

What's new:
Certification
and
recertification



BY RUTH CARRICO,
PHD, APRN, FNP-C,
FSHEA, CIC
2016 CBIC PRESIDENT

“Historically, the success rates for the recertification exam have been high—almost 95 percent—and there is no reason to expect that to change.”

WELCOME 2016! As we start this new year, I know that many of us are still reflecting on the events of 2015. Continued challenges regarding emerging antimicrobial resistance, concerns about the safety of medical devices, and the Ebola Virus Disease outbreak all served as reminders of how important it is that we have a competent infection prevention and control workforce. These events also demonstrate our expanding roles and responsibilities and the new partnerships that make up our collaborative teams. The public depends on us to ensure that their healthcare experience, regardless of the setting, is a safe one. We have a covenant with the public that no person will be harmed by a preventable infection. The Certification Board of Infection Control and Epidemiology, Inc. (CBIC)’s part of that covenant is giving infection preventionists the ability to demonstrate competence through an exam that is of high quality and fidelity. CBIC’s mission is to protect the public through development, administration, and promotion of an accredited certification in infection prevention and control (CIC®).

In 2015, Practice Analysis results were used to further enhance the quality of the certification examination through the development of a new examination. This exam represents the diversity in the field and reflects both national and international practice. In addition, the eligibility requirements were expanded to recognize the increasing scope of infection prevention into areas beyond acute, long-term, behavioral health, and ambulatory care settings. Public health engagement and leadership remain powerful and vital partners in infection prevention and control, and their increasing numbers of certified infection preventionists (IPs) are bringing new perspectives and opportunities to continue the mission of preventing harm and protecting the public. Undoubtedly in 2016, we will see new partnerships and continued growth in the number of CICs.

The new year also brings a change in the way CICs achieve recertification. Previously, there were two methods of recertification. With the emphasis on practice competence and demonstration that leadership, mentoring, and complex decision-making are part of the contemporary roles of the IP, it was clear that continuing the same pathway for a novice and an experienced IP was not in alignment with our covenant. To that end, 2016 brings a new opportunity for recertification. The recertification examination (formerly known as the SARE) will still be multiple choice and computer-based. It will allow the same level of flexibility when taking the examination. Those wanting to complete the examination quickly can still move through the questions just like the computer-based initial certification examination. For those wanting to use the exam as a learning experience, you can spend time researching individual questions and move at a slower pace. The content areas of the two exams remain identical, as do the resources for studying as outlined in the Candidate Handbook. Historically, the success rates for the recertification exam have been high—almost 95 percent—and there is no reason to expect that to change.

I look forward to celebrating your successes in 2016 as we continue to demonstrate our commitment to excellence.

Ruth Carrico, PhD, APRN, FNP-C, FSHEA, CIC