

正確的CIC復習対策 & 資格試験のリーダー & 信頼的 CIC: CBIC Certified Infection Control Exam

meeting

節目	團體	高興的	上傳
會議	主題	想好; 考慮到	清單
	正確的; 訂正	採訪	

2026年Jpshikenの最新CIC PDFダンプおよびCIC試験エンジンの無料共有: https://drive.google.com/open?id=1_8rE7qIGJrz4B6BLkLgdRUA5G5jHSfICK

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>> CIC復習対策 <<

ユニーク-ハイパスレートのCIC復習対策試験-試験の準備方法CIC模擬試験問題集

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CBIC Certified Infection Control Exam 認定 CIC 試験問題 (Q16-Q21):

質問 # 16

What question would be appropriate for an infection preventionist to ask when reviewing the discussion section of an original article?

- A. Was the correct sample size and analysis method chosen?
- B. Are criteria used to measure the exposure and the outcome explicit?
- C. Is the study question important, appropriate, and stated clearly?
- D. Could alternative explanations account for the observed results?

正解: D

解説:

When reviewing the discussion section of an original article, an infection preventionist must focus on critically evaluating the interpretation of the study findings, their relevance to infection control, and their implications for practice. The discussion section typically addresses the meaning of the results, compares them to existing literature, and considers limitations or alternative interpretations. The appropriate question should align with the purpose of this section and reflect the infection preventionist's need to assess the validity and applicability of the research. Let's analyze each option:

* A. Was the correct sample size and analysis method chosen?: This question pertains to the methodology section of a research article, where the study design, sample size, and statistical methods are detailed.

While these elements are critical for assessing the study's rigor, they are not the primary focus of the discussion section, which interprets results rather than re-evaluating the study design. An infection preventionist might ask this during a review of the methods section, but it is less relevant here.

* B. Could alternative explanations account for the observed results?: The discussion section often explores whether the findings can be explained by factors other than the hypothesized cause, such as confounding variables, bias, or chance. This question is highly appropriate for an infection preventionist, as it encourages a critical assessment of whether the results truly support infection control interventions or if other factors (e.g., environmental conditions, patient factors) might be responsible. This aligns with CBIC's emphasis on evidence-based practice, where understanding the robustness of conclusions is key to applying research to infection prevention strategies.

* C. Is the study question important, appropriate, and stated clearly?: This question relates to the introduction or background section of an article, where the research question and its significance are established. While important for overall study evaluation, it is not specific to the discussion section, which focuses on interpreting results rather than revisiting the initial question. An infection preventionist might consider this earlier in the review process, but it does not fit the context of the discussion section.

* D. Are criteria used to measure the exposure and the outcome explicit?: This question is relevant to the methods section, where the definitions and measurement tools for exposures (e.g., a specific intervention) and outcomes (e.g., infection rates) are described. The discussion section may reference these criteria but focuses more on their implications rather than their clarity. This makes it less appropriate for the discussion section specifically.

The discussion section is where authors synthesize their findings, address limitations, and consider alternative explanations, making option B the most fitting. For an infection preventionist, evaluating alternative explanations is crucial to ensure that recommended practices (e.g., hand hygiene protocols or sterilization techniques) are based on solid evidence and not confounded by unaddressed variables. This critical thinking is consistent with CBIC's focus on applying research to improve infection control outcomes.

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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain I:

Identification of Infectious Disease Processes, which emphasizes critical evaluation of research evidence.

CBIC Examination Content Outline, Domain V: Management and Communication, which includes assessing the validity of research findings for infection control decision-making.

質問 # 17

There are four cases of ventilator-associated pneumonia in a surgical intensive care unit with a total of 200 ventilator days and a census of 12 patients. Which of the following BEST expresses how this should be reported?

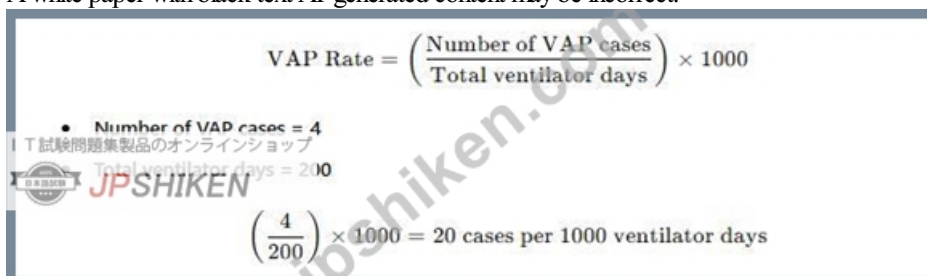
- A. Ventilator-associated pneumonia rate of 2%
- B. Postoperative pneumonia rate of 6% in SICU patients
- C. More information is needed regarding ventilator days per patient
- **D. 20 ventilator-associated pneumonia cases/1000 ventilator days**

正解: D

解説:

The standard way to report ventilator-associated pneumonia (VAP) rates is:

A white paper with black text AI-generated content may be incorrect.



