

CareLearning
Rights and Responsibilities Series
Test Questions with Answers

Combating Medicare Parts C & D Fraud, Waste, and Abuse

Introduction

Why Do I Need Training?

Every year **billions** of dollars are improperly spent because of FWA. It affects everyone – **including you**. This training will help you detect, correct, and prevent FWA. **You** are part of the solution.

Combating FWA is **everyone's** responsibility! As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

At the completion of this course you will be able to correctly recognize FWA in the Medicare Program; identify the major laws and regulations pertaining to FWA; recognize potential consequences and penalties associated with violations; identify methods of preventing FWA; identify how to report FWA; and recognize how to correct FWA. This course is part of the Rights and Responsibilities Series.

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Test Questions (10 questions Post-Test)

MULTIPLE CHOICE

1. Ways to report potential Fraud, Waste, and Abuse (FWA) include;
 - a. Telephone Hotlines
 - b. Mail drops
 - c. In-person reporting to the compliance department/supervisor
 - d. Special Investigation Units (SIUs)
 - e. All of the above
2. What are some of the penalties for violating Fraud, Waste, and Abuse (FWA) laws?
 - a. Civil Monetary Penalties
 - b. Imprisonment
 - c. Exclusion from participation in all Federal health care programs
 - d. All of the above

TRUE/FALSE

3. Once a corrective action plan is started, the corrective actions must be monitored annually to ensure they are effective.
4. Any person who knowingly submits false claims to the Government is liable for five times the Government's damages caused by the violator plus a penalty.
5. These are examples of issues that should be reported to a Compliance Department: suspected Fraud, Waste, and Abuse (FWA), potential health privacy violation, and unethical behavior/employee misconduct.
6. Bribes or kickbacks of any kind for services that are paid under a Federal health care program (which includes Medicare) constitute fraud by the person making as well as the person receiving them.

7. Waste includes any misuse of resources such as the overuse of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program.

8. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

9. Some of the laws governing Medicare Parts C and D Fraud, Waste, and Abuse (FWA) include the Health Insurance Portability and Accountability Act (HIPAA); the False Claims Act; the Anti-Kickback Statute; the List of Excluded Individuals and Entities (LEIE); and the Health Care Fraud Statute.

10. You can help prevent Fraud, Waste, and Abuse (FWA) by doing all of the following:

- Look for suspicious activity;
- Conduct yourself in an ethical manner;
- Ensure accurate and timely data/billing;
- Ensure you coordinate with other payers;
- Keep up to date with FWA policies and procedures, standards of conduct, laws, regulations, and the Centers for Medicare & Medicaid Services (CMS) guidance; and
- Verify all information provided to you.

Cultural Competence in the Workplace



At the completion of this course you will be able to define culture, cultural awareness, cultural imposition, and cultural sensitivity; describe the Culturally and Linguistically Appropriate Services (CLAS) standards; provide examples of different cultural views and practices; describe methods to provide effective care to patients from various cultural backgrounds; identify methods to improve communication across language barriers; and recognize the benefits of a culturally competent workplace. This course is part of the Rights and Responsibilities Series.

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Cultural Competence in the Workplace

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Cultural differences can be found in:
 - f. Use of personal space
 - g. Gender roles
 - h. Value of time
 - i. All of the above

2. Cultural differences can be found in:
 - e. Birth rituals
 - f. Death rituals
 - g. Diet and nutrition
 - h. All of the above

3. Cultural differences can be found in:
 - a. Eye contact
 - b. Gestures
 - c. Use of silence
 - d. All of the above

4. Hiring, firing, compensation and promotions should be based on which of the following?
 - a. Merit and achievements
 - b. Cultural and religious practices
 - c. Age and length of service
 - d. Health and gender

5. A newly immigrated patient is noted as always late for her appointments and often needs more time than is allotted. Which of the following is the best explanation for this behavior?
 - a. The patient is not respectful of the organization's policies.
 - b. The patient hasn't bothered to read the posted signs.
 - c. The patient needs more attention than other patients.
 - d. The patient may come from a culture that is more "event" oriented.

