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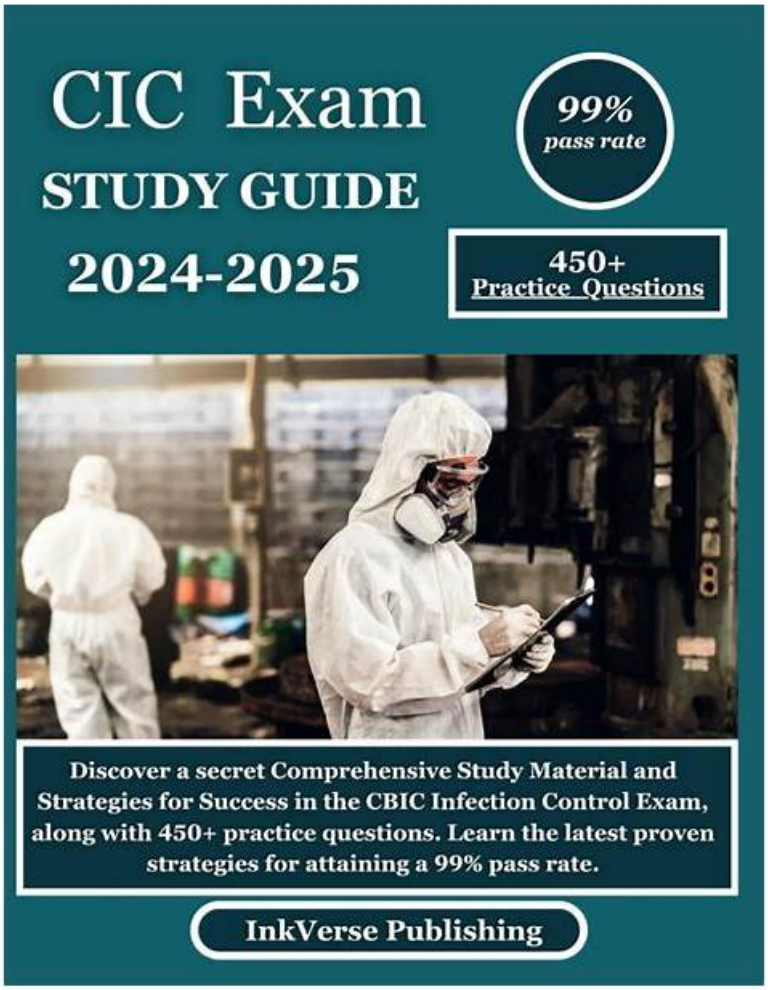

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CBIC Certified Infection Control Exam Sample Questions (Q107-Q112):

NEW QUESTION # 107
An infection preventionist (IP) encounters a surgeon at the nurse's station who loudly disagrees with the IP's surgical site infection findings. The IP's BEST response is to:

- A. Ask the surgeon to speak in a more private setting to review their concerns.
- B. Calmly explain that the findings are credible.
- C. Ask the surgeon to change their tone and leave the nurses' station if they refuse.
- D. Report the surgeon to the chief of staff.