The screenshot shows the JPSHIKEN logo and a calculation for the VAP rate. The formula is:
$$\text{VAP Rate} = \left(\frac{\text{Number of VAP cases}}{\text{Total ventilator days}} \right) \times 1000$$
 Below the formula, it lists: Number of VAP cases = 4 and Total ventilator days = 200. The final calculation shown is:
$$\left(\frac{4}{200} \right) \times 1000 = 20 \text{ cases per 1000 ventilator days}$$

Why the Other Options Are Incorrect?

- * A. Ventilator-associated pneumonia rate of 2% - This does not use the correct denominator (ventilator days).
- * C. Postoperative pneumonia rate of 6% in SICU patients - Not relevant, as the data focuses on VAP, not postoperative pneumonia.
- * D. More information is needed regarding ventilator days per patient - The total ventilator days are already provided, so no additional data is required.

CBIC Infection Control Reference

APIC and NHSN recommend reporting VAP rates as cases per 1,000 ventilator days.

質問 # 18

An infection preventionist, Cancer Committee, and Intravenous Therapy Department are studying the incidence of infections in patients with triple lumen catheters. Which of the following is essential to the quality improvement process?

- A. Recommendations for intervention must be approved by the governing board.
- **B. A monitoring system must be in place following implementation of interventions.**
- C. Establish subjective criteria for outcome measurement.
- D. Study criteria must be approved monthly by the Cancer Committee.

正解: B

解説:

The correct answer is D, "A monitoring system must be in place following implementation of interventions," as this is essential to the quality improvement (QI) process. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, a key component of any QI initiative, such as studying the incidence of infections in patients with triple lumen catheters, is the continuous evaluation of interventions to assess their effectiveness and ensure sustained improvement. A monitoring system allows the infection preventionist (IP), Cancer Committee, and Intravenous Therapy Department to track infection rates, identify trends, and make data-driven adjustments to infection control practices post-intervention (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.4 - Evaluate the effectiveness of infection prevention and control interventions). This step is critical to validate the success of implemented strategies, such as catheter care protocols, and to prevent healthcare-associated infections (HAIs).

Option A (establish subjective criteria for outcome measurement) is not ideal because QI processes rely on objective, measurable outcomes (e.g., infection rates per 1,000 catheter days) rather than subjective criteria to ensure reliability and reproducibility. Option B (recommendations for intervention must be approved by the governing board) is an important step for institutional support and resource allocation, but it is a preparatory action rather than an essential component of the ongoing QI process itself. Option C (study criteria must be approved monthly by the Cancer Committee) suggests an unnecessary administrative burden; while initial approval of study criteria is important, monthly re-approval is not a standard QI requirement unless mandated by specific policies, and it does not directly contribute to the improvement process.

The emphasis on a monitoring system aligns with CBIC's focus on using surveillance data to guide and refine infection prevention efforts, ensuring that interventions for triple lumen catheter-related infections are effective and adaptable (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This approach supports a cycle of continuous improvement, which is foundational to reducing catheter-associated bloodstream infections (CABSI) in healthcare settings.

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.4 - Evaluate the effectiveness of infection prevention and control interventions, 2.5 - Use data to guide infection prevention and control strategies.

質問 # 19

What method of evaluation will BEST identify a staff member's competency with reprocessing medical devices?

- **A. Demonstrate the appropriate sterilization procedure.**
- B. Verbalize the importance of reprocessing.
- C. Describe the facility's sterilization policies and procedures.
- D. Obtain a score of 100% on a post-test following a reprocessing course.

正解: A

解説:

The correct answer is B, "Demonstrate the appropriate sterilization procedure," as this method of evaluation will best identify a staff member's competency with reprocessing medical devices. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, competency in reprocessing medical devices—such as cleaning, disinfection, and sterilization—

requires not only theoretical knowledge but also the practical ability to perform the tasks correctly and safely. Demonstration allows the infection preventionist (IP) to directly observe the staff member's hands-on skills, adherence to protocols (e.g., AAMI ST79), and ability to handle equipment, ensuring that the reprocessing process effectively prevents healthcare-associated infections (HAIs) (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.3 - Assess competence of healthcare personnel). This method provides tangible evidence of proficiency, as it tests the application of knowledge in a real or simulated setting, which is critical for ensuring patient safety.