6. Communication can be enhanced by which of the following?
 - a. Asking the patient their preferred language and arranging for an interpreter as needed.
 - b. Speaking louder and using gestures so they can understand you.
 - c. Using one of the family members to interpret for the patient.
 - d. Touching the patient's hand when speaking to them.

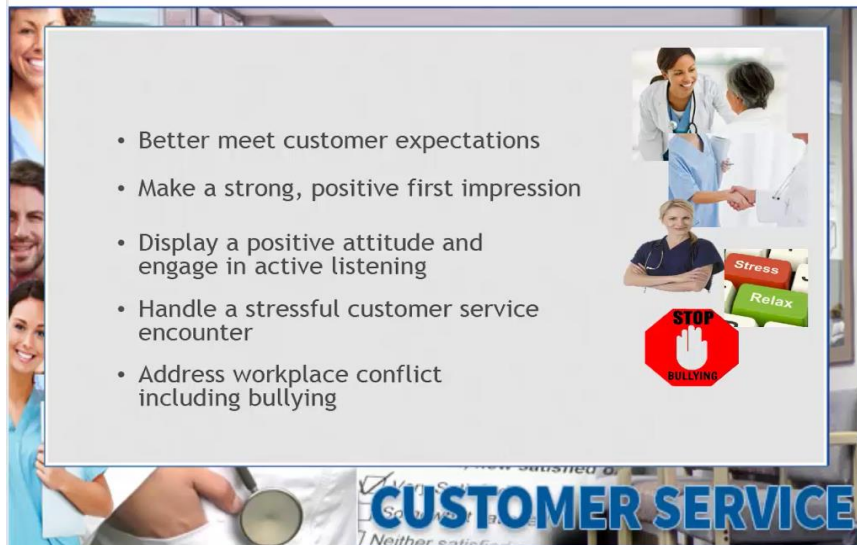
7. One of the first steps in cultural awareness is to examine one's own thoughts and feelings. Which of the following best explains this process?
 - a. To help identify beliefs and bias's one may have.
 - b. To meet professional obligations.
 - c. To identify good and bad stereotypes.
 - d. To identify why certain traditions are not useful at work.

Pool 2 (4 or 2 questions)

TRUE/FALSE

8. Cultural assessments only need to be performed on specific ethnic groups.
9. Healthcare organizations must provide language assistance services at no cost to each patient with limited English proficiency.
10. Discrimination against employees must not be tolerated.
11. Recruiting diverse staff members is sufficient in developing cultural competency.
12. Once you learn how to communicate with a certain culture you can use the same method for all encounters with someone of that culture.
13. Once an employee is hired they need to conform to the organization's practices and avoid maintaining their cultural differences.
14. Rituals surrounding birth and death are the same in all cultures.
15. Anyone with vision problems should receive their information in Braille.

Customer Service



At the end of the course, participants will be able to better meet customer expectations; make a strong, positive first impression; display a positive attitude and engage in active listening; handle a stressful customer service encounter; and address workplace conflict including bullying. This course is part of the Rights and Responsibilities Series.

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- 16: Post-Course Hospital Specific Information (optional)
- 17: Survey

Customer Service

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Customers include:
 - a. Patients/residents
 - b. Visitors
 - c. Team members
 - d. All of the above

2. Good customer service will improve:
 - a. Customer satisfaction
 - b. Customer cooperation
 - c. Outcomes
 - d. All of the above

3. Sharing negative thoughts about your job with the customer can:
 - a. Lead to doubt
 - b. Cause anxiety
 - c. Create a negative experience
 - d. All of the above

4. Active listening takes:
 - a. Focus
 - b. Energy
 - c. Attention
 - d. All of the above

5. You can remove physical barriers to active listening by:
 - a. Turning off screens that could distract you.
 - b. Avoiding mind drift and making assumptions
 - c. Using nonverbal encouragers such as head nods.
 - d. Using verbal encouragers such as hmm, oh, ah.

6. You can remove internal barriers to active listening by:
 - a. Turning off screens that could distract you.
 - b. Avoiding mind drift and making assumptions.
 - c. Using nonverbal encouragers such as head nods.
 - d. Using verbal encouragers such as hmm, oh, ah.

