

Practice Test 5

READING SUB-TEST – PART A

Text A

Hospital-Acquired Infections (HAIs): A Multicentre Study

OBJECTIVE:

To investigate the prevalence, distribution, and contributing factors associated with hospital-acquired infections in acute care settings.

DESIGN AND SETTING:

A multicentre observational study conducted across five tertiary hospitals over a 12-month period, involving continuous surveillance of infection rates in different departments.

SUBJECTS:

Hospitalised patients across medical, surgical, and intensive care units were included in the study.

MEASUREMENTS:

Infections were recorded based on standard diagnostic criteria. Data were collected on infection type, associated procedures, and patient outcomes.

RESULTS:

Urinary tract infections (UTIs) were the most frequently reported infections, followed by surgical site infections and hospital-acquired pneumonia. Infection rates were highest in intensive care units, where patients were more likely to require invasive procedures. More than 60% of infections were associated with the use of invasive devices such as urinary catheters and central lines. A smaller proportion of infections were linked to post-operative complications.

CONCLUSIONS:

Hospital-acquired infections remain a significant challenge in healthcare settings. Effective infection prevention strategies, including strict hand hygiene, appropriate

sterilisation procedures, and careful monitoring of invasive device use, are essential to reduce infection rates and improve patient outcomes.

Text B

Literature Review: Infection Prevention Measures in Clinical Practice

Recent studies have emphasised the importance of infection control strategies in reducing healthcare-associated infections. Smith et al. demonstrated that consistent adherence to hand hygiene protocols significantly lowers infection rates across clinical environments. Similarly, Johnson and Lee reported that the correct use of personal protective equipment (PPE), including gloves, masks, and gowns, reduces the transmission of infectious agents between patients and healthcare workers.

Brown conducted a study examining healthcare staff compliance with infection control guidelines and found that proper training plays a critical role in ensuring effective implementation. However, the study also highlighted that incorrect or inconsistent use of PPE may limit its protective benefits. In addition to these measures, routine disinfection of high-touch surfaces has been identified as a key factor in preventing cross-contamination within healthcare settings.

Text C

Guidelines for Infection Control in Healthcare Settings

When managing infection risks, healthcare professionals must adhere to strict protocols designed to prevent the spread of pathogens. The primary principle underlying infection control is to minimise transmission and avoid further contamination.

Immediate infection control measures include effective hand hygiene, appropriate use of PPE, and isolation of infected patients where necessary. All healthcare workers are required to follow standard precautions consistently, regardless of the clinical setting.

Before resuming normal duties, healthcare workers must ensure that infection risks have been adequately controlled. In addition, patients should be discharged only when they are clinically stable and no longer pose a risk of transmitting infection to others.

Text D

Research Briefs on Infection Rates

- Urinary tract infections are among the most commonly reported healthcare-associated infections worldwide.
- It is estimated that approximately 1 in 10 patients globally acquires a healthcare-associated infection during hospitalisation.
- The majority of infections are associated with invasive procedures or the use of medical devices.
- The leading cause of severe infection-related complications is sepsis.
- Infection rates are highest in intensive care units and surgical wards, where patients often require complex medical interventions.