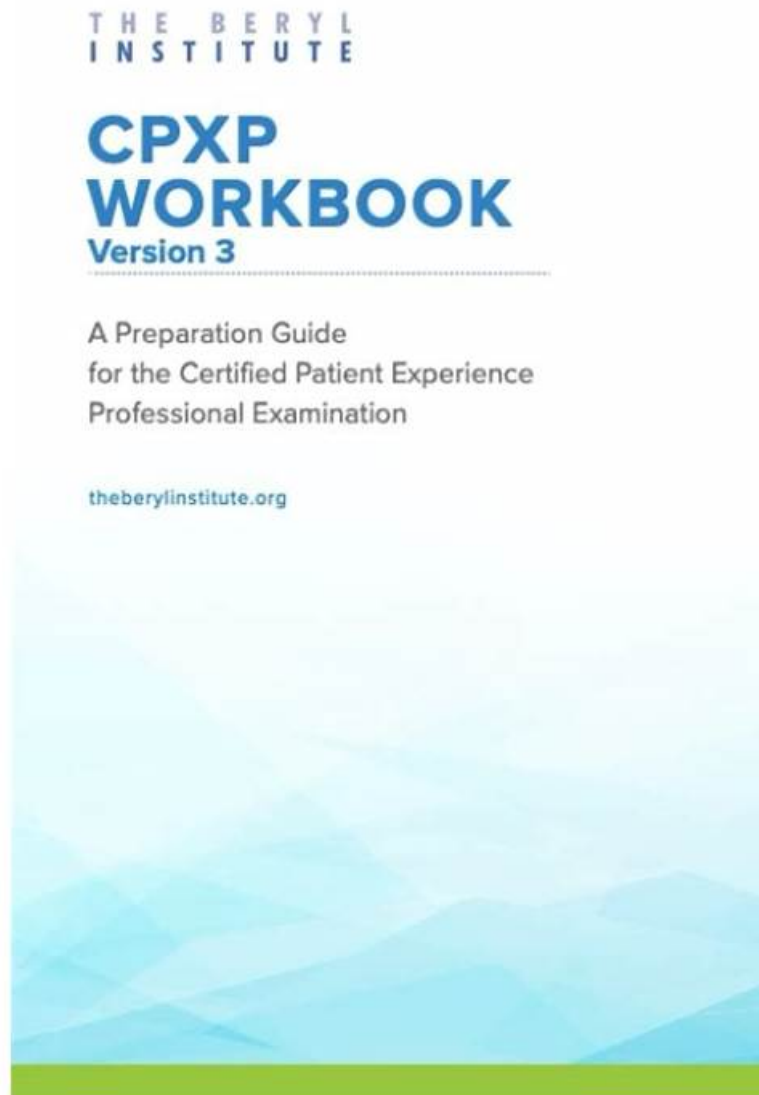


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The Beryl Institute Certified Patient Experience Professional Sample Questions (Q109-Q114):

NEW QUESTION # 109

Which term BEST describes the ethnographic approach of data collection?

- A. Shadowing
- B. Guided tour
- C. Mystery shopping
- D. Focus group

Answer: A

Explanation:

This question aligns with Design and Innovation , particularly human-centered design and qualitative data collection methods. An ethnographic approach involves directly observing individuals in their natural environment to understand behaviors, interactions, and experiences in real context. Shadowing (Option D) best represents this approach because it involves following patients, families, or staff through their care journey to gain firsthand insight into workflows, challenges, and emotional experiences. This method helps uncover gaps that may not be revealed through surveys or interviews alone. Option A (focus groups) gathers opinions in a group setting. Option B (guided tour) provides a structured overview rather than observation, and Option C (mystery shopping) evaluates service anonymously but lacks deep contextual understanding.

CPXP emphasizes ethnographic methods like shadowing to design more empathetic, patient-centered improvements.

NEW QUESTION # 110

How do service recovery models BEST ensure understanding and resolution of patient and family concerns?