7. Good customer service includes:
 - a. Fighting with the customer.
 - b. Making excuses.
 - c. Prematurely ending a conversation.
 - d. Active listening.

8. Bullying can come from:
- a. Team members
 - b. Supervisors
 - c. Management
 - d. All of the above

Pool 2 (4 or 2 questions)

TRUE/FALSE

9. A customer can be both internal and external to the organization.
10. Customer service experiences can change the perception a customer has on an entire organization.
11. Customer service is an important factor in making your organization the healthcare facility of choice for the people in your service area.
12. Customers are savvy enough to take their business elsewhere if they are not receiving the service and attention they seek.
13. Making a strong, positive first impression will help you develop a good customer relationship.
14. Good customer service begins with a positive attitude.
15. Hearing is the same as listening.
16. Active listening allows for greater productivity with fewer mistakes.
17. Customer service events can only control your attitude if you allow it.
18. Always take into consideration the customer's frame of mind at the time of the event.
19. Managers spend at least 75 percent of their time resolving workplace conflicts.
20. If someone is bullying you it is best to shout counter insults or yell back.

EMTALA



At the completion of this course, you will be able to identify the requirements of EMTALA; prevent an unnecessary delay in examination and treatment; appropriately process a patient refusal for examination, treatment and transfer; identify the physician on-call list; and recognize the penalties for EMTALA violations. This course is part of the Rights and Responsibilities Series.

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- 14: Post-Course Hospital Specific Information (optional)
- 15: Survey

EMTALA

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. "Comes to the emergency department" means the individual:
 - a. Has presented at a hospital's dedicated emergency department.
 - b. Has presented on hospital property.
 - c. Is in a ground or air ambulance, owned and operated by the hospital, to be examined and treated at the hospital's dedicated emergency department.
 - d. Is in a ground or air ambulance, non-hospital-owned, on hospital property for examination and treatment at the hospital's dedicated emergency department.
 - e. All of the above.

2. It is appropriate for the hospital to delay providing a medical screening examination:
 - i. In order to find out the individual's method of payment.
 - j. In order to find out the individual's insurance status.
 - k. In order to obtain authorization from the individual's insurance company for services to be provided by the hospital.
 - l. None of the above.

3. If a hospital fails to meet its EMTALA obligations it may be subject to:
 - a. Loss of all Medicare payments.
 - b. Loss of all Medicaid payments.
 - c. Civil monetary penalties.
 - d. All of the above.

4. Once it has been determined that the patient does not have an emergency medical condition, the emergency department may then refer the patient to:
 - e. A fast track or non-emergent care facility.
 - f. Another hospital clinic.
 - g. The patient's own physician.
 - h. All of the above.

5. A receiving facility must have:
 - a. Available space.
 - b. Qualified personnel for the treatment of the individual.
 - c. Agreed to accept the transfer.
 - d. Agreed to provide appropriate medical treatment.
 - e. All of the above.

6. A request for transfer must:
 - e. Be in writing.
 - f. Indicate the reasons for the request.
 - g. Indicate that the individual is aware of the risks and benefits of transfer.
 - h. All of the above.

7. The acronym EMTALA means:
- e. Emergency Management Triage and Life Act.
 - f. Emergency Medical Treatment and Labor Act.
 - g. Emergency Medicine To Allow Life Act.
 - h. Emergency Medication To Accompany Living Adults.

Pool 2 (4 or 2 questions)

TRUE/FALSE

8. A hospital may not transfer an individual with an unstable emergency medical condition.
9. Congress passed antidumping requirements to ensure that individuals with emergency medical conditions are not denied essential lifesaving services.
10. A medical screening examination is an ongoing process that usually begins at discharge.
11. Triage involves the clinical assessment of the individual's presenting signs and symptoms in order to prioritize when he or she will be seen by a physician or other qualified medical personnel.
12. The medical screening examination is performed based upon the individual's ability to pay for medical care.
13. The transferring hospital must send to the receiving facility all medical records, related to the emergency condition, available at the time of the transfer.
14. A physician (or other qualified medical person) must sign a certification indicating that at the medical benefits expected from the receipt of treatment at another medical facility outweigh the risks from being transferred.
15. Hospitals must not register patients because it delays treatment.
16. When a patient refuses a transfer the hospital must take all reasonable steps to secure the individual's written informed refusal.
17. A hospital must maintain a list of physicians who are on-call for duty to provide treatment to stabilize an individual with an emergency medical condition.

