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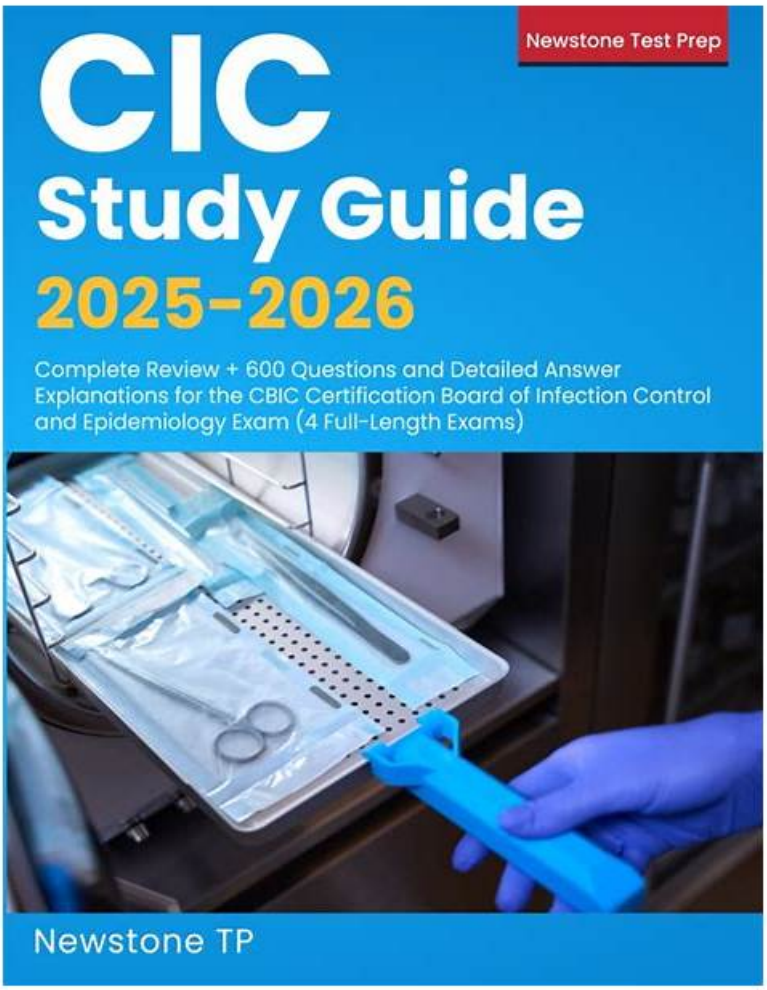

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>> CIC日本語独学書籍 <<

CIC日本語受験攻略 & CIC合格対策

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CBIC Certified Infection Control Exam 認定 CIC 試験問題 (Q61-Q66):

質問 # 61
An infection preventionist is putting together an educational program for families of patients newly diagnosed with Clostridioides difficile infection (CDI). Which of the following educational formats would involve active learning?

- A. Providing a brief 10-minute lecture on ways to prevent CDI transmission
- B. Distributing a pamphlet describing ways to prevent CDI transmission
- C. Watching a 5-minute YouTube video demonstrating ways to prevent CDI transmission
- D. Having the family members demonstrate ways to prevent CDI transmission

正解：D

解説：
The correct answer is D, "Having the family members demonstrate ways to prevent CDI transmission," as this educational format involves active learning. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, active learning engages learners through participation, practice, and application of knowledge, which is more effective for skill development and behavior change compared to passive methods. In this context, having family members demonstrate techniques-such as proper hand hygiene, use of personal protective equipment (PPE), or environmental cleaning-requires them to actively apply the information, reinforcing understanding and retention (CBIC Practice Analysis, 2022, Domain IV:
Education and Research, Competency 4.1 - Develop and implement educational programs). This hands-on approach also allows the infection preventionist to provide immediate feedback, ensuring correct practices to prevent CDI transmission, which is critical given the spore-forming nature of Clostridioides difficile.
Option A (providing a brief 10-minute lecture on ways to prevent CDI transmission) is a passive learning method where information is delivered to the audience without requiring their active participation, limiting its effectiveness for skill-based learning. Option B (distributing a pamphlet describing ways to prevent CDI transmission) is also passive, relying on the family to read and interpret the material independently, which may not ensure comprehension or application. Option C (watching a 5-minute YouTube video demonstrating ways to prevent CDI transmission) is a more engaging passive method, as it provides visual and auditory learning, but it still lacks the interactive component of active participation or demonstration.
The focus on active learning aligns with CBIC's emphasis on tailoring educational programs to promote practical skills and sustained behavior change, which is essential for infection prevention among families of CDI patients (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This approach supports the goal of reducing transmission risks in both healthcare and home settings.
References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs.

