



GUIDE TO THE CPHRM EXAM CLINICAL PATIENT SAFETY DOMAIN



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INTRODUCTION

The Guide to the CPHRM Exam Clinical Patient Safety Domain provides practice questions within each core competency to help you study for this domain. Additionally, there is feedback for each answer choice, so whether correct or incorrect, you will know why!

The 110-question CPHRM Exam covers five risk management content areas. This guide is for the 25 questions that make up the clinical patient safety portion of the exam



EXAM SPECIFICATIONS AND LEARNING OBJECTIVES

The clinical patient safety domain of the CPHRM Exam covers thirteen core competencies. ASHRM's CPHRM faculty members have written questions on the most common topics in these areas that may appear on the exam. These questions are intended to help you identify your strong and weak areas in this domain and to guide you in your self-study



EXAM SPECIFICATIONS

Clinical Patient Safety

Job Descriptors from the AHA Certification Center (March 2022)

1. Clinical/Patient Safety: 25 items

- Assess the current state of patient safety and staff awareness within the organization
- Collaborate on proactive patient safety initiatives (e.g., FMEA, RCA, Safety Culture/Just Culture)
- Design, implement, and maintain educational programs on risk management and patient safety related topics
- Promote a culture of patient safety through education, policy development, and standardization of processes
- Educate providers, staff, employees, patients and families on the role of patients and families in improving patient safety and reducing risk
- Coach physicians, leaders, managers, and staff on appropriate disclosure methods and processes
- Participate in critical incident debriefing
- Participate in the development of corrective action plans and supervise follow-up of recommended improvements (e.g., stemming from risk assessments/ audits and investigations of reported incidents)
- Provide guidance to staff regarding any of the following:
 1. disruptive patient, family member and/ or visitors
 2. informed consent
 3. substitute (Surrogate) Decision Makers
 4. minors consent
 5. release of information (e.g., law enforcement, subpoenas, attorneys, search warrants, etc.)
 6. abuse allegations
 7. advance directives/orders for life sustaining treatment
- Manage an incident reporting and data analysis system for patient safety, patient complaints, and other risk events
- Provide risk management consultation for specific ethical dilemmas
- Maintain awareness of patient safety initiatives occurring locally and nationally
- Review documentation and assist providers/staff with appropriate documentation to mitigate risk



CLINICAL PATIENT SAFETY PRACTICE QUESTIONS

The following multiple-choice questions are a sample of the type of questions you'll encounter when taking the CPHRM Exam. ASHRM's clinical patient safety subject matter experts have developed these questions to closely resemble the exam content. Each question is aligned with exam specifications and learning objectives.

These practice questions provide a rationale for each selection and associated references to help you gain a better understanding of these materials.



CLINICAL PATIENT SAFETY PRACTICE QUESTIONS

LEARNING OBJECTIVE/TOPIC:

Coach physicians, leaders, managers, and staff on appropriate disclosure methods and processes.

Question 1

An administrator is concerned about liability regarding a medication error, which resulted in a patient adverse event requiring extended care and additional treatment costs. As a result, the administrator has stated he does not want disclosure made to the patient. The risk professional is going to meet with the administrator to discuss the main purposes of disclosures. What points should the risk professional highlight?

Answer Choices

1. If the facility discloses timely, the organization is indemnified from litigation and the patient cannot sue the organization.
2. It is an ethical duty to provide information to the patient/family so they can make medical decisions and pursue legitimate compensation.
3. The Joint Commission requires disclosure and not doing it can impact the organization's accredited status.
4. Disclosure reduces the risk of litigation and is required by the professional liability policy.

Answer Rationale

Correct:



2. Disclosure is the delivery of news to the patient or family that they may not otherwise learn. It gives the patient/family information they need to make further medical decisions and decisions to pursue legitimate compensation. It is not strictly related to medical error, nor necessarily bad news.

Incorrect:



1. This is not a true statement. Facilities are not indemnified if they disclose.
3. This is a true statement. However, the main purpose of disclosure is the ethical obligation to promote patient-centered care.
4. Disclosure is not about litigation avoidance, as the patient is owed an opportunity to be made whole.

Resource:

Fundamentals, pp 152-154
CPHRM Exam Preparation Guide , pp 37-39

CLINICAL PATIENT SAFETY PRACTICE QUESTIONS

LEARNING OBJECTIVE/TOPIC:

Provide guidance to staff regarding informed consent. (I-2)

Question 2

A patient is admitted from a physician's office to the hospital for a surgical procedure. The R.N. notices there is no signed informed consent in the record from the physician's office. The R.N. gets the hospital informed consent, completes it, and provides it to the patient. When can the patient sign the informed consent?

Answer Choices

1. After they read the informed consent document and before the administration of anesthesia.
2. While the R.N. is calling the physician to answer the patient's question about recovery time.
3. At the time of admission, if it is part of the admission paperwork.
4. After the patient confirms they discussed the procedure with the physician, and they have no questions.

Resource:

CPHRM Exam Preparation Guide, pp 43-44

Answer Rationale

Correct:



4. Informed consent is an individualized process and not a check-the-box, perfunctory activity. Patients undergoing treatment or surgery must fully understand the proposed intervention or treatment and the risks, benefits and alternatives associated with the intervention, treatment or surgery. The informed consent communication process should address the patient's questions and concerns.

Incorrect:



1. It is important that the informed consent process not look like a paperwork exercise. The R.N. has a duty to ensure the patient has had the informed consent conversation with the physician and their questions answered prior to signing the document.
2. All questions should be answered prior to having the informed consent document signed.
3. Informed consent documents should never be part of the admission paperwork.

CLINICAL PATIENT SAFETY PRACTICE QUESTIONS

LEARNING OBJECTIVE/TOPIC:

Review documentation and assist providers/staff with appropriate documentation to mitigate risk.

Question 3

After a critical incident debrief, the two physicians stated they do not have time to document the incident in the medical record and ask the Risk Professional to assist. How should the Risk Professional respond?

Answer Choices

1. Risk professionals should write the medical record notes for care providers and have them approved before submission.
2. Refuse and encourage them to documentation objective, factual statements.
3. The Risk Professional should write a template note to assist the providers.
4. Encourage the physicians to include all subjective opinions relating to the cause of the incident.

Answer Rationale

Correct:



2. Risk professionals are often consulted, when an adverse occurrence transpires, about how to document the events appropriately. It is critical to use a tactful tone and to include all objective information relating to the incident in progress note documentation. The documentation should address the who, what, where, when and how of the incident.

Incorrect:



1. Risk professionals should not write medical record notes for care providers, or suggest verbiage.
3. Risk professionals should not write medical record notes for care providers, or suggest verbiage.
4. Information should be objective and fact-based.

Resource:

CPHRM Exam Preparation Guide, pp 51-52



CPHRM ONLINE PRACTICE EXAM: CLINICAL PATIENT SAFETY DOMAIN

Continue your self-assessment with the eLearning resource “CPHRM Online Practice Exam: Clinical Patient Safety Domain.” This interactive online program covers each of the 13 clinical patient safety core competencies through 25 multiple choice questions, with real-time feedback and references.

Brought to you by the faculty of the ASHRM CPHRM Exam Prep Course, this subset of preparatory CPHRM Exam questions was developed to not only prepare you for the CPHRM Exam but to assist you in identifying the areas of clinical patient safety you may be unfamiliar.

Keep Learning at
[ASHRM.org/Practice-Exam-Clinical-Patient-Safety](https://www.ashrm.org/Practice-Exam-Clinical-Patient-Safety)