- A. By empowering all levels of staff to address patient concerns
- B. By encouraging patients to voice concerns
- C. By allowing managers to offer patients compensation
- D. By offering a formal apology

Answer: A

Explanation:

This question aligns with Organizational Culture and Leadership , particularly around service recovery and accountability. CPXP principles emphasize that effective service recovery requires a proactive, organization- wide approach , where all staff are empowered to respond immediately to patient concerns . Option B is correct because it ensures timely resolution, reduces escalation, and demonstrates a culture of ownership and responsiveness. When frontline staff are empowered, they can address issues in real time, which is critical to rebuilding trust. Option A (compensation) is only one limited tactic and not the core of service recovery.

Option C (formal apology) is important but insufficient alone. Option D (encouraging patients to speak up) supports feedback but does not ensure resolution. CPXP highlights that empowerment, responsiveness, and accountability are key to effective service recovery systems.

NEW QUESTION # 111

Which response is BEST to provide to a family member requesting to be present during a resuscitation?

- A. "I'm sorry, but only clinical team members are allowed to be present to ensure there are no distractions in our efforts to save your loved one's life."
- B. "You are welcome to stay. I will make sure someone is with you to explain what is happening and to support you."
- C. "You are welcome to stay to witness this event, but please stay to the side to ensure you are not in the way of our efforts."

- D. "I'm sorry, but we cannot have family present during patient resuscitation. This is to make sure you are not in the way of critical processes."

Answer: B

Explanation:

This question aligns with Partnership and Advocacy, which emphasizes family-centered care, emotional support, and inclusion of care partners in the care process. CPXP principles support family presence during resuscitation when appropriate, as it promotes transparency, trust, and emotional connection. Option C is the best response because it not only allows the family member to remain present but also ensures dedicated support and communication, which are critical during high-stress situations. Providing a staff member to explain events helps reduce fear and confusion while maintaining dignity and respect. Options A and B exclude the family and conflict with patient- and family-centered care practices. Option D allows presence but lacks the supportive component. CPXP emphasizes that compassionate communication and guided inclusion significantly enhance the experience during critical moments.

NEW QUESTION # 112

A new patient check-in process was implemented to reduce wait time. What is the BEST approach to examine if the updated process is meeting its intended goal?

- A. Role play scenario
- B. Quantitative survey
- C. Direct observation
- D. Patient focus group

Answer: C

Explanation:

This question aligns with Measurement and Analysis, which focuses on selecting appropriate methods to evaluate process performance and outcomes. The most effective approach to determine whether the new check-in process is reducing wait times is direct observation, as it allows real-time assessment of workflow, timing, bottlenecks, and staff-patient interactions. CPXP emphasizes the importance of objective, real-world data collection when evaluating operational improvements. Direct observation provides immediate, actionable insights into whether the intended changes are functioning as designed. In contrast, surveys and focus groups (Options B and D) capture perceptions rather than actual performance metrics, and role play (Option C) is useful for training but not evaluation. Therefore, direct observation is the most accurate and reliable method for assessing process effectiveness in this scenario.

NEW QUESTION # 113

A manager overseeing a renovation project would like to ensure the project meets the overall needs and objectives for which it is being designed. Who is the MOST important member of the design team?

- A. Chief financial officer
- B. Unit medical director
- C. Project manager
- D. Patient family advisor

Answer: D

Explanation:

This question falls under Partnership and Advocacy, which is a core CPXP domain emphasizing the inclusion of patients and families as active partners in care design and improvement. The patient family advisor is the most important member in this context because they bring the lived experience perspective, ensuring that the renovation aligns with real patient and family needs rather than assumptions made by staff or leadership.

CPXP principles highlight that co-design with patients leads to more effective, human-centered environments and better outcomes. While roles like the medical director, CFO, and project manager contribute operational, clinical, and financial expertise, they do not replace the unique insights of those receiving care. Engaging patient and family advisors ensures that decisions reflect what truly matters to those served.

NEW QUESTION # 114

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