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The Beryl Institute CPXP

Version Demo

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Topic Break Down

Topic	No. of Questions
Topic 1, Patient Experience Leadership	9
Topic 2, Patient Experience Strategy and Culture	20
Topic 3, Patient and Family Engagement	37
Topic 4, Staff and Provider Engagement	29
Topic 5, Quality and Performance Improvement	57
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QUESTION NO: 1

When redesigning the discharge process to incorporate teach-back, which is the BEST way to establish a sense of urgency to facilitate the change?

A. Train staff on the use of teach-back.

B. Include teach-back in performance appraisals.

C. Demonstrate the positive impact on patient outcomes.

D. Create a timeline for implementation.

ANSWER: C

Explanation:

Demonstrate the positive impact on patient outcomes. is the best way to create urgency because it connects the proposed discharge-process change to a meaningful and immediate purpose: safer, more effective transitions from care. Teach-back asks patients or care partners to explain information in their own words, allowing the care team to identify and address misunderstandings before discharge. Presenting evidence or local stories showing that this practice improves patient understanding, medication safety, follow-up adherence, or avoidable readmissions gives staff a compelling reason to prioritize adoption now.

In patient experience work, urgency is strongest when people can see how a change advances outcomes that matter to patients, families, clinicians, and the organization. Sharing baseline data, patient feedback, examples of communication gaps, and expected outcome measures makes the need concrete rather than abstract. It also frames teach-back as an essential component of reliable, patient-centered discharge communication—not merely an added task. The Agency for Healthcare Research and Quality describes teach-back as a method for confirming that information has been explained clearly and understood by the patient or family caregiver. This outcome-centered rationale supports the change-management goal of building shared commitment to improve care. See AHRQ's Teach-Back Method guidance and AHRQ's hospital guide to improving patient safety through effective communication.

QUESTION NO: 2

What is a starting point for change management that can affect how leaders, health workers, and staff engage with the patient experience professional?

A. Awareness of the need for change and why the change matters

B. Skills training to make the change successful

C. Hiring new staff who agree change is needed

D. Setting a timeline for change that coincides with performance evaluations

ANSWER: A

Explanation:

Awareness of the need for change and why the change matters is the essential starting point because meaningful engagement depends on people understanding the purpose, urgency, and expected value of a proposed change. Patient experience professionals frequently work across roles, departments, and levels of leadership, so they must help stakeholders connect change activities to better experiences for patients, families, and the workforce. Clear awareness establishes a shared case for change: what current experience or outcome needs improvement, what the organization seeks to achieve, and why participation matters. Once this foundation is present, leaders and staff can move toward commitment, learning, and implementation with a common understanding of the intended direction. This is consistent with the ADKAR change-management model, which identifies awareness of the need for change as its first individual change outcome. It also supports the CPXP emphasis on applying organizational culture and leadership principles to advance patient experience. See The Beryl Institute's CPXP certification information and Prosci's overview of the ADKAR Model.

QUESTION NO: 3

A patient and family advisory council is being formed to improve services for a community with limited transportation access. Which recruitment approach is MOST likely to support meaningful partnership?

A. Recruit former patient volunteers who have attended previous hospital events.

B. Invite employees who have used the organization's outpatient services.

C. Use trusted community outreach and address barriers to advisor participation.

D. Select patients with the greatest number of visits during the prior year.

ANSWER: C

Explanation:

Use intentional outreach through trusted community connections and remove practical barriers to participation, such as transportation, meeting format, language, scheduling, and compensation policies. Meaningful partnership requires more than inviting people who can easily attend. The council should include people with lived experience of the barriers being addressed and should make participation feasible and respectful.

Recruiting only former volunteers or employees who have been patients may create a convenient group, but it is unlikely to represent the experiences of people facing transportation barriers. Selecting participants solely by previous healthcare use also does not ensure relevant perspectives.

QUESTION NO: 4

Which is the BEST example of an employee engagement strategy?

A. Sharing patient letters in an organizational newsletter

B. Reviewing employee satisfaction data with individual units/departments

C. Demonstrating appreciation for individual staff contributions

D. Discussing complaint and grievance data during staff meetings

ANSWER: C

Explanation:

Demonstrating appreciation for individual staff contributions is the best example of an employee engagement strategy because it deliberately reinforces that employees are valued, seen, and connected to the organization’s purpose. Meaningful recognition can acknowledge a specific action, behavior, or contribution to patient and family experience, helping staff understand that their work matters and that organizational values are more than statements. When recognition is timely, authentic, and tied to clear contributions, it supports morale, a sense of belonging, and sustained commitment—core elements of engagement. In a patient experience environment, appreciation also helps create the conditions in which staff are more likely to bring energy, empathy, and discretionary effort to their interactions with patients and colleagues. The Beryl Institute identifies employee engagement as an important component of advancing the human experience in healthcare, recognizing the connection between the workforce experience and patient experience. Individual appreciation is an actionable, repeatable leadership practice that directly strengthens that workforce experience. See The Beryl Institute and its Experience Framework for context on the interconnected nature of employee and patient experience.

