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CPXP Certification Test Questions - Exam CPXP Preparation

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The Beryl Institute Certified Patient Experience Professional Sample Questions (Q135-Q140):

NEW QUESTION # 135

Who is required to be named in a resolution letter in response to a patient grievance?

- A. The nurse manager of the unit where the patient stayed
- **B. The hospital contact person**
- C. The chief experience officer of the hospital
- D. The nurses and doctors who cared for the patient

Answer: B

Explanation:

This question aligns with Partnership and Advocacy, particularly patient rights, communication, and regulatory compliance. According to patient grievance standards (e.g., CMS guidelines referenced in CPXP content), a resolution letter must include a designated contact person at the hospital for follow-up. Option A is correct because it ensures that the patient or family has a clear point of contact for questions or further concerns, supporting transparency and accessibility. Option B is incorrect because individual caregivers are not required to be named. Option C and D are not mandated roles in grievance responses. CPXP emphasizes that effective grievance handling includes clear communication, accountability, and providing patients with a direct connection to the organization, which is achieved by identifying a contact person in the resolution letter.

NEW QUESTION # 136

Which is the BEST practice for conducting post-visit phone calls?

- A. The discharge nurse calls the immediate caregiver of the patient within 1-2 days of discharge to inquire how the patient is doing, review the discharge instructions, and answer any other questions the caregiver might have.
- B. The nurse manager (or other nurse leader on the unit where the patient received care) calls the patient within 1-2 days of discharge to inquire how he or she is doing, clarify discharge instructions as needed, and answer any other questions the patient might have.
- **C. A nurse who personally cared for the patient calls the patient within 1-2 days of discharge to inquire how he or she is doing, clarify discharge instructions as needed, and answer any other questions the patient might have.**
- D. A third party with whom the organization has contracted calls the patient within 7-14 days of discharge to inquire how the patient is doing, review the discharge instructions, and answer any other questions the caregiver might have.

Answer: C

Explanation:

This question aligns with Design and Innovation, as it focuses on designing care processes that improve continuity, communication, and patient outcomes. The best practice is for the nurse who directly cared for the patient to conduct the follow-up call within 1-2 days. CPXP principles emphasize that timely, personalized follow-up strengthens trust, reinforces understanding of discharge instructions, and reduces the risk of readmissions. A caregiver familiar with the patient's care can provide context-specific guidance and build relational continuity, which is a key component of patient-centered design. Options B and C introduce less direct connection to the patient experience, while Option D delays follow-up and removes personalization, reducing effectiveness. Effective post-discharge calls should be timely, clinically informed, and relationship-based, making Option A the most aligned with best practices.

NEW QUESTION # 137

Which of the following introductions would BEST help a physician build trust and begin to earn confidence from a patient?

- A. " Good afternoon, Mrs. S. I ' m not quite sure how to pronounce your last name. I ' mDr. Jones, an emergency medicine doctor here at this hospital. Why are you visiting the emergency department today? "
- **B. " Good afternoon. I want to make sure that I pronounce your last name correctly. Could you help me with this? Thank you. I ' mDr. Jones, an emergency medicine doctor. We are going to take good care of you. "**
- C. " Good afternoon, Mrs. S. I ' mDr. Jones. What brings you in today? "
- D. " Good afternoon. I want to make sure that I pronounce your last name correctly. Could you help me with this? Thank you. I ' mDr. Jones, an emergency medicine doctor. "

Answer: B

Explanation:

This question aligns with Partnership and Advocacy, emphasizing respectful communication, trust-building, and patient-centered interactions. Option D is the best answer because it combines several key elements of effective communication: respect (asking for correct name pronunciation), introduction of role, and emotional reassurance ("We are going to take good care of you"). CPXP principles highlight that trust is built through acknowledging the patient as an individual, demonstrating courtesy, and providing

psychological safety .

Option A introduces uncertainty in a less confident way, B is too brief and transactional, and C lacks reassurance. Option D goes further by addressing both personal respect and emotional needs , which are critical at the start of an encounter-especially in high-stress environments like emergency care-thereby fostering confidence and strengthening the patient-provider relationship.

NEW QUESTION # 138

What is the PRIMARY action that must be done consistently to enhance patient safety and eliminate errors?

- **A. Effective communication**
- B. Clear explanation of treatment plan
- C. Purposeful hourly rounding
- D. Immediate response to call lights

Answer: A

Explanation:

This question aligns with Partnership and Advocacy , as well as patient safety principles embedded within patient experience.

Effective communication (Option A) is the most critical and foundational action for enhancing patient safety and reducing errors.

CPXP principles emphasize that breakdowns in communication are a leading cause of medical errors, making clear, consistent, and timely communication essential across all care interactions. This includes communication between providers, with patients and families, and during transitions of care (e.g., handoffs). While responding to call lights (B), explaining treatment plans (C), and hourly rounding (D) are important practices, they are all dependent on strong communication to be effective.

Clear communication ensures shared understanding, reduces misunderstandings, supports informed decision- making, and ultimately leads to safer, higher-quality care experiences.

NEW QUESTION # 139

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

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

Answer: D

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 # 140

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