Option A (verbalize the importance of reprocessing) assesses understanding and awareness, but it is a theoretical exercise that does not confirm the ability to perform the task, making it insufficient for evaluating competency. Option C (describe the facility's sterilization policies and procedures) tests knowledge of guidelines, which is a component of competence but lacks the practical demonstration needed to verify skill execution. Option D (obtain a score of 100% on a post-test following a reprocessing course) measures theoretical knowledge and retention, but a perfect score does not guarantee practical ability, as it does not assess hands-on performance or problem-solving under real conditions.

The focus on demonstration aligns with CBIC's emphasis on assessing competence through observable performance, ensuring that staff can reliably reprocess devices to maintain a sterile environment (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This method supports a comprehensive evaluation, aligning with best practices for training and competency assessment in healthcare settings.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment; Domain IV: Education and Research, Competency 4.3 - Assess competence of healthcare personnel. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

質問 # 20

An infection preventionist (IP) observes an increase in primary bloodstream infections in patients admitted through the Emergency Department. Poor technique is suspected when peripheral intravenous (IV) catheters are inserted. The IP should FIRST stratify infections by:

- A. Location of IV insertion: pre-hospital, Emergency Department, or in-patient unit.
- B. Site of insertion: hand, forearm, or antecubital fossa.
- C. Type of skin preparation used for the IV site: alcohol, CHG/alcohol, or iodophor.
- D. Type of dressing used: gauze, CHG impregnated sponge, or transparent.

正解: A

解説:

When an infection preventionist (IP) identifies an increase in primary bloodstream infections (BSIs) associated with peripheral intravenous (IV) catheter insertion, the initial step in outbreak investigation and process improvement is to stratify the data to identify potential sources or patterns of infection. According to the Certification Board of Infection Control and Epidemiology (CBIC), the "Surveillance and Epidemiologic Investigation" domain emphasizes the importance of systematically analyzing data to pinpoint contributing factors, such as location, technique, or equipment use, in healthcare-associated infections (HAIs). The question specifies poor technique as a suspected cause, and the first step should focus on contextual factors that could influence technique variability. Option A, stratifying infections by the location of IV insertion (pre-hospital, Emergency Department, or in-patient unit), is the most logical first step. Different settings may involve varying levels of training, staffing, time pressure, or adherence to aseptic technique, all of which can impact infection rates. For example, pre-hospital settings (e.g., ambulance services) may have less controlled environments or less experienced personnel compared to in-patient units, potentially leading to technique inconsistencies. The CDC's Guidelines for the Prevention of Intravascular Catheter-Related Infections (2017) recommend evaluating the context of catheter insertion as a critical initial step in investigating BSIs, making this a priority for the IP to identify where the issue is most prevalent. Option B, stratifying by the type of dressing used (gauze, CHG impregnated sponge, or transparent), is important but should follow initial location-based analysis. Dressings play a role in maintaining catheter site integrity and preventing infection, but their impact is secondary to the insertion technique itself. Option C, stratifying by the site of insertion (hand, forearm, or antecubital fossa), is also relevant, as anatomical sites differ in infection risk (e.g., the hand may be more prone to contamination), but this is a more specific factor to explore after broader contextual data is assessed. Option D, stratifying by the type of skin preparation used (alcohol, CHG/alcohol, or iodophor), addresses antiseptic efficacy, which is a key component of technique.

However, without first understanding where the insertions occur, it's premature to focus on skin preparation alone, as technique issues may stem from systemic factors across locations.

The CBIC Practice Analysis (2022) supports a stepwise approach to HAI investigation, starting with broad stratification (e.g., by location) to guide subsequent detailed analysis (e.g., technique-specific factors). This aligns with the CDC's hierarchical approach to infection prevention, where contextual data collection precedes granular process evaluation. Therefore, the IP should first stratify by location to establish a baseline for further investigation.

References:

* CBIC Practice Analysis, 2022.

* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.

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CIC模擬試験問題集: https://www.jpshiken.com/CIC_shiken.html

さらに、Jpshiken CICダンプの一部が現在無料で提供されています: <https://drive.google.com/open?>

id=1_8rE7qIGJrz4B6BLkLgdRUA5G5jHSfCK