質問 # 62
The infection preventionist (IP) collaborates with the Intravenous Therapy team to select the best antiseptic for use during the insertion of an intravascular device for adults. For a patient with no contraindications, what antiseptic should the IP suggest?

- A. Alcohol
- B. Povidone-iodine
- C. Antibiotic ointment
- D. Chlorhexidine

正解：D

解説：
The selection of an appropriate antiseptic for the insertion of an intravascular device (e.g., peripheral or central venous catheters) is a critical infection prevention measure to reduce the risk of catheter-related bloodstream infections (CRBSIs). The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes evidence-based practices in the "Prevention and Control of Infectious Diseases" domain, which includes adhering to guidelines for aseptic technique during invasive procedures. The Centers for Disease Control and Prevention (CDC) provides specific recommendations for skin antisepsis, as outlined in the
"Guidelines for the Prevention of Intravascular Catheter-Related Infections" (2017).
Option A, chlorhexidine, is the preferred antiseptic for skin preparation prior to intravascular device insertion in adults with no contraindications. Chlorhexidine, particularly in a 2% chlorhexidine gluconate (CHG) with

70% isopropyl alcohol solution, is recommended by the CDC due to its broad-spectrum antimicrobial activity, residual effect (which continues to kill bacteria after application), and superior efficacy compared to other agents in reducing CRBSI rates. Studies cited in the CDC guidelines demonstrate that chlorhexidine-based preparations significantly lower infection rates compared to povidone-iodine or alcohol alone, making it the gold standard for this procedure when tolerated by the patient.
Option B, povidone-iodine, is an alternative antiseptic that can be used for skin preparation. It is effective against a wide range of microorganisms and is often used when chlorhexidine is contraindicated (e.g., in patients with chlorhexidine allergy). However, its efficacy is less persistent than chlorhexidine, and it requires longer drying time, which can be a limitation in busy clinical settings. The CDC considers povidone-iodine a second-line option unless chlorhexidine is unavailable or unsuitable. Option C, alcohol (e.g., 70% isopropyl or ethyl alcohol), has rapid bactericidal activity but lacks a residual effect, making it less effective for prolonged protection during catheter dwell time. It is often used as a component of chlorhexidine-alcohol combinations but is not recommended as a standalone antiseptic for intravascular device insertion. Option D, antibiotic ointment, is not appropriate for skin preparation during insertion. Antibiotic ointments (e.g., bacitracin or mupirocin) are sometimes applied to catheter sites post-insertion to prevent infection, but their use is discouraged by the CDC due to the risk of promoting antibiotic resistance and fungal infections, and they are not classified as antiseptics for initial skin antisepsis.
The CBIC Practice Analysis (2022) supports the adoption of CDC-recommended practices, and the 2017 CDC guidelines explicitly state that chlorhexidine-based preparations with alcohol should be used for skin antisepsis unless contraindicated. For a patient with no contraindications, the infection preventionist should suggest chlorhexidine to optimize patient safety and align with best practices.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.

質問 # 63
An infection preventionist is calculating measures of central tendency regarding duration of a surgical procedure using this data set: 2, 2, 3, 4, and 9. Which of the following statements is correct?

- A. The mean is 4.
- B. The mode is 3.
- C. The median is 2.
- D. The standard deviation is 7.