Answer: A

Explanation:
The scenario involves a conflict between an infection preventionist (IP) and a surgeon regarding surgical site infection (SSI) findings, occurring in a public setting (the nurse's station). The IP's response must align with professional communication standards, infection control priorities, and the principles of collaboration and conflict resolution as emphasized by the Certification Board of Infection Control and Epidemiology (CBIC).
The "best" response should de-escalate the situation, maintain professionalism, and facilitate a constructive dialogue. Let's evaluate each option:
* A. Report the surgeon to the chief of staff: Reporting the surgeon to the chief of staff might be considered if the behavior escalates or violates policy (e.g., harassment or disruption), but it is an escalation that should be a last resort. This action does not address the immediate disagreement about the SSI findings or attempt to resolve the issue collaboratively. It could also strain professional relationships and is not the best initial response, as it bypasses direct communication.
* B. Calmly explain that the findings are credible: Explaining the credibility of the findings is important and demonstrates the IP's confidence in their work, which is based on evidence-based infection control practices. However, doing so in a public setting like the nurse's station, especially with a loud disagreement, may not be effective. The surgeon may feel challenged or defensive, potentially worsening the situation. While this response has merit, it lacks consideration of the setting and the need for privacy to discuss sensitive data.
* C. Ask the surgeon to speak in a more private setting to review their concerns: This response is the most appropriate as it addresses the immediate need to de-escalate the public confrontation and move the discussion to a private setting. It shows respect for the surgeon's concerns, maintains professionalism, and allows the IP to review the SSI findings (e.g., data collection methods, definitions, or surveillance techniques) in a controlled environment. This aligns with CBIC's emphasis on effective communication and collaboration with healthcare teams, as well as the need to protect patient confidentiality and maintain a professional atmosphere. It also provides an opportunity to educate the surgeon on the evidence behind the findings, which is a key IP role.
* D. Ask the surgeon to change their tone and leave the nurses' station if they refuse: Requesting a change in tone is reasonable given the loud disagreement, but demanding the surgeon leave if they refuse is confrontational and risks escalating the conflict. This approach could damage the working relationship and does not address the underlying disagreement about the SSI findings. While maintaining a respectful environment is important, this response prioritizes control over collaboration and is less constructive than seeking a private discussion.
The best response is C, as it promotes a professional, collaborative approach by moving the conversation to a private setting. This allows the IP to address the surgeon's concerns, explain the SSI surveillance methodology (e.g., NHSN definitions or CBIC guidelines), and maintain a positive working relationship, which is critical for effective infection prevention programs. This strategy reflects CBIC's focus on leadership, communication, and teamwork in healthcare settings.
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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain V: Management and Communication, which stresses effective interpersonal communication and conflict resolution.
CBIC Examination Content Outline, Domain V: Leadership and Program Management, which includes collaborating with healthcare personnel and addressing disagreements professionally.
CDC Guidelines for SSI Surveillance (2023), which emphasize the importance of clear communication of findings to healthcare teams.

NEW QUESTION # 108
An infection preventionist is evaluating a new catheter that may decrease the rate of catheter-associated urinary tract infections. Which of the following provides the BEST information to support the selection of this catheter?

- A. Staff member preference and product availability
- B. Cost benefit analysis and safety considerations
- C. Product materials and vendor information
- D. Value analysis and information provided by the manufacturer

Answer: B

Explanation:
The correct answer is D, "Cost benefit analysis and safety considerations," as this provides the best information to support the selection of a new catheter aimed at decreasing the rate of catheter-associated urinary tract infections (CAUTIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, selecting medical devices like catheters for infection prevention involves a comprehensive evaluation that balances efficacy, safety, and economic impact. A cost-benefit analysis assesses the financial implications (e.g., reduced infection rates leading to lower treatment costs) against the cost of the new catheter, while safety considerations ensure the device minimizes patient risk, such as reducing biofilm formation or irritation that contributes to CAUTIs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This dual focus provides evidence-based data to justify the catheter's adoption, aligning with the goal of improving patient outcomes and reducing healthcare-associated infections (HAIs).
Option A (staff member preference and product availability) is subjective and logistical rather than evidence- based, making it insufficient for a decision that impacts infection rates. Option B (product materials and vendor information) offers technical details but lacks the broader context of efficacy and cost-effectiveness needed for a comprehensive evaluation. Option C (value analysis and information provided by the manufacturer) includes a structured assessment of value, but it may be biased toward the manufacturer's claims and lacks the independent safety and cost-benefit perspective critical for infection prevention decisions.
The emphasis on cost-benefit analysis and safety considerations reflects CBIC's priority on using data-driven and patient-centered approaches to select interventions that enhance infection control (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This approach ensures the catheter's selection is supported by robust evidence, optimizing both clinical and economic outcomes in the prevention of CAUTIs.
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies; Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment.

NEW QUESTION # 109
The Environmental Services department is purchasing a new disinfectant that is an approved hospital disinfectant with no tuberculocidal claim. This product is appropriate for cleaning which of the following items?

