



**CERTIFICATION BOARD
OF INFECTION CONTROL
AND EPIDEMIOLOGY, INC.**

The Certification Corner

Welcome to *The Certification Corner* – CBIC's electronic newsletter, bringing you timely information about your organization.



**CBIC: The Certification Corner
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CBIC

APIC

CHICA



Certification Fact:
There are
currently 4612
CIC professionals

Fifth Decennial
International Conference of Health-care-Associated Infections 2010
March 18-22, 2010

**Certified? Let the
World Know**

It takes commitment to become
Certified in Infection Control

President's Corner—Sharon Krystofiak

We realize that checking the expiration date on your CIC®Certificate is probably not one of the top items on your to-do list at this time of the year, but it may be something of great importance to you.

In order to maintain certified status, IPs must recertify within five calendar years of passing the examination. Anyone who is currently certified is eligible to become recertified by successfully taking the proctored computer based test (P-CBT) or the SARE. If you are currently certified, you can continue to recertify; however, if your certification lapses and you want to become certified again, you must be able to show that you still meet the initial practice requirements to become certified. We have many certificants who have retired, taken positions in other fields or are "taking a leave of absence" from the profession to raise a family—you could be considered ineligible to sit for the exam.

If you allow your certification to lapse without attempting to recertify, you are prohibited from continuing to use the CIC® designation. This may mean getting a new ID badge at work and changing the auto signature on your email account. Since the names of currently certified professionals are listed on the CBIC Directory (www.CBIC.org), we have occasionally been contacted by colleagues, Chapter members and others to report continuing use of an expired credential. Please remember – if you are not currently CIC certified, you cannot use the initials after your name.

Those three little letters mean something special to many people in the profession and to the public. Individuals discovered using the designation and misrepresenting themselves as certified in Infection Prevention and Control may have sanctions placed upon them by the CBIC Board of Directors with guidance from CBIC Legal Counsel.

CBIC: Certifying the Professional, Elevating the Profession!

2009 Recertification Deadline is Close

If you are currently working on the SARE for recertification or taking the CBT, you must have completed and submitted the SARE or sat for the CBT by 12/31/09. If you choose to not recertify, remember that you can no longer use the CIC designation and must make sure you change that on all information that pertains to you, such as your e-mail signature, badges and name tags, and citations for writings.

2009 Practice Analysis Survey

Project Background:

CBIC's certification process is based on the practice of infection prevention. CBIC performs a practice analysis (PA) survey approximately every five years to assess the current practice of infection prevention.

Method:

CBIC appointed a Practice Analysis Task Force to develop the PA survey, determine the sample to be surveyed, review and analyze the findings, and review and revise the content outline and determine test specifications for the certification examination. Applied Measurement Professionals, Inc. (AMP), Psychometrics Division provided technical assistance to develop and administer the survey and analyze the findings.

During the development of the survey, the Task Force revised the definition of the ICP, identified and organized a list of job activities and tasks, determined the rating scales to be used for evaluating the tasks, and developed a set of demographic questions to be included in the survey. A survey was distributed to infection prevention and control professionals working in all healthcare settings in the United States, Canada and international countries. The response deadline was May 15, 2009.

Review/Analyze:

A diligent effort was made to describe in sufficient detail the major functions/job responsibilities and tasks associated with the responsibilities of an ICP. These functions included identification of infectious disease processes, surveillance and epidemiologic investigation, preventing/controlling the transmission of infectious agents, Employee/occupational health, management and communication, education, and research.

Results:

- 3,771 completed surveys were received by the deadline, yielding a 27.5% response rate. (Response rate for the 2005 PA survey was 21.8%)
- Respondents were predominantly from the United States and Canada.
- ICPs from 20 other countries responded: Australia, Belgium, Bermuda, Bulgaria, Germany, Grand Cayman, Hong Kong, India, Ireland, Japan, Korea, Malaysia, New Zealand, Philippines, Qatar, Saudi Arabia, Singapore, the Netherlands, United Arab Emirates, United Kingdom.
- 52% of the respondents indicated they were not certified as a CIO®.
- The most frequent response for years worked in a healthcare setting was 30 years.
- 59.4% of the respondents have responsibilities outside of infection prevention.
- 99% of the respondents agreed that the major functions/job responsibilities and tasks of an ICP were included in the survey.
- The typical respondent: female, age ± 50,
- Experienced in infection prevention and control, for 25 years.
- Holds a Bachelor degree and is a registered nurse
- Works in an acute care hospital
- Works 30 or more hours per week as an ICP
- Employed by hospital with 100-500 beds and employs 1-3 full time ICPs

Conclusions:

CBIC was pleased with the response to the 2009 PA survey. The responses demonstrated that the survey tool was adequate to assess current practice among ICPs in multiple countries. The PA Task force used the survey responses to revise the detailed content outline for the certification exam and therefore ensure test specifications reflect those tasks considered to be significant by the survey respondents.

Task Force Membership was selected by ICPs with varied tenure in profession, varied geographical locations in US and Canada.

Chair: Fran Feltovich
Members: Marie Kassai, Sharon Krystofiak, Terrie Lee, Kathy McGhie, Kit Reed, Barbara Russell, Kathy Suh, MD, Rita Tjoelker, Sister Bernadette Washy, and Sharon Williamson.

CBIC is thankful to all ICPs who responded to the survey and helped CBIC maintain a valid certification exam, Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) and CHICA-Canada for their support, Larry Fabrey, PhD, and Cameron Clyne, MA, Applied Measurement Professionals, Inc. for their expertise in survey development and analysis.



CIC Sanctions

Newly adopted sanctions for the inappropriate use of the CIC designation. See the CBIC website for further



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Happy Holidays
from CBIC!
Wishing you a joyous 2010!!