FACTA Red Flags



After completion of this course, you will be able to detect and appropriately respond to Red Flags to prevent and mitigate identity theft. This course is part of the Rights and Responsibilities Series.

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FACTA Red Flags

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. The four basic elements of an Identity Theft Prevention Program include:
 - a. The identification and detection of Red Flags.
 - b. The response to Red Flags.
 - c. Periodic updating.
 - d. All of the above.

2. In identifying relevant Red Flags, an organization considers:
 - a. The types of accounts it offers.
 - b. The methods it provides to open and access accounts.
 - c. Its previous experiences with identity theft.
 - d. All of the above.

3. Organizations incorporate Red Flags from a variety of sources such as:
 - a. Previous incidences of identity theft.
 - b. Methods of identity theft that change its risks.
 - c. Supervisory guidance.
 - d. All of the above.

4. Which of the following may indicate a Red Flag?
 - a. Documents provided for identification appear to have been altered or forged.
 - b. The photograph on the identification is not consistent with the appearance of the customer.
 - c. The application appears to have been destroyed and reassembled.
 - d. All of the above.

5. Which of the following is not personal identifying information?
 - a. Email address.
 - b. Name.
 - c. Social Security number.
 - d. Driver's license number.

6. Which of the following is an inappropriate response to a detected Red Flag?
 - a. Not opening a new account.
 - b. Verbally accusing the customer of identity theft.
 - c. Closing an existing account.
 - d. Determining that no response is needed under the circumstances.

Pool 2 (4 or 2 questions)

TRUE/FALSE

7. Identity theft is fraud that is committed or attempted using a person's identifying information without authority.

8. Red Flags are patterns, practices, and specific forms of activity that indicate the possible existence of identity theft.

9. FACTA requires that financial institutions and creditors detect, prevent, and mitigate identity theft.

10. Red Flags may be identified through warnings received by consumer reporting agencies.

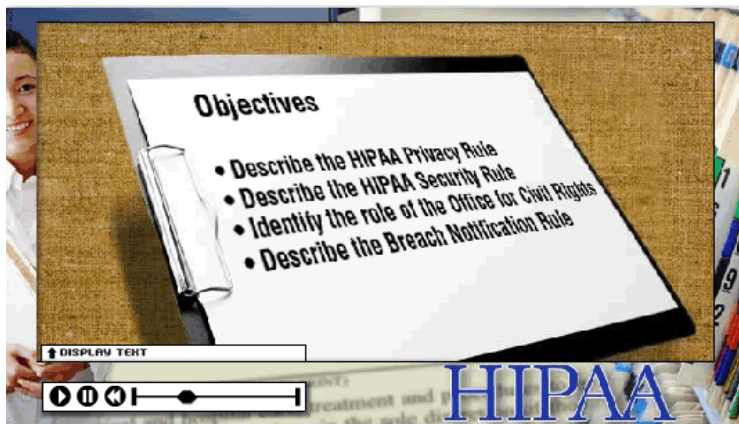
11. Red Flags may be identified through the presentation of suspicious documents.

12. Red Flags may be identified through the presentation of suspicious personal identifying information.

13. Red Flags may be identified through the unusual use of an account.

14. Red Flags may be identified through a notice from a customer regarding possible identity theft.

HIPAA



After completion of this course, you will be able to describe the HIPAA Privacy Rule, including the permitted uses and disclosures of protected health information by covered entities and business associates, uses and disclosures that require individual authorization, the privacy practices notice, and administrative requirements; describe the HIPAA Security Rule, including a risk analysis and the maintenance of administrative, physical, and technical safeguards; identify the role of the Office for Civil Rights in enforcement and penalties for noncompliance; and describe the Breach Notification Rule. This course is part of the Rights and Responsibilities Series.

