As I write my final article for Prevention Strategist as CBIC president, I would like to review some information related to the certification examination and provide a few more sample questions.

The objectives of certification are to:

- Provide a standardized measurement of current essential knowledge needed for persons practicing infection prevention and control
- Encourage individual growth and study, thereby promoting professionalism among professionals in infection prevention and control
- Formally recognize professionals in infection prevention and control who fulfill the requirements for certification and recertification

The certification examination(s) is/are:

- Aligned with the practice standards for infection prevention and healthcare epidemiology
- The only standardized measurement of essential knowledge, skills, and abilities expected of infection preventionists
- Comprehensive, job-related, objective tests
- 150 multiple choice questions; 15 questions under evaluation, not included in scoring
- Developed from a practice analysis of infection preventionists in the U.S., Canada, and other countries
- Recognized by APIC and CHICA-Canada as the standard for certification in infection prevention

Once again, I am sharing the following sample questions* to give examples of the three types of exam questions: recall (1), application (2) and analysis (3).

RECALL: Which of the following is the MOST common cause of foodborne illness?

- A. Viruses
- B. Bacteria
- C. Helminthes
- D. Fungi

APPLICATION: A 65-year-old trauma patient who received multiple blood transfusions develops jaundice 50 days after his last transfusion. Blood is drawn for hepatitis A and B serologies with the following results.

- Hepatitis A Anti-HAV, IgG positive, IgM negative
- Hepatitis B HBsAg negative, anti HBc, negative, anti-HBs positive

The most likely cause of hepatitis is:

- A. Hepatitis A
- B. Hepatitis B
- C. Delta hepatitis
- D. Hepatitis C

*The sample exam questions presented in this article are now retired and, for various reasons, will not be seen on the current exam.
ANALYSIS: A review of a long-term care resident's chest radiographs indicates a right upper lobe cavity prior to his death in August. History indicates admission to an acute care facility in May with diagnosis of pneumonia. The resident was anergic and treated with antibiotics. He returned to the extended care facility on another unit; however, he relapsed and died one month later. Which of the following statements is true?

A. Residents with active tuberculosis who are anergic cannot spread the disease.
B. The resident was most likely the index case and was misdiagnosed with pneumonia.
C. The resident would not have infected the patient on the unit since he was not located there.
D. Anergic residents with cavitary lesions do not have active tuberculosis.

I wish you a happy new year and congratulate the incoming CBIC president Craig Gilliam. CBIC will continue to collaborate with APIC, CHICA, and others to implement the APIC Competency Model and relate it to your practice.

“No human being will work hard at anything unless they believe that they are working for competence.”
— William Glasser

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