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## The Beryl Institute Certified Patient Experience Professional Sample Questions (Q98-Q103):

### NEW QUESTION # 98

Which of the following can ONLY be achieved through qualitative data collection methods?

- A. Measuring a healthcare organization's performance on patient satisfaction
- B. Determining the healthcare priorities of the community served
- C. Understanding why patients feel a certain way about their care experiences
- D. Identifying top opportunities for patient experience improvement

**Answer: C**

Explanation:

This question aligns with Measurement and Analysis, specifically differentiating between qualitative and quantitative data. Qualitative methods (such as interviews, focus groups, and open-ended feedback) are uniquely suited to understand the "why" behind patient perceptions and experiences, making Option C correct. These methods provide rich, descriptive insights into emotions, motivations, and underlying reasons for satisfaction or dissatisfaction. Options A and B can be informed by both qualitative and quantitative data, while Option D relies primarily on quantitative measures like surveys and scores. CPXP principles emphasize that while quantitative data identifies trends and performance levels, qualitative data is essential to interpret those findings and uncover root causes, enabling more targeted and meaningful patient experience improvements.

### NEW QUESTION # 99

Who is ultimately responsible for ensuring that patient experience is strategically aligned with the goals of the organization?

- A. Chief nursing officer
- B. Chief operating officer
- C. Chief executive officer
- D. Chief experience officer

**Answer: C**

Explanation:

This question falls under Organizational Culture and Leadership, which in the CPXP framework emphasizes that senior leadership holds ultimate accountability for aligning patient experience with organizational strategy. The Chief Executive Officer (CEO) is responsible for setting the vision, priorities, and strategic direction of the entire organization, including integrating patient experience into core business objectives.

While roles like the Chief Experience Officer or Chief Nursing Officer may lead or operationalize experience initiatives, they do not carry the same level of enterprise-wide authority as the CEO. CPXP guidance highlights that sustainable patient experience improvement requires top-down commitment, leadership modeling, and strategic alignment, all of which originate at the CEO level to ensure accountability across all departments and functions.

### NEW QUESTION # 100

During a patient visit, the provider ensures the patient feels heard and all questions and concerns are addressed. What type of communication style has the provider adopted?

- A. Collaborative communication
- B. Patient health literacy
- C. Patient advocacy
- D. Structured communication

**Answer: A**

Explanation:

This question aligns with Partnership and Advocacy, focusing on patient-centered communication.

Collaborative communication (Option A) is correct because it emphasizes two-way interaction, active listening, and shared understanding between the provider and patient. CPXP principles highlight that patients should feel heard, respected, and engaged in their care. This approach ensures that concerns are addressed, questions are encouraged, and decisions are made together, strengthening trust and improving outcomes.

Option A (patient advocacy) refers more broadly to supporting patient rights, not communication style.

Option B (health literacy) focuses on understanding information, and Option D (structured communication) refers to standardized methods like SBAR. Collaborative communication best reflects an interaction where the patient is an active partner in the conversation and care process.

### NEW QUESTION # 101

Which approach is MOST consistent with Design and Innovation when improving the discharge experience?

- A. Mapping the discharge process with staff only and implementing one-time changes
- B. Focusing primarily on reducing printing costs for discharge materials
- C. Standardizing discharge instructions without any patient or family input
- D. Including patients and families in co-design, testing prototypes, and refining discharge processes based on feedback and results

**Answer: D**

Explanation:

This question fits Design and Innovation because the CPXP handbook describes this domain as driving innovation and influencing the design of processes and systems that add value to the patient and care partner experience. The strongest response is D because it reflects co-design, iteration, and testing with the people directly affected by the process. The Beryl Institute highlights that patient and family partners should help co-design systems, processes, and behaviors, and that full collaboration through design thinking

strengthens improvement efforts. AHRQ discharge resources also emphasize patient and family engagement in discharge planning and education, showing that redesigning discharge should be done with patients, not merely for them. Options A, B, and D fail to center the lived experience of patients and care partners during redesign.

### NEW QUESTION # 102

Which method is BEST used to engage patients and family members about their concerns and suggestions for improvement in a healthcare organization?

- A. Hold quarterly patient and family focus groups.
- B. Interview employees who have been patients.
- C. Conduct weekly point of care surveys.
- D. Establish a patient and family advisory council.

**Answer: D**

Explanation:

This question aligns with Partnership and Advocacy, which emphasizes actively involving patients and families as partners in care design and improvement. Option D (Establish a patient and family advisory council) is the best answer because it creates a formal, ongoing structure for continuous engagement, allowing patients and family members to collaborate directly with healthcare leaders and staff. Advisory councils provide sustained input, co-design opportunities, and meaningful influence on policies, processes, and experience improvements. Option B (focus groups) offers periodic feedback but lacks continuity and partnership depth. Option C (surveys) gathers data but is less interactive. Option A is indirect and does not fully represent authentic patient perspectives. CPXP principles highlight that true partnership is achieved through consistent, structured involvement like advisory councils, not one-time or transactional feedback methods.

### NEW QUESTION # 103

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