QUESTION NO: 5

Which information has the GREATEST impact on staff regarding the need and impact for changes to improve the care experience for patients and families?

A. Trended data over time

B. Control charts with annotations

C. Run charts targeting specific improvement efforts

D. Targeted performance metrics coupled with patient and/or staff stories

ANSWER: D

Explanation:

Targeted performance metrics coupled with patient and/or staff stories has the greatest impact because it connects measurable performance results to the real human experience of care. Metrics make the opportunity for improvement visible and specific: they help staff understand the scope of an issue, identify the population or process affected, and assess whether improvement actions are producing results. Stories provide the context and emotional meaning that numbers alone cannot convey. A patient or family narrative illustrates how a care interaction, communication gap, delay, or workflow affects a person's trust, comfort, understanding, and outcomes. Staff stories can similarly show the operational realities that influence their ability to deliver compassionate, reliable care. Together, focused data and stories create both intellectual and emotional engagement, strengthening urgency for change while helping teams see the practical value of improvement efforts. This combination also supports a patient- and family-centered approach by ensuring that improvement priorities remain grounded in the voices and experiences of those receiving and providing care. The Beryl Institute emphasizes the importance of listening to and acting on patient, family, and care-team voices in advancing experience outcomes; see The Beryl Institute and the Institute for Healthcare Improvement's guidance on using data for improvement at IHI: How to Improve.

QUESTION NO: 6

What is the FIRST step in creating cultural change in an organization?

A. Creating a sense of commitment

B. Creating a sense of engagement

C. Creating a sense of urgency

D. Creating empathy among employees

ANSWER: C

Explanation:

Creating a sense of urgency is the essential first step because durable cultural change starts when people collectively understand that maintaining the status quo is no longer acceptable. In patient experience work, that recognition may arise from patient and family feedback, inequitable outcomes, safety events, workforce concerns, or a persistent gap between the organization's stated values and the care people actually experience. Urgency is not simply pressure to act quickly; it is a clear, credible case for why improvement matters now and why broad participation is needed.

This approach is consistent with John Kotter's change framework, which identifies creating a sense of urgency as the first step in leading change. A meaningful urgency message uses relevant evidence and connects the need for change to the organization's purpose, patients, care partners, and staff. It helps leaders and employees prioritize the work, initiate candid conversations about existing norms, and build momentum for the shared actions that follow. Once the need for change is understood, an organization is better positioned to develop commitment, engage people in the work, and sustain new behaviors as part of its culture. See Kotter's 8-Step Process for Leading Change and The Beryl Institute CPXP program.

QUESTION NO: 7

A hospital receives repeated feedback that patients do not understand what to do after discharge. A team proposes sending every patient a longer, more detailed discharge packet. Before implementing this change, which action is MOST likely to identify the underlying experience problem?

A. Observe the discharge process and ask patients to explain the plan in their own words.

B. Provide every patient with a standardized packet containing more detailed instructions.

C. Ask unit leaders which discharge topic they believe is most often misunderstood.

D. Compare the unit's discharge score with the organization's overall score.

ANSWER: A

Explanation:

Observe the discharge process and ask patients to explain the plan in their own words. This approach examines both the workflow and the patient's actual understanding, which may be affected by timing, jargon, interruptions, conflicting messages, language needs, or the ability to ask questions. A longer packet may add information without resolving the communication failure. Reviewing scores or asking staff for opinions may identify a concern, but direct observation and patient feedback are most useful for understanding why the concern occurs.

QUESTION NO: 8

A patient experience professional is meeting with a group of front-line nurses on a medical/surgical unit to identify why they are having difficulty hourly rounding on their patients. Which process improvement tool should be used to determine the root cause?