- A. Ultrasound probe
- B. Laryngoscope blades
- C. Respiratory therapy equipment
- D. Blood pressure cuff

Answer: D

NEW QUESTION # 110
A 21-ycnr-old college student was admitted with a high fever. The Emergency Department physician be gan immediate treatment with intravenous vancomycin and ceftriaxone while awaiting blood, urine, and cerebrospinal fluid cultures. The following day. the cultures of both the blood and the cerebrospinal fluid were reported to be growing meningococci. The patient was placed on precautions on admission. Which of the following is correct?

- A. Droplet precautions may be discontinued after 24 hours of therapy.
- B. Airborne precautions must continue.
- C. Droplet precautions must continue
- D. Airborne precautions may be discontinued after 24 hours of therapy.

Answer: A

Explanation:
Meningococcal infections, such as Neisseria meningitidis, are transmitted via respiratory droplets.
According to APIC and CDC guidelines, patients with meningococcal disease should be placed on Droplet Precautions upon admission. These precautions can be discontinued after 24 hours of effective antibiotic therapy.
Why the Other Options Are Incorrect?
* B. Droplet precautions must continue - Droplet Precautions are not needed beyond 24 hours of appropriate therapy because treatment rapidly reduces infectiousness.
* C. Airborne precautions may be discontinued after 24 hours of therapy - Meningococcal infection is not airborne, so Airborne Precautions are never required.
* D. Airborne precautions must continue - Incorrect because meningococci do not transmit via airborne particles.
CBIC Infection Control Reference

According to APIC guidelines, Droplet Precautions should be maintained for at least 24 hours after effective antibiotic therapy initiation.

NEW QUESTION # 111
After defining and identifying cases in a possible cluster of infections, an infection preventionist should NEXT establish:

- A. Whether observed incidence exceeds expected incidence.
- B. The route of transmission.
- C. An appropriate control group.
- D. A hypothesis that will explain the majority of cases.

Answer: D

Explanation:
When investigating a possible cluster of infections, an infection preventionist (IP) follows a structured epidemiological approach to identify the cause and implement control measures. The Certification Board of Infection Control and Epidemiology (CBIC) outlines this process within the "Surveillance and Epidemiologic Investigation" domain, which aligns with the Centers for Disease Control and Prevention (CDC) guidelines for outbreak investigation. The steps typically include defining and identifying cases, formulating a hypothesis, testing the hypothesis, and implementing control measures. The question specifies the next step after defining and identifying cases, requiring an evaluation of the logical sequence.
Option C, "A hypothesis that will explain the majority of cases," is the next critical step. After confirming a cluster through case definition and identification (e.g., by time, place, and person), the IP should develop a working hypothesis to explain the observed pattern. This hypothesis might propose a common source (e.g., contaminated equipment), a mode of transmission (e.g., airborne), or a specific population at risk. The CDC's
"Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012) emphasizes that formulating a hypothesis is essential to guide further investigation, such as identifying risk factors or environmental sources.
This step allows the IP to focus resources on testing the most plausible explanation before proceeding to detailed analysis or interventions.
Option A, "The route of transmission," is an important element of the investigation but typically follows hypothesis formulation. Determining the route (e.g., contact, droplet, or common vehicle) requires data collection and analysis to test the hypothesis, making it a subsequent step rather than the immediate next action. Option B, "An appropriate control group," is relevant for analytical studies (e.g., case-control studies) to compare exposed versus unexposed individuals, but this is part of hypothesis testing, which occurs after the hypothesis is established. Selecting a control group prematurely, without a hypothesis, lacks direction and efficiency. Option D, "Whether observed incidence exceeds expected incidence," is a preliminary step to define a cluster, often done during case identification using baseline data or statistical thresholds (e.g., exceeding the mean plus two standard deviations). Since the question assumes cases are already defined and identified, this step is complete, and the focus shifts to hypothesis development.
The CBIC Practice Analysis (2022) and CDC guidelines prioritize hypothesis formulation as the logical next step after case identification, enabling a targeted investigation. This approach ensures that the IP can efficiently address the cluster's cause, making Option C the correct answer.
References:
* CBIC Practice Analysis, 2022.
* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

NEW QUESTION # 112
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