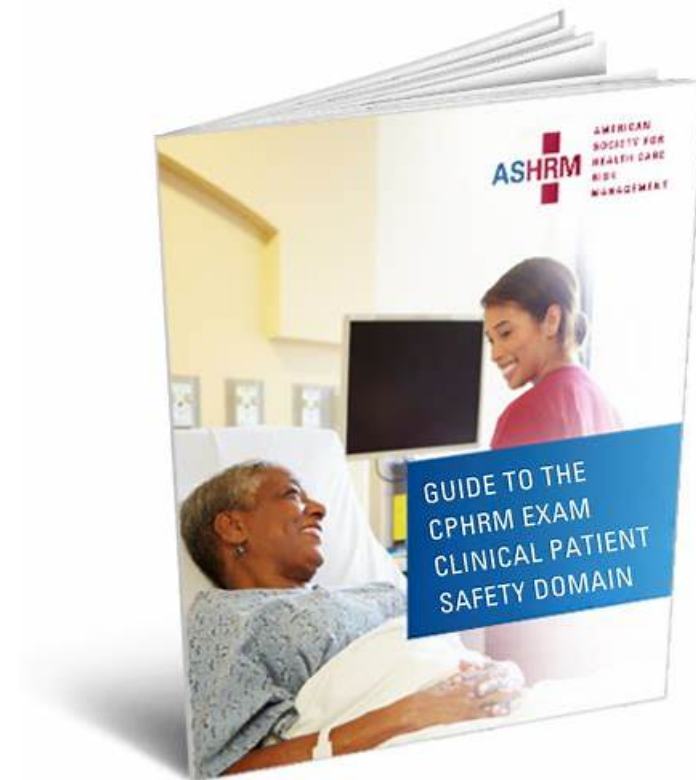


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### ASHRM CPHRM Exam Syllabus Topics:

Topic	Details

Topic 1	<ul style="list-style-type: none"> <li>• Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>• Clinical</li> <li>• Patient Safety: 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 3	<ul style="list-style-type: none"> <li>• Claims and Litigation: 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 4	<ul style="list-style-type: none"> <li>• Legal and Regulatory: 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 5	<ul style="list-style-type: none"> <li>• Healthcare Operations: 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>

## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q28-Q33):

### NEW QUESTION # 28

A risk manager is investigating a claim that has been submitted to the malpractice carrier. There is some question as to whether or not there is coverage under the current malpractice policy. What might the risk manager expect to receive from the malpractice carrier?

- A. reservation of rights letter
- B. notice of right to rescind
- C. notice of right to deny coverage
- D. contingent acknowledgement of coverage

**Answer: A**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, when an insurer identifies potential issues regarding coverage under a liability policy, it commonly issues a reservation of rights letter. This letter informs the insured that the carrier will proceed with investigation or defense of the claim while reserving its right to later deny coverage if policy exclusions, conditions, or other limitations apply.

A reservation of rights protects the insurer from waiving its ability to contest coverage while fulfilling its duty to defend, depending on policy language. It also alerts the insured to potential conflicts of interest and may permit the insured to seek independent counsel in certain jurisdictions.

A contingent acknowledgment of coverage is not a standard legal instrument. A notice of right to deny coverage would typically follow a full coverage determination rather than precede it. A notice of right to rescind involves voiding a policy, usually due to material misrepresentation during underwriting, which is distinct from a routine coverage question.

Claims and litigation objectives emphasize careful review of policy terms and timely communication with insurers. Therefore, when coverage is uncertain, the risk manager should expect to receive a reservation of rights letter from the malpractice carrier.

### NEW QUESTION # 29

Supervisors who conduct job interviews may ask which of the following questions?

- A. Are you a citizen of the United States?
- B. Do you plan to have children?
- C. Are you currently taking a prescription medication?
- D. Can you meet the organization's attendance requirement?

**Answer: D**

**Explanation:**

Under Health Care Risk Management standards aligned with ASHRM and the American Hospital Association Certification Center, employment interview questions must comply with federal and state anti-discrimination laws, including the Americans with Disabilities Act ADA, Title VII of the Civil Rights Act, the Pregnancy Discrimination Act, and the Immigration Reform and Control Act.

