

Test CIC Questions Vce & CIC Exam Certification

CIC TEST

What is the primary mission of CIC? - answer Gather, Process, Display, Evaluate, Disseminate
(Good People Die Every Day)

What is gathering? - answer The collection of information from various sources.

What sources are used for gathering? - answer RADARS
Voice Radio
Radio Messages
EW Equipment
IFF
Sonar
Tactical data systems
Visual sources
Intelligence reports
Pubs (NWP, ATP, ACP)
Satellites
Charts and Navigational data
OPPLANS, OPORDERS

What is processing? - answer When information is received it is processed so nonessential info is eliminated. Info is sorted, inspected, appraised and correlating all information so it may be displayed and disseminated as necessary.

Describe display - answer Displays information using various devices

What is used to display information? - answer Summary plots
status boards
surface plots
strategic plots
geographic plots NTDS consoles
Maps and charts
Television
Logs and records
AEGIS Display system
Large screen displays

Describe evaluation - answer The process of considering and weighing all available factors and pieces of information to arrive at a sound operational decision, which may

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CBIC Certified Infection Control Exam Sample Questions (Q74-Q79):

NEW QUESTION # 74

One of the elements of antibiotic stewardship is controlling antibiotic use. Which of the following BEST describes a closed formulary?

- A. Requires the prescribing physician to obtain some form of approval before the antibiotic will be dispensed.
- B. Limits the number of antibiotics available for physicians to prescribe.
- C. Practice of rotating two or more classes of formulary drugs on a regular basis.
- D. Automatic switching from broad-spectrum empiric therapy to narrower-spectrum agents.

Answer: A

Explanation:

Antibiotic stewardship programs are designed to optimize antimicrobial use, improve patient outcomes, reduce antimicrobial resistance, and decrease unnecessary costs. The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies formulary restriction and preauthorization as key core strategies within effective antimicrobial stewardship programs. A closed formulary specifically refers to a system in which access to certain antibiotics is restricted and requires prior approval before dispensing.

In a closed formulary model, prescribers must obtain authorization—often from infectious diseases specialists, pharmacy, or an antimicrobial stewardship team—before selected antimicrobial agents can be used. This approach ensures that high-risk, broad-spectrum, or high-cost antibiotics are used only when clinically appropriate. By requiring approval, the organization promotes judicious antibiotic selection, prevents unnecessary exposure, and supports resistance prevention efforts.

Option B describes de-escalation, which is another stewardship strategy but does not define a closed formulary. Option C refers to antibiotic cycling, a controversial and less-supported strategy. Option D is incorrect because a closed formulary does not merely limit availability; rather, it controls access through approval mechanisms.

For the CIC exam, it is critical to distinguish between stewardship strategies. A closed formulary is best characterized by mandatory approval prior to dispensing, making option A the most accurate answer according to the Study Guide's antimicrobial stewardship framework.

NEW QUESTION # 75

Ongoing education for the Infection Preventionist (IP) is MOST important because

- A. it is necessary to maintain a competitive edge.
- B. the healthcare environment is fast-paced with frequent changes.
- C. motivation to change comes from the Management Team.
- D. self-directed learning is not a major force for the adult learner.

Answer: B

Explanation:

Ongoing education for Infection Preventionists (IPs) is essential due to the rapidly evolving healthcare landscape and emergence of new infectious diseases, regulations, and technologies.

From the APIC Text:

"Professional development is essential to keeping the infection preventionist up to date with the latest knowledge, skills, and strategies for preventing infections." The APIC/JCR Workbook also notes:

"Because information related to emerging infectious diseases... changes rapidly... IPs should actively review information for updates and guidance." References:

APIC Text, 4th Edition, Chapter 2 - Competency and Certification

APIC/JCR Workbook, 4th Edition, Chapter 3 - Education and Training

NEW QUESTION # 76

A director of the Infection Prevention and Control Department has received permission to hire more staff to a total of 3.8 full-time equivalents (FTEs), based on 40 hours/week. The director works 40 hours/week, one infection preventionist (IP) works 32 hours/week, another works 16 hours/week, and secretarial support works 40 hours/week. How many additional FTEs may the director hire?

- A. 0.6
- B. 0.4
- C. 0.8
- D. 1.0

Answer: A

Explanation:

The Certification Study Guide (6th edition) stresses that infection prevention leaders must understand basic workforce and FTE calculations to ensure appropriate staffing and compliance with approved resource allocations. An FTE is defined as 40 hours worked per week, and part-time hours must be converted proportionally.

First, calculate the FTEs already in use:

- * Director: $40 \text{ hours/week} \div 40 = 1.0 \text{ FTE}$
- * Infection preventionist: $32 \text{ hours/week} \div 40 = 0.8 \text{ FTE}$
- * Infection preventionist: $16 \text{ hours/week} \div 40 = 0.4 \text{ FTE}$
- * Secretarial support: $40 \text{ hours/week} \div 40 = 1.0 \text{ FTE}$

Total current FTEs:

$$1.0 + 0.8 + 0.4 + 1.0 = 3.2 \text{ FTEs}$$

The approved staffing total is 3.8 FTEs. To determine how many additional FTEs may be hired, subtract current FTE usage from the approved total:

$$3.8 - 3.2 = 0.6 \text{ FTE}$$

Therefore, the director may hire 0.6 additional FTE, which could be fulfilled by a part-time infection preventionist or split among staff roles, depending on organizational needs.

CIC exam questions frequently test practical management skills, including staffing calculations, budgeting awareness, and resource allocation. Accurate FTE calculations ensure compliance with administrative approvals and support safe, effective infection prevention program operations.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 7: Management and Communication.

NEW QUESTION # 77

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. Report the surgeon to the chief of staff.
- C. Calmly explain that the findings are credible.
- D. Ask the surgeon to change their tone and leave the nurses' station if they refuse.

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 # 78

An infection control manager is training a new infection preventionist. In discussing surveillance strategies, which of the following types of hospital infection surveillance usually provides maximum benefit with minimum resources?

- A. Prevalence surveys
- **B. High-risk patient focus**
- C. Nursing care plan review
- D. Antibiotic monitoring

Answer: B

Explanation:

A high-risk patient focus maximizes benefits while minimizing resource use in infection surveillance.

Step-by-Step Justification:

* Efficiency of High-Risk Surveillance:

* Targeting ICU, immunocompromised patients, or surgical units helps detect infections where the risk is highest, leading to earlier interventions.

* Resource Allocation:

* Full hospital-wide surveillance is resource-intensive; focusing on high-risk groups is more efficient.

* Why Other Options Are Incorrect:

* B. Antibiotic monitoring:

* Important for stewardship, but not the primary focus of infection surveillance.

* C. Prevalence surveys:

* Snapshot data only; does not provide ongoing monitoring.

* D. Nursing care plan review:

* Less direct in identifying infection trends.

CBIC Infection Control References:

* APIC Text, "Surveillance Strategies for Infection Prevention".

NEW QUESTION # 79

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