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- 13: Administrative, Physical and Technical Safeguards
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- 15: Breach Notification Rule
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- 18: Post-Course Hospital Specific Information (optional)
- 19: Survey

HIPAA

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. A covered entity must obtain the individual's written authorization to use or disclose:
 - a. PHI for treatment, payment and health care operations.
 - b. PHI to the individual who is the subject of the information.
 - c. Psychotherapy notes.
 - d. PHI for public interest and benefit activities.

2. An individual has the right:
 - a. To obtain a copy of or electronic access to their PHI.
 - b. To a list of disclosures.
 - c. To request an alternative means or location for receiving communications.
 - d. To request that a covered entity restrict the use or disclosure to PHI.
 - e. All of the above.

3. The Security Rule set up national standards for the protection of an individual's health information that is:
 - a. Transmitted in electronic form.
 - b. Received in electronic form.
 - c. Maintained in electronic form.
 - d. All of the above.

4. The HITECH Act:
 - a. Addresses the privacy and security concerns associated with the electronic transmission of health information.
 - b. Strengthens the enforcement of the HIPAA rules.
 - c. Requires HIPAA covered entities and their business associates to provide notification following a breach of unsecured PHI.
 - d. All of the above.

5. PHI is an acronym for:
 - a. Protected Health Information.
 - b. Personal Health Information.
 - c. Permitted Health Information.
 - d. Primary Health Information.

6. Which of the following is not a protected identifier?
 - a. Name.
 - b. Favorite color.
 - c. Address.
 - d. Birth date.

7. Individuals must be informed of which of the following:
 - a. A breach of unsecured PHI.

- b. The use and disclosure of PHI that is genetic information for underwriting purposes is prohibited.
 - c. They may opt-out of fundraising communications.
 - d. All of the above.
8. Written authorization is required for:
- a. Uses or disclosures of PHI for marketing purposes.
 - b. Sale of PHI.
 - c. Disclosure of psychotherapy notes.
 - d. All of the above.

Pool 2 (4 or 2 questions)

TRUE/FALSE

9. Hospitals are "covered entities" and therefore must comply with the Privacy Rule.
10. Covered entities must ensure the confidentiality, integrity, and availability of all e-PHI they create, receive, maintain or transmit.
11. The Office for Civil Rights is responsible for administering and enforcing the HIPAA rules.
12. The Security Rule set up national standards for the use and disclosure of PHI.
13. The HITECH Act was signed into law to promote the adoption and meaningful use of health information technology.
14. Only the Emergency Department must provide a notice of its privacy practices.
15. Covered entities that fail to comply with the HIPAA rules may be subject to civil money penalties.
16. De-identified information is PHI stripped of identifiers in a manner that results in information that is no longer protected by the Privacy Rule.
17. Entities that transport PHI, but do not access, use or disclose the information are business associates.
18. The use or disclosure of genetic information for underwriting purposes is prohibited.
19. Individual authorization must be received before using PHI for marketing.
20. Individual authorization must be received before the sale of PHI.

Medicare Parts C & D General Compliance Training

Compliance Program Training

Compliance Program Requirement

The Centers for Medicare & Medicaid Services (CMS) requires Sponsors to implement and maintain an effective compliance program for its Medicare Parts C and D plans. An effective compliance program should:

- Articulate and demonstrate an organization's commitment to legal and ethical conduct;
- Provide guidance on how to handle compliance questions and concerns; and
- Provide guidance on how to identify and report compliance violations.

At the completion of this course you will be able to correctly recognize how a compliance program operates; and recognize how compliance program violations should be reported. This course is part of the Rights and Responsibilities Series.

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18. What is Non-Compliance?
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20. Non-Compliance Affects Everybody
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30. Knowledge Check
31. Knowledge Check
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34. Job Aid B: Resources
35. You've completed the lesson!
36. Post-Test

Test Questions (10 questions Post-Test)

MULTIPLE CHOICE

1. Ways to report a compliance issue include:
 - a. Telephone Hotlines
 - b. Report on the Sponsor's website
 - c. In-person reporting to the compliance department/supervisor
 - d. All of the above

2. What is the policy of non-retaliation?
 - a. Allows the Sponsor to discipline employees who violate the Code of Conduct
 - b. Prohibits management and supervisor from harassing employees for misconduct
 - c. Protects employees who, in good faith, report suspected non-compliance
 - d. Prevents fights between employees

3. Correcting non-compliance _____.
 - a. Protects enrollees, avoids recurrence of the same non-compliance, and promotes efficiency
 - b. Ensures bonuses for all employees
 - c. Both A. and B.