Questions about prescription medications may violate ADA provisions by eliciting information about potential disabilities prior to a conditional offer of employment. Asking whether a candidate plans to have children may constitute unlawful discrimination based on sex or family status. Inquiring directly about citizenship may violate federal employment eligibility standards; employers may instead ask whether the applicant is legally authorized to work in the United States.

In contrast, asking whether a candidate can meet the organization's attendance requirements is permissible because it relates directly to essential job functions and business necessity. Employers may inquire about the ability to perform job-related duties, provided questions are applied consistently to all applicants and are not designed to screen out protected classes.

Legal and regulatory objectives emphasize nondiscriminatory hiring practices and adherence to equal employment laws. Therefore, questions regarding attendance requirements are appropriate in a job interview setting.

**NEW QUESTION # 30**

Who are most likely to report errors in typical incident reporting systems?

- A. Risk managers
- B. Pharmacists
- C. Quality officers
- **D. Physicians (compared with nurses/other staff)**

**Answer: D**

**Explanation:**

Multiple studies show physicians report fewer incidents than nurses and other hospital staff in many voluntary reporting systems, influenced by cultural norms, fear of blame, time constraints, and preference to manage issues "in-house." This matters because underreporting distorts risk signals: leadership may miss trends in diagnostic delays, handoff failures, and near-misses that physicians uniquely observe. Risk management objectives therefore focus on reducing barriers: simplifying reporting, enabling quick mobile submissions, emphasizing psychological safety, and providing credible feedback that reporting leads to improvement (not punishment). Another proven strategy is integrating reporting into professional practice expectations and aligning medical leadership with "just culture" principles. Increasing physician reporting improves system learning, strengthens peer review insight, and supports defensibility by showing hazards were identified and addressed.

**NEW QUESTION # 31**

Documentation that assists with defense of a malpractice claim

- **A. describes the provider's clinical decision-making process.**
- B. is not important if the claim happened in prior years.
- C. contains subjective comments about the patient.
- D. does not need to be complete or timely.

**Answer: A**

**Explanation:**

According to Health Care Risk Management principles outlined by ASHRM and the American Hospital Association Certification Center, high-quality clinical documentation is critical in defending malpractice claims. The medical record serves as the primary evidence of care provided and reflects whether the standard of care was met.

Documentation that clearly describes the provider's clinical decision-making process is particularly valuable in litigation. It demonstrates assessment findings, differential diagnoses, rationale for chosen interventions, informed consent discussions, and follow-up plans. Thorough documentation provides objective support for clinical judgments and establishes a defensible narrative of care.

Subjective or disparaging comments about the patient can undermine credibility and may be harmful in court.

Complete and timely documentation is essential; delayed or incomplete entries may suggest negligence or alteration. Additionally, documentation remains important regardless of when a claim arises, as statutes of limitation may allow claims to be filed years after the event, especially in cases involving minors or discovery rules.

Claims and litigation objectives emphasize accurate, objective, and contemporaneous recordkeeping to reduce liability exposure.

Therefore, documentation that clearly outlines the provider's clinical reasoning best assists in defending a malpractice claim.

### NEW QUESTION # 32

The enterprise risk management process extends beyond clinical risk management by

- A. maintaining risks in silos as the best risk management approach.
- **B. ensuring its strategic priority at the senior leadership and governance levels.**
- C. comparing the organization's internal and external environment for efficacy.
- D. analyzing the organization's medication administration program.

**Answer: B**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, enterprise risk management ERM expands traditional clinical risk management to include strategic, financial, operational, regulatory, and reputational risks across the entire organization. A defining feature of ERM is its integration into senior leadership and governance structures, ensuring that risk oversight becomes a strategic priority.

ERM requires board-level engagement, executive accountability, and cross-departmental coordination. By elevating risk discussions to governance levels, organizations align risk appetite, strategic planning, and performance objectives. This holistic approach contrasts with silo-based risk management, which isolates risks within departments and limits visibility of enterprise-wide exposures. Maintaining risks in silos contradicts ERM principles. Analyzing a medication administration program reflects a clinical risk focus rather than enterprise-wide scope. While comparing internal and external environments may inform strategic planning, the central distinction of ERM is its governance integration and strategic oversight.

Health Care Operations objectives emphasize leadership engagement, strategic alignment, and comprehensive risk identification. Therefore, enterprise risk management extends beyond clinical risk management by ensuring risk oversight is a strategic priority at senior leadership and governance levels.

### NEW QUESTION # 33

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