

# CPHRM資格トレーニング & CPHRM試験問題



ASHRMのCPHRMの認定試験証明書を取りたいなら、Tech4Examが貴方達を提供した資料をかったら、お得です。Tech4Examはもっぱら認定試験に参加するIT業界の専門の人士になりたい方のために模擬試験の練習問題と解答を提供した評判の高いサイトでございます。

## ASHRM CPHRM 認定試験の出題範囲:

トピック	出題範囲
トピック 1	<ul style="list-style-type: none"><li>リスクファイナンス: この分野では、保険プログラム、クレーム調整、損失分析、および財務リスクを軽減するための戦略策定を通じて、財務リスクを管理する。</li></ul>
トピック 2	<ul style="list-style-type: none"><li>臨床 / 患者安全: この領域は、安全文化の促進、インシデント報告の管理、職員と患者への教育、倫理的問題への対処、リスクを軽減し危害を防止するための是正措置の実施を通じて、患者安全の向上に焦点を当てています。</li></ul>
トピック 3	<ul style="list-style-type: none"><li>医療業務: この領域には、リスク評価の実施、方針の策定、リスクプログラムの調整、スタッフの監督、患者安全イニシアチブの支援など、業務上のリスク活動の管理が含まれます。</li></ul>
トピック 4	<ul style="list-style-type: none"><li>クレームおよび訴訟: この領域は、クレーム報告、訴訟支援、法的文書管理、リスクエクスポージャーを理解するためのクレームデータの分析など、潜在的なクレームおよび法的案件の処理に重点を置いています。</li></ul>
トピック 5	<ul style="list-style-type: none"><li>法務および規制: この分野は、医療関連法規の遵守、患者情報の保護、報告要件の管理、認定および規制対応のサポートに重点を置いています。</li></ul>

>> CPHRM資格トレーニング <<

## ASHRM CPHRM Exam | CPHRM資格トレーニング - 最新アップデート CPHRM試験問題

当社Tech4Examのソフトウェアを練習するには20~30時間しかかからず、試験に参加できます。CPHRM学習の質問を学ぶのに時間を費やす必要はありません。また、毎日CPHRMガイド急流を学ぶのに数時間しかかかりません。CPHRM試験の質問は効率的であり、CPHRM試験に簡単に合格できることを保証できます。しかし、当社のCPHRM試験トレントを購入すると、時間と労力を節約でき、他のことをするための時間を節約できます。

## ASHRM Certified Professional in Health Care Risk Management (CPHRM) 認定 CPHRM 試験問題 (Q47-Q52):

#### 質問 # 47

Which of the following should prompt a risk manager to give notice to a malpractice carrier?

- A. written medical record request from an attorney
- **B. demand letter from a patient**
- C. disclosure to a patient
- D. internal incident report

正解: B

解説:

Under Health Care Risk Management principles established by ASHRM and the American Hospital Association Certification Center, timely notice to a malpractice carrier is a critical obligation, particularly under claims-made policies. A demand letter from a patient constitutes a clear assertion of liability and a request for compensation, which typically meets the definition of a claim under most malpractice insurance policies. Failure to notify the carrier promptly may jeopardize coverage.

A written medical record request from an attorney may signal potential litigation, but it does not necessarily constitute a claim unless accompanied by an allegation of wrongdoing or a demand for damages. An internal incident report is a risk management tool used for quality and safety improvement and does not itself trigger insurance notification requirements. Similarly, disclosure to a patient regarding an adverse event aligns with transparency practices but does not automatically represent a formal claim.

Risk management objectives emphasize understanding policy language, particularly definitions of claim and reporting requirements. Because a demand letter explicitly alleges harm and seeks compensation, it most clearly triggers the duty to notify the malpractice carrier to preserve coverage and initiate appropriate claims handling procedures.

#### 質問 # 48

An HMO advertises it is "the best" and its physicians can manage any illness/injury. A patient relies on this and is injured. The patient might sue the HMO for:

- A. Only EMTALA penalties
- **B. Apparent agency / negligent misrepresentation / vicarious liability (depending on facts and jurisdiction)**
- C. Only weather damage
- D. Only OSHA violations

正解: B

解説:

Marketing claims can create liability exposure when they reasonably induce reliance and the patient suffers harm. Depending on jurisdiction and facts, plaintiffs may allege apparent agency (belief that physicians acted as the HMO's agents), vicarious liability, negligent credentialing, or negligent misrepresentation/consumer protection claims if statements are misleading. Risk management objectives include reviewing public claims for accuracy, ensuring marketing does not overpromise clinical capability, and aligning network adequacy and credentialing with representations. Clear disclosures about independent contractors may help but do not always defeat apparent agency claims. Controls include legal review of advertising, credentialing rigor, quality oversight, and complaint surveillance to detect mismatches between marketing and actual service capability.

#### 質問 # 49

If an at-risk patient is left unattended and has an adverse response to medication, this is best classified as:

- A. A harmless variance
- **B. An active error at the sharp end (frontline lapse)**
- C. A financial risk transfer
- D. A marketing defect

正解: B

解説:

Leaving an at-risk patient unattended during/after medication administration is typically an active failure occurring at the sharp end—the point of direct care delivery. Active errors are the observable actions / omissions by frontline personnel that can immediately contribute to harm (e.g., failure to monitor sedation, failure to reassess after opioids). Risk management objectives, however, require looking beyond the individual act: Was staffing insufficient? Was monitoring policy unclear? Were alarms ineffective? Was there inadequate training or workload overload? Those "blunt end" conditions create

latent risk that increases the likelihood of sharp-end failures. Proper classification helps organizations respond with systems fixes (monitoring standards, escalation triggers, staffing acuity tools, continuous pulse oximetry/capnography policies where appropriate) rather than blaming individuals alone.

#### 質問 # 50

An indemnification clause in a contract is designed to

- A. hold the other party responsible for fulfilling the terms of the contract.
- **B. clarify commitments to compensate the other party for harm, liability, or loss.**
- C. defer all legal costs to the other party in the case of harm, liability, or loss.
- D. create a forum to resolve contract disputes related to fulfillment of the contract terms.

正解: B

解説:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, an indemnification clause is a contractual risk transfer mechanism that defines one party's obligation to compensate another for specified losses, liabilities, damages, or claims arising from the contract relationship. Its purpose is to allocate financial responsibility and clarify which party will bear costs if certain events occur.

Indemnification provisions typically address responsibility for defense costs, settlements, judgments, and related expenses. The scope of indemnity depends on negotiated language and may include limitations, exclusions, or requirements for notice and cooperation. Properly drafted indemnification clauses are critical in vendor agreements, physician contracts, and service arrangements to manage exposure and reduce organizational liability.

Creating a forum for dispute resolution is addressed through arbitration or venue clauses. Holding another party responsible for fulfilling contract terms relates to performance obligations rather than indemnification.

Automatically deferring all legal costs is inaccurate because indemnification is triggered only under specific contractual conditions.

Legal and regulatory objectives emphasize careful contract review, clear allocation of liability, and structured risk transfer. Therefore, an indemnification clause clarifies commitments to compensate the other party for harm, liability, or loss.

#### 質問 # 51

Documentation that assists with defense of a malpractice claim

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

正解: C

解説:

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.

#### 質問 # 52

.....