4. What are some of the consequences for non-compliance, fraudulent, or unethical behavior?
 - a. Disciplinary action
 - b. Termination of employment
 - c. Exclusion from participation in all Federal health care programs
 - d. All of the above

TRUE/FALSE

5. Compliance is the responsibility of the Compliance Officer, Compliance Committee, and Upper Management only.

6. These are examples of issues that can be reported to a Compliance Department: suspected Fraud, Waste, and Abuse (FWA), potential health privacy violation, and unethical behavior/employee misconduct.

7. Once a corrective action plan begins addressing non-compliance or Fraud, Waste, and Abuse (FWA) committed by a Sponsor's employee or First-Tier, Downstream, or Related Entity's (FDR's) employee, ongoing monitoring of the corrective actions is not necessary.

8. Medicare Parts C and D Plan Sponsors are not required to have a compliance program.

9. At a minimum, an effective compliance program includes four core requirements.

10. Standards of Conduct are the same for every Medicare Parts C and D Sponsor.

Pain Management



At the completion of this course, you will be able to describe the relationship of the patient or resident and the healthcare provider in regards to pain control; identify the appropriate assessment tool to use to evaluate for pain; assist in pain management therapies; monitor for adverse effects of pain medication; and recognize pain control barriers. This course is part of the Rights and Responsibilities Series.

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- 14: Post-Course Hospital Specific Information (optional)
- 15: Survey

Pain Management

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Who can assist with pain control?
 - a. Only the physician.
 - b. Only the physician and nursing staff.
 - c. All individuals associated with the patient or resident.
 - d. Only the nursing staff.

2. Which of the following is considered alternative therapy?
 - a. Massage.
 - b. Heat and cold application.
 - c. Repositioning.
 - d. All of the above.

3. What assessment tools should be used in evaluating pain levels?
 - a. Nursing experience.
 - b. Physician knowledge.
 - c. Pain scales.
 - d. Family intervention.

4. The 0-10 Numeric Pain Scale should be considered for:
 - a. Adults.
 - b. Impaired adults.
 - c. Infants.
 - d. Small children.

5. The Wong-Baker FACES Scale should be considered for:
 - a. Adults.
 - b. School age children.
 - c. Infants.
 - d. Adolescents.

6. The Face, Legs, Activity, Cry and Consolability (FLACC) Scale should be considered for:
 - a. Adults.
 - b. School age children.
 - c. Infants.
 - d. Adolescents.

Pool 2 (4 or 2 questions)

TRUE/FALSE

7. An individual may not report pain for fear of becoming addicted to pain medication.
8. Healthcare providers administering pain medication are responsible for the evaluation of adverse effects.
9. Pharmacological Therapy is medical care that involves the use of medications.
10. If an individual is experiencing pain, they will always report it.
11. Pain control is a priority and should not be ignored by any staff member.
12. An individual may not report pain because of the cost of pain medication.

Sexual Harassment



This course offers education for both employees and supervisors. Students select their role within an organization at the beginning of the course to receive education specific to their needs.

At the completion of this course, you will be able to define, prevent and report sexual harassment; and identify how your organization responds to and corrects harassment. This course is part of the Healthcare Compliance Training Curriculum.

Table of Contents

- 1: Getting Started
- 2: Introduction
- 3: Pre-Course Hospital Specific Information (optional)
- 4: Pre-Test
- 5: Introduction to Sexual Harassment
- 6: Sexual Harassment Defined
- 7: Prevention of Sexual Harassment for Employees
- 8: Reporting and Correction of Sexual Harassment for Employees
- 9: Prevention of Sexual Harassment for Supervisors
- 10: Reporting and Correction of Sexual Harassment for Supervisors
- 11: Employer Liability
- 12: Conclusion
- 13: Post-Test
- 14: Post-Course Hospital Specific Information (optional)
- 15: Survey

Sexual Harassment

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature when the conduct:
 - a. Affects an individual's employment.
 - b. Interferes with an individual's work performance.
 - c. Creates an intimidating, hostile, or offensive work environment.
 - d. All of the above.