正解：A

解説：
Measures of central tendency (mean, median, mode) and dispersion (standard deviation) are statistical tools used to summarize data, such as the duration of surgical procedures, which can help infection preventionists identify trends or risks for surgical site infections. The Certification Board of Infection Control and Epidemiology (CBIC) supports the use of data analysis in the "Surveillance and Epidemiologic Investigation" domain, aligning with epidemiological principles outlined by the Centers for Disease Control and Prevention (CDC). The question provides a data set of 2, 2, 3, 4, and 9, and requires determining the correct statement by calculating these measures.
* Mean: The mean is the average of the data set, calculated by summing all values and dividing by the number of observations. For the data set 2, 2, 3, 4, and 9:(2 + 2 + 3 + 4 + 9) ÷ 5 = 20 ÷ 5 = 4. Thus, the mean is 4, making Option C correct.
* Median: The median is the middle value when the data set is ordered. With five values (2, 2, 3, 4, 9), the middle value is the third number, which is 3. Option A states the median is 2, which is incorrect.
* Mode: The mode is the most frequently occurring value. In this data set, 2 appears twice, while 3, 4, and 9 appear once each, making 2 the mode. Option B states the mode is 3, which is incorrect.
* Standard Deviation: The standard deviation measures the spread of data around the mean. For a small data set like this, the calculation involves finding the variance (average of squared differences from the mean) and taking the square root. The mean is 4, so the deviations are: $(2-4)^2 = 4$, $(2-4)^2 = 4$, $(3-4)^2 = 1$, $(4-4)^2 = 0$, $(9-4)^2 = 25$. The sum of squared deviations is 4 + 4 + 1 + 0 + 25 = 34. The variance is 34 ÷ 5
= 6.8, and the standard deviation is #6.8 # 2.61 (not 7). Option D states the standard deviation is 7, which is incorrect without further context (e.g., a population standard deviation with n-1 denominator would be #34 # 5.83, still not 7).
The CBIC Practice Analysis (2022) and CDC guidelines encourage accurate statistical analysis to inform infection control decisions, such as assessing surgical duration as a risk factor for infections. Based on the calculations, the mean of 4 is the only correct statement among the options, confirming Option C as the answer. Note that the standard deviation of 7 might reflect a miscalculation or misinterpretation (e.g., using a different formula or data set), but with the given data, it does not hold.
References:
* CBIC Practice Analysis, 2022.
* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

質問 # 64
An infection preventionist in the role of educator is teaching risk reduction activities to patients and families.
For which of the following groups is the pneumococcal vaccine MOST appropriate?

- A. International travelers
- B. Immunocompromised newborns
- C. Asplenic patients
- D. Patients in behavioral health settings

正解：C

解説：
The pneumococcal vaccine is designed to protect against infections caused by Streptococcus pneumoniae, a bacterium responsible for diseases such as pneumonia, meningitis, and bacteremia. The appropriateness of this vaccine depends on the population's risk profile, particularly their susceptibility to invasive pneumococcal disease (IPD). The Certification Board of Infection Control and Epidemiology (CBIC) highlights the role of infection preventionists as educators in promoting vaccination as a key risk reduction strategy, aligning with the "Education and Training" domain (CBIC Practice Analysis, 2022). The Centers for Disease Control and Prevention (CDC) provides specific guidelines on pneumococcal vaccination, recommending it for individuals at higher risk due to underlying medical conditions or immunologic status.
Option A, asplenic patients, refers to individuals who have had their spleen removed (e.g., due to trauma or disease) or have a nonfunctional spleen (e.g., in sickle cell disease). The spleen plays a critical role in clearing encapsulated bacteria like Streptococcus pneumoniae from the bloodstream. Without a functioning spleen, these patients are at significantly increased risk of overwhelming post-splenectomy infection (OPSI), with pneumococcal disease being a leading cause. The CDC and Advisory Committee on Immunization Practices (ACIP) strongly recommend pneumococcal vaccination, including both PCV15/PCV20 and PPSV23, for asplenic patients, making this group the most appropriate for the vaccine in this context. The infection preventionist should prioritize educating these patients and their families about the vaccine's importance and timing.
Option B, international travelers, may benefit from various vaccines depending on their destination (e.g., yellow fever or typhoid), but pneumococcal vaccination is not routinely recommended unless they have specific risk factors (e.g., asplenia or chronic illness) or are traveling to areas with high pneumococcal disease prevalence. This group is not inherently a priority for pneumococcal vaccination. Option C, immunocompromised newborns, includes infants with congenital immunodeficiencies or other conditions, who may indeed require pneumococcal vaccination as part of their routine immunization schedule (e.g., PCV15 or PCV20 starting at 2 months). However, newborns are generally covered under universal childhood vaccination programs, and the question's focus on "MOST appropriate" suggests a group with a more specific, elevated risk, which asplenic patients fulfill. Option D, patients in behavioral health settings, may have varied health statuses, but this group is not specifically targeted for pneumococcal vaccination unless they have additional risk factors (e.g., chronic diseases), making it less appropriate than asplenic patients.
The CBIC emphasizes tailoring education to high-risk populations, and the CDC's Adult and Pediatric Immunization Schedules (2023) identify asplenic individuals as a top priority for pneumococcal vaccination due to their extreme vulnerability. Thus, the infection preventionist should focus on asplenic patients as the group for whom the pneumococcal vaccine is most appropriate.
References:
* CBIC Practice Analysis, 2022.
* CDC Adult Immunization Schedule, 2023.
* CDC Pediatric Immunization Schedule, 2023.
* ACIP Recommendations for Pneumococcal Vaccination, 2022.

