis screen with the following results:

- · Hepatitis A: Anti-HAV, IgG negative; IgM positive
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- Hepatitis C: Anti HCV negative

Which of the following is the **most likely** cause of the symptoms?



- √a) Hepatitis A
 - b) Hepatitis B
 - c) Hepatitis C
 - d) Delta hepatitis



Example: Analysis

A previously healthy 70 year old presents with dyspnea and a productive cough. Which of the following diagnostic test results would be consistent with a diagnosis of communityacquired pneumonia?

- a) Sputum gram stain: moderate white blood cells seen; moderate growth of Pseudomonas aeruginosa
- Sputum gram stain: few white blood cells seen; light growth of Staphylococcus aureus and Acinetobacter baumannii
- c) Total white blood cell count =12,000; Streptococcus pneumoniae isolated from 2 sets of blood cultures
- d) Chest radiograph: diffuse infiltrate in the upper left lobe; sputum gram stain; no white blood cells seen; moderate growth of Klebsiella pneumoniae

Example: Analysis

A previously healthy 70 year old presents with dyspnea and a productive cough. Which of the following diagnostic test results would be consistent with a diagnosis of community-acquired pneumonia?

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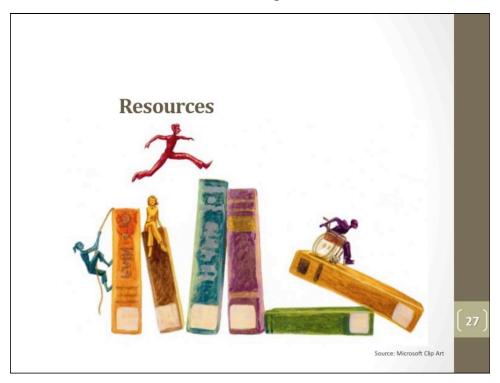
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- d) Chest radiograph: diffuse infiltrate in the upper left lobe; sputum gram stain; no white blood cells seen; moderate growth of *Klebsiella pneumoniae*

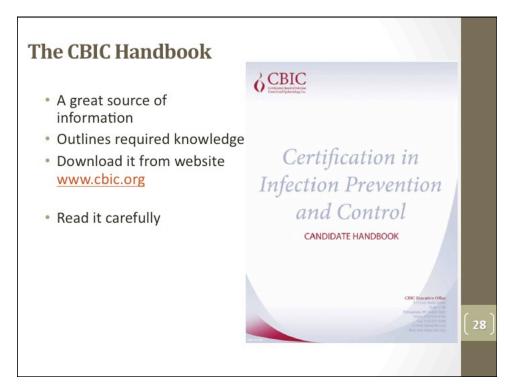
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What's on the Exam?

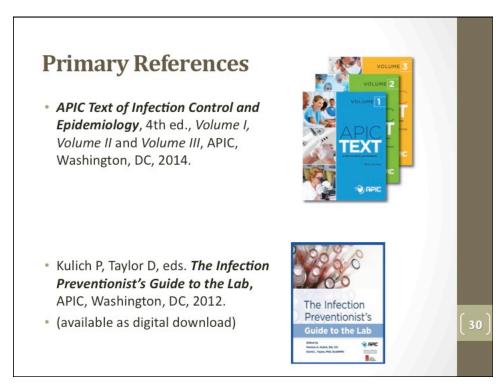
- 1) Identification of Infectious Disease Processes (22)
- 2) Surveillance and Epidemiologic Investigation (24)
- 3) Preventing/Controlling the Transmission of Infectious Agents (25)
- 4) Employee/Occupational Health (11)
- 5) Management and Communication (13)
- 6) Education and Research (11)
- 7) Environment of Care (14)
- 8) Cleaning, Sterilization, Disinfection, Asepsis (15)

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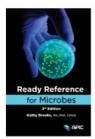


Primary References

 Heymann, D., ed. Control of Communicable Diseases Manual, 20th ed., Washington, DC: American Public Health Association; 2015.