A. A regression analysis

B. A "5 Whys" exercise

C. A Six Sigma control plan

D. An inter-rater reliability tool

ANSWER: B

Explanation:

A "5 Whys" exercise is the appropriate tool because it is a practical root-cause-analysis method that helps a team move beyond a stated problem—difficulty completing hourly rounds—to identify the underlying process conditions producing it. In a facilitated discussion, the patient experience professional would ask why the problem occurs and use each answer to form the next "why." For example, the group may identify interruptions, staffing workflows, unclear role expectations, competing clinical demands, or an impractical rounding documentation process. Continuing the inquiry helps distinguish symptoms from contributory system factors that the team can address through a targeted improvement effort. The technique is especially useful with front-line staff because their direct experience supplies the operational detail needed to understand how work is actually performed on the unit. It also supports collaboration and avoids prematurely assuming that the issue is an individual performance problem. Although five questions is a guideline rather than a fixed requirement, the process should continue until the team identifies a cause that is actionable and can be validated. The Institute for Healthcare Improvement describes root cause analysis as a structured way to understand factors that contribute to an event or problem, and the American Society for Quality identifies the Five Whys as a commonly used cause-analysis tool. See IHI's root cause analysis resources and ASQ's Five Whys overview.

QUESTION NO: 9

What is the BEST way to engage physicians in improving the patient experience?

A. Create a meaningful physician recognition program.

B. Review all the negative comments that they receive.

C. Explain to the physicians about value in health care.

D. Ensure they understand the goals of the institution.

ANSWER: A

Explanation:

Create a meaningful physician recognition program is the best approach because visible, credible recognition reinforces the specific behaviors that improve patients' experiences and signals that this work is professionally valued. A well-designed program recognizes physicians for demonstrated contributions—such as compassionate communication, partnership with care teams, responsiveness to patient feedback, or measurable improvement work—rather than offering generic praise. Recognition is especially effective when it is timely, tied to organizational patient-experience priorities, and delivered through channels that matter to physicians, including peer acknowledgment and leadership visibility. It helps make patient experience a shared professional norm, strengthens motivation to sustain improvement, and gives leaders concrete examples of the behaviors they want replicated across the organization. The Beryl Institute's CPXP framework emphasizes organizational culture and leadership as essential to advancing experience work; meaningful recognition is a practical leadership mechanism for embedding that culture. This approach also makes progress tangible and connects individual physician actions with the organization's commitment to person-centered care. See The Beryl Institute CPXP certification information and IHI's framework for improving joy in work.

QUESTION NO: 10

A hospital's overall outpatient survey score improved during the past year. At the same time, comments from patients receiving oncology care describe recurring confusion about whom to contact after treatment. What is the BEST next step for the patient experience professional?

A. Analyze oncology results separately and examine the comments with relevant operational data.

B. Continue the current approach because the overall outpatient score improved.

C. Disregard the comments because they cannot be statistically compared with survey scores.

D. Create a centralized call center before investigating the reported concern.

ANSWER: A

Explanation:

Analyze the oncology experience separately and pair the survey findings with comments and operational information about post-treatment communication. An improved overall score can conceal an important experience gap within a specific population or service line. Segmenting the data and exploring the qualitative feedback will help determine the scope, contributing processes, and priorities for action.

Focusing only on the enterprise score risks overlooking a meaningful concern. Dismissing comments because they are not quantitative, or immediately creating a new call center, would occur before the team understands the underlying communication process.

QUESTION NO: 11

A patient experience professional is asked by leadership to develop an action plan for improvement based on the measurement of a key driver question. Which step should the patient experience professional take FIRST?

A. Implement a patient and family focus group.

B. Create patient satisfaction measurement tools.

C. Reward and recognize staff to reinforce good behavior.

D. Obtain the latest satisfaction measurements.

ANSWER: D

Explanation:

Obtain the latest satisfaction measurements. An improvement action plan should begin with an accurate understanding of the current performance associated with the key driver. The most recent measurements establish the baseline from which improvement will be defined and allow the patient experience professional to determine whether the result represents a persistent gap, a recent change, or normal variation. Reviewing current data also supports meaningful segmentation, such as by care setting, service line, patient population, or time period, when those details are available. This analysis helps ensure that the eventual plan addresses the most relevant opportunity and has measurable aims, rather than relying on assumptions about the experience or its causes.

Current measurement is also necessary for monitoring progress after interventions are selected and implemented. It provides a defensible starting point for leadership discussions, clarifies the priority for action, and enables the team to compare subsequent results with the initial state. The Beryl Institute's patient experience framework emphasizes measurement and analysis as foundations for understanding experience and guiding improvement work. Similarly, the CMS HCAHPS program describes standardized survey data as a source for measuring patients' perspectives of care and tracking performance over time. See The Beryl Institute and CMS HCAHPS.

QUESTION NO: 12

Which of the following is the MOST effective team structure to improve the patient experience around pain management?

