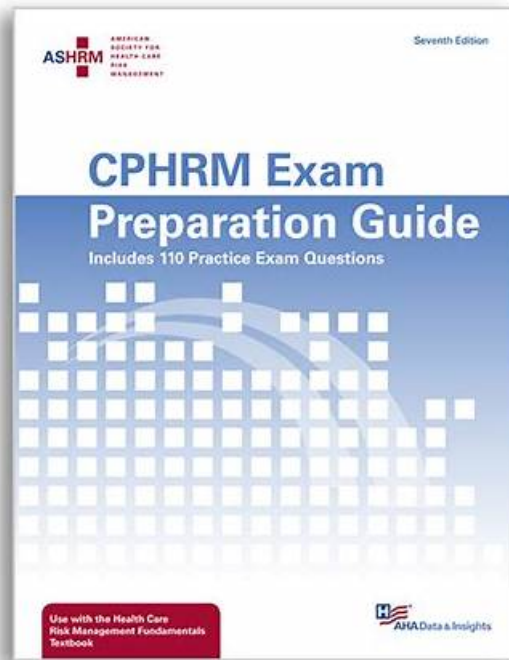


# ASHRM CPHRM Exam Questions Learning Material in Three Different Formats



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## ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>• <b>Claims and Litigation:</b> This domain focuses on handling potential claims and legal cases, including claim reporting, litigation support, legal documentation management, and analyzing claims data to understand risk exposure.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>• <b>Legal and Regulatory:</b> This domain focuses on ensuring compliance with healthcare laws and regulations, protecting patient information, managing reporting requirements, and supporting accreditation and regulatory responses.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>• <b>Healthcare Operations:</b> This domain involves managing operational risk activities such as conducting risk assessments, developing policies, coordinating risk programs, supervising staff, and supporting patient safety initiatives.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Clinical</b></li> <li>• <b>Patient Safety:</b> This domain focuses on improving patient safety by promoting a safety culture, managing incident reporting, educating staff and patients, addressing ethical concerns, and implementing corrective actions to reduce risks and prevent harm.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>• <b>Risk Financing:</b> This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.</li> </ul>

## Quiz 2026 ASHRM CPHRM: Certified Professional in Health Care Risk Management (CPHRM) Perfect Clearer Explanation

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### ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q65-Q70):

#### NEW QUESTION # 65

Which of the following is the most reliable measure of the effectiveness of an educational program?

- A. reduced frequency of claims or suits
- B. analysis of written evaluations
- C. reduced severity of claims or suits
- D. observable changes in human behavior

**Answer: D**

Explanation:

According to Health Care Risk Management principles endorsed by ASHRM and the American Hospital Association Certification Center, the effectiveness of an educational program is best measured by demonstrated changes in behavior rather than by subjective or indirect outcomes. Educational initiatives in healthcare risk management aim to improve compliance, enhance patient safety practices, and modify unsafe behaviors.

Analysis of written evaluations primarily reflects participant satisfaction and perceived value of the program, but does not confirm that learning objectives were achieved or that behaviors changed. Reductions in claim frequency or severity are important organizational outcomes; however, these are influenced by multiple variables beyond education alone, including patient volume, case complexity, legal climate, and system-level interventions. Therefore, claims data are indirect and delayed measures.

Observable changes in human behavior, such as improved adherence to safety protocols, increased incident reporting, or consistent compliance with documentation standards, provide direct evidence that learning has translated into practice. Risk management objectives emphasize measurable performance improvement, competency validation, and alignment with patient safety goals. Thus, observable behavioral change is the most reliable and immediate indicator that an educational program has achieved its intended effect.

#### NEW QUESTION # 66

Standardization of abbreviations, acronyms, and symbols used throughout the organization will likely result in improvement related to which of the following Joint Commission National Patient Safety Goals?

- A. effectiveness of communication among caregivers
- B. accuracy of patient identification
- C. safety of using high-alert medications
- D. medication reconciliation

**Answer: A**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, standardization of abbreviations, acronyms, and symbols directly supports the Joint Commission National Patient Safety Goal focused on improving the effectiveness of communication among caregivers. Inconsistent or ambiguous abbreviations can lead to misinterpretation of orders, delays in treatment, medication errors, and breakdowns in interdisciplinary communication.

The Joint Commission has historically emphasized the elimination of dangerous or error-prone abbreviations as part of its efforts to

enhance clarity in documentation and verbal communication. By standardizing terminology and limiting the use of unapproved abbreviations, healthcare organizations reduce variability and promote accurate transfer of information during handoffs, documentation, and order entry.

While standardized terminology may indirectly support medication safety and reconciliation processes, its primary impact is on communication effectiveness. Accurate communication among caregivers is foundational to patient safety and reduces preventable adverse events resulting from misunderstanding or incomplete information.

Clinical and patient safety objectives emphasize clear, consistent documentation and communication practices. Therefore, standardizing abbreviations and symbols most directly improves the effectiveness of communication among caregivers.

#### NEW QUESTION # 67

Which of the following can be considered evidence in a malpractice claim?

- \* photographs of injuries
  - \* thank you note from the patient to the physician
  - \* patient journal of the hospital stay
  - \* gift from the patient to a volunteer
- 
- A. 1, 2, and 4 only
  - B. 1, 3, and 4 only
  - C. 2, 3, and 4 only
  - D. 1, 2, and 3 only

**Answer: D**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, evidence in a malpractice claim includes any relevant material that may help establish facts related to duty, breach, causation, or damages. Photographs of injuries are routinely admissible as demonstrative or documentary evidence to illustrate the nature and extent of harm. A thank you note from a patient to a physician may be introduced to reflect the patient's contemporaneous perception of care, credibility, or satisfaction at a particular time, depending on context. A patient's personal journal documenting experiences during hospitalization may also be considered evidence, particularly if it describes symptoms, interactions, or emotional distress relevant to damages.

A gift from a patient to a volunteer, however, is generally not probative of negligence or injury unless directly tied to issues of undue influence or misconduct. In typical malpractice litigation, such a gift does not establish standard of care, breach, or damages and would not ordinarily be considered relevant evidence.

Claims and litigation objectives emphasize careful documentation, preservation of relevant materials, and coordination with counsel regarding evidentiary matters. Therefore, photographs, written communications, and patient journals may be considered evidence in a malpractice claim.

#### NEW QUESTION # 68

The source of many medication errors is:

- A. Elevator delays
- B. Patient wristbands
- C. Verbal/telephone orders (when avoidable and not properly verified)
- D. Radiology scheduling

**Answer: C**

Explanation:

Verbal/telephone orders are widely recognized as error-prone because they can be misheard, misunderstood, or transcribed incorrectly—especially with sound-alike drug names, confusing numerals (15 vs 50), background noise, accents, and interruptions. ISMP and patient safety advisories recommend minimizing verbal orders whenever possible and using safeguards such as read-back/confirm-back, spelling drug names, stating digits individually, and documenting promptly. Risk management objectives include reducing reliance on memory and imperfect communication by prioritizing written or electronic orders (CPOE), standardizing when verbal orders are permitted (true emergencies), and auditing compliance to prevent unsafe normalization. Because medication errors can cause severe harm, controlling verbal order risk is a high-yield safety intervention and improves legal defensibility by aligning practice with recognized safety recommendations.