 Brooks, Kathy. Ready Reference for Microbes, 3rd ed., APIC; 2012



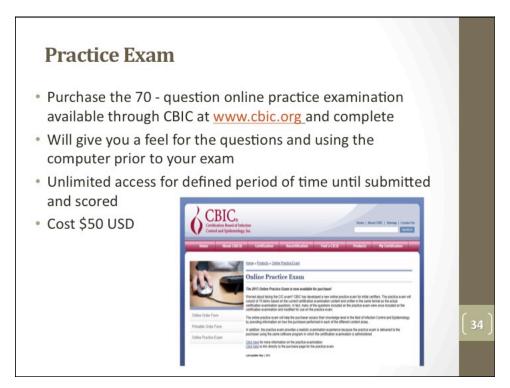
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Secondary References

- Current Recommendations of the Advisory Committee on Immunization Practices (ACIP).
- Current guidelines, standards, and recommendations from CDC, APIC, SHEA, and Public Health Agency of Canada.
- Pickering, Larry K, ed. Red Book, 30th ed., Elk Grove Village, IL: American Academy of Pediatrics; 2015.

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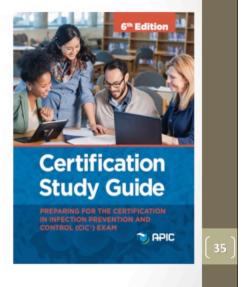




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APIC Certification Study Guide

- Developed by APIC as a study tool
- Not a CBIC product
- Will help identify gaps in knowledge
- Questions not necessarily representative of exam questions
- 6th edition now available



Infection Prevention Certification Review Course- APIC

- The course includes nine modules corresponding to the content areas of the certification exam, one general chapter about taking the exam, and a practice test module.
- · On-line course- 18hrs in length
- Cost: Members: \$350 / Non-members: \$425
- Recently audited and enhanced to reflect current standards and regulations

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Study Group

- Set up a study group
- Helps improve grasp of the material by hearing the answers to questions from fellow students
- interacting with the other group members can make studying enjoyable and be source of encouragement

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Helpful Hints

- Don't write before you are ready
- Exam <u>STILL</u> based on knowledge gained with 2 yrs experience
- If possible, spend some time with an ICP in a different practice setting
- Employer support vital

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Exam tips

- Book your exam, set out your study schedule and prepare.
- Combination of group and independent review works best for many.
- Don't tell anyone when you have booked your exam...just let them know when you have been successful

Exam Day

- Arrive early- don't be in a rush
- Be comfortable with the computer prior to start of 3hr timed period
- Re-read the questions to ensure you understand
- Try to relate the question to your work situation
- Don't change answers! First instinct is usually correct

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March 28, 2017	(European Teleclass) TREATMENT OF SEVERE MRSA INFECTIONS: CURRENT PRACTICE AND FURTHER DEVELOPMENT Speaker: Dr. Philippe Eggimann, Centre Hospitalier Universitaire Vaudois, Switzerland
March 29, 2017	(South Pacific Teleciass) CATHETER-ASSOCIATED URINARY TRACT INFECTION PREVENTION IN THE CONTINUUM OF ACUTE CARE Speaker: Jan Gralton, Australian Commission on Safety and Quality in Healthcare
March 30, 2017	SCREENING FOR STAPHYLOCOCCUS AUREUS BEFORE SURGERY WHY BOTHER Speaker: Dr. Hilary Humphreys, The Royal College of Surgeons in Ireland
April 6, 2017	TECHNOLOGIC INNOVATIONS TO PREVENT CATHETER-RELATED BLOODSTREAM INFECTIONS Speaker: Prof. Mark Rupp, University of Nebraska Medical Center
April 25, 2017	(FREE European Teleclass Denver Russell Memorial Teleclass Lecture) DO'S AND DONT'S FOR HOSPITAL CLEANING Speaker: Dr. Stephanie Dancer, Health Protection Scotland
April 27, 2017	COST ANALYSIS OF UNIVERSAL SCREENING VS. RISK FACTOR-BASED SCREENING FOR MRSA