A. Physician representatives and pain management specialists

B. Director of pharmacy, patient experience leader, and nursing leadership

C. Representatives from the nursing staff and the unit director

D. Front-line nursing and pharmacy staff, directors, and physician representatives

ANSWER: D

Explanation:

Front-line nursing and pharmacy staff, directors, and physician representatives is the most effective structure because improving pain management requires coordinated changes in assessment, prescribing, medication availability, administration, patient education, communication, and follow-up. Front-line nursing and pharmacy professionals contribute direct knowledge of the workflows and barriers patients encounter during care. Physician representatives provide clinical decision-making input and help align improvement work with medical practice. Directors contribute the authority, resources, operational coordination, and accountability needed to implement and sustain changes across units and disciplines. Together, these participants create an interdisciplinary team with both practical expertise and organizational influence, making it more likely that improvements are clinically appropriate, feasible in daily operations, and responsive to patient needs. This approach reflects the Beryl Institute's view of patient experience as shaped by the full range of interactions across the continuum of care, rather than by one role or department alone. It also supports the Experience Framework's emphasis on integrated leadership, culture, and systems that enable consistent person-centered care. See The Beryl Institute's definition of patient experience and the Experience Framework.

QUESTION NO: 13

Which qualitative research method helps provide the BEST understanding of patients' experiences when a design thinking approach is used?

A. Focus groups

B. Case studies

C. Research articles

D. Organizational policy

ANSWER: A

Explanation:

Focus groups are correct because they are a qualitative method that can surface patients' perceptions, emotions, priorities, language, and unmet needs through facilitated discussion. In a design thinking approach, the purpose of early research is to build empathy and develop a grounded understanding of the people experiencing a service. A well-designed focus group enables patients to describe care experiences in their own words, react to shared topics, and prompt one another to recall details or perspectives that may not emerge through a structured survey. This produces rich contextual insight that can be synthesized into themes, journey-stage pain points, and opportunities for service redesign. The method is especially useful when a patient-experience team needs to explore common patterns across people with relevant shared experiences, while listening carefully for the meaning behind their feedback. The Beryl Institute's CPXP framework emphasizes understanding and integrating the patient and family voice as part of patient-experience practice. Design-thinking resources likewise place direct engagement with people at the center of building empathy before ideating and testing improvements. See The Beryl Institute CPXP certification information and IDEO.org's Human-Centered Design mindsets.

QUESTION NO: 14

What should healthcare organizations do to ensure more equitable health outcomes and a better patient experience?

A. Provide comprehensive diversity and inclusion training for all staff.

B. Work closely with community organizations to bring care to where people are.

C. Engage the communities they serve in understanding the bias they believe exists.

D. Ensure an understanding of the social determinants of health that influence a patient ' s life.

ANSWER: D

Explanation:

Ensure an understanding of the social determinants of health that influence a patient's life. Social determinants of health are the nonmedical conditions that shape a person's opportunity to attain and maintain health, including economic stability, education access and quality, neighborhood and physical environment, social and community context, and access to healthcare. These factors affect whether patients can obtain medications, attend appointments, understand care instructions, secure nutritious food, find safe housing, or receive support after discharge. Understanding these circumstances helps healthcare organizations design care and experience improvements that are responsive to the realities patients face rather than assuming every patient has the same resources and opportunities. This is central to equitable, person-centered care: teams can identify barriers, connect patients with appropriate supports, tailor communication and care plans, and use population-level insights to reduce avoidable disparities. The U.S. Centers for Disease Control and Prevention describes social determinants as conditions that influence a wide range of health risks and outcomes, while the World Health Organization emphasizes their fundamental role in health equity. See the CDC overview of social determinants of health and the WHO social determinants of health resource.

QUESTION NO: 15

In a patient- and family-centered care environment, what is the PRIMARY role of the family/caregiver?

A. To advocate for the patient

B. To provide care for the patient

C. To make decisions for the patient

D. To ensure that the patient is safe

ANSWER: A

Explanation:

"To advocate for the patient" is the best answer because patient- and family-centered care recognizes family members and caregivers as essential partners who help ensure that the patient's needs, preferences, values, and goals are understood and respected. Advocacy includes communicating information the patient wants shared, helping the care team understand

the patient's usual functioning and priorities, asking questions, and supporting the patient's participation in care and decisions to the extent the patient desires. This role is especially important when illness, stress, disability, language barriers, or treatment complexity make it difficult for a patient to communicate fully or navigate the health system alone.

Advocacy in this setting is not about replacing the patient's voice; it is about strengthening it. Care teams should first seek the patient's preferences regarding family involvement, then invite caregivers to contribute as appropriate. The Institute for Patient- and Family-Centered Care describes partnership with patients and families through dignity and respect, information sharing, participation, and collaboration. These principles position caregivers to help align care with what matters most to the individual. The Beryl Institute likewise identifies partnership as a foundational element of improving the human experience in healthcare. See the Institute for Patient- and Family-Centered Care's partnership guidance and The Beryl Institute.