質問 # 65
Which of the following statements describes the MOST important consideration of an infection preventionist when assessing the effectiveness of an infection control action plan?

- A. Monitor and validate the related outcome and process measures.
- B. Develop a timeline and assign responsibilities for the stated action.
- C. Update the plan before the risk assessment is completed.
- D. Re-evaluate the action plan every three years.

正解：A

解説：
Assessing the effectiveness of an infection control action plan is a critical responsibility of an infection preventionist (IP) to ensure that interventions reduce healthcare-associated infections (HAIs) and improve patient safety. The Certification Board of Infection Control and Epidemiology (CBIC) highlights this process within the "Surveillance and Epidemiologic Investigation" and "Performance

Improvement" domains, emphasizing the need for ongoing evaluation and data-driven decision-making. The Centers for Disease Control and Prevention (CDC) and other guidelines stress that the ultimate goal of an action plan is to achieve measurable outcomes, such as reduced infection rates, which requires systematic monitoring and validation.
Option D, "Monitor and validate the related outcome and process measures," is the most important consideration. Outcome measures (e.g., infection rates, morbidity, or mortality) indicate whether the action plan has successfully reduced the targeted infection risk, while process measures (e.g., compliance with hand hygiene or proper catheter insertion techniques) assess whether the implemented actions are being performed correctly. Monitoring involves continuous data collection and analysis, while validation ensures the data's accuracy and relevance to the plan's objectives. The CBIC Practice Analysis (2022) underscores that effective infection control relies on evaluating both outcomes (e.g., decreased central line-associated bloodstream infections) and processes (e.g., adherence to aseptic protocols), making this a dynamic and essential step. The CDC's "Compendium of Strategies to Prevent HAIs" (2016) further supports this by recommending regular surveillance and feedback as key to assessing intervention success.
Option A, "Re-evaluate the action plan every three years," suggests a periodic review, which is a good practice for long-term planning but is insufficient as the most important consideration. Infection control requires more frequent assessment (e.g., quarterly or annually) to respond to emerging risks or outbreaks, making this less critical than ongoing monitoring. Option B, "Update the plan before the risk assessment is completed," is illogical and counterproductive. Updating a plan without a completed risk assessment lacks evidence-based grounding, undermining the plan's effectiveness and contradicting the CBIC's emphasis on data-driven interventions. Option C, "Develop a timeline and assign responsibilities for the stated action," is an important initial step in implementing an action plan, ensuring structure and accountability. However, it is a preparatory activity rather than the most critical factor in assessing effectiveness, which hinges on post- implementation evaluation.
The CBIC Practice Analysis (2022) and CDC guidelines prioritize outcome and process monitoring as the cornerstone of infection control effectiveness, enabling IPs to adjust strategies based on real-time evidence.
Thus, Option D represents the most important consideration for assessing an infection control action plan's success.
References:
* CBIC Practice Analysis, 2022.
* CDC Compendium of Strategies to Prevent Healthcare-Associated Infections, 2016.

質問 # 66
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