2. It is appropriate to fire an individual based on:
 - a. Race.
 - b. Sex.
 - c. Age.
 - d. None of the above.

3. _____ is the best tool to eliminate sexual harassment in the workplace.
 - a. Protection.
 - b. Prevention.
 - c. Firing.
 - d. Promoting.

4. It is against the law for an employer to _____ based on discriminatory reasons.
 - a. Hire.
 - b. Fire.
 - c. Alter other aspects of an individual's employment such as compensation.
 - d. All of the above.

5. The harasser can be:
 - a. The victim's supervisor.
 - b. A supervisor in another area.
 - c. A co-worker.
 - d. All of the above.

6. Which statement below is FALSE in regards to sexual harassment?
 - a. Both the victim and the harasser can be either a woman or a man.
 - b. The victim and harasser can be the same sex.
 - c. The victim must be the person that was directly harassed.
 - d. The harasser can be the victim's supervisor.

Pool 2 (4 or 2 questions)

TRUE/FALSE

7. Sexual harassment is a violation of Title VII of the Civil Rights Act.
8. Telling a co-worker about a harassing situation is sufficient notice to your employer of the problem.
9. Harassment remains a problem in American workplaces.
10. It is lawful for an employer to hire, fire, or alter other aspects of an individual's employment based on discriminatory reasons.
11. Federal law does not prohibit simple teasing, offhand comments, or isolated incidents.
12. When an individual's employment is affected it is referred to as quid pro quo.
13. A woman cannot sexual harass a man.
14. The victim of sexual harassment can be anyone affected by the offensive conduct.
15. Sexual harassment will not be tolerated.
16. When your organization receives a complaint or otherwise learns of possible sexual harassment in the workplace, it must investigate promptly and thoroughly.

Workplace Diversity



At the completion of this course, you will be able to describe characteristics protected by anti-discrimination laws; and identify how your organization responds to and corrects discrimination. This course is part of the Rights and Responsibilities Series.

Table of Contents

- 1: Getting Started
- 2: Introduction
- 3: Pre-Course Hospital Specific Information (optional)
- 4: Pre-Test
- 5: Introduction to Workplace Diversity
- 6: Race and Color Discrimination
- 7: Sex-Based Discrimination
- 8: Religious Discrimination
- 9: National Origin and Citizenship Discrimination
- 10: Age Discrimination
- 11: Disability Discrimination
- 12: Genetic Information Discrimination
- 13: Pregnancy Discrimination
- 14: Reporting and Correction of Discrimination
- 15: Conclusion
- 16: Post-Test
- 17: Post-Course Hospital Specific Information (optional)
- 18: Survey

Workplace Diversity

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. It is appropriate to treat an individual unfairly based on:
 - a. Race.
 - b. Sex.
 - c. Age.
 - d. None of the above.

2. Which discrimination involves treating an individual unfavorably because they have a connection with the NAACP (National Association for the Advancement of Colored People)?
 - a. Age.
 - b. Race.
 - c. Sex.
 - d. Religious.

3. Which Act requires that men and women in the same workplace be given equal pay for equal work?
 - a. Immigration Reform and Control Act of 1986.
 - b. Age Discrimination in Employment Act.
 - c. Americans with Disabilities Act.
 - d. Equal Pay Act.

4. Which discrimination involves treating an individual unfavorably because they are married to a Christian?
 - a. National origin.
 - b. Disability.
 - c. Genetic information.
 - d. Religious.

5. Which discrimination involves treating an individual unfavorably because they are from a particular country or part of the world?
 - a. Pregnancy.
 - b. Age.
 - c. National origin.
 - d. Religious.

6. The Age Discrimination in Employment Act prohibits discrimination against people who are what age?
 - a. 20 or older.
 - b. 30 or older.
 - c. 40 or older.
 - d. 50 or older.

7. Disability discrimination occurs when an individual is treated unfavorably because:
 - a. They have a disability.
 - b. They had a disability in the past.
 - c. They are *believed* to have a physical or mental impairment.
 - d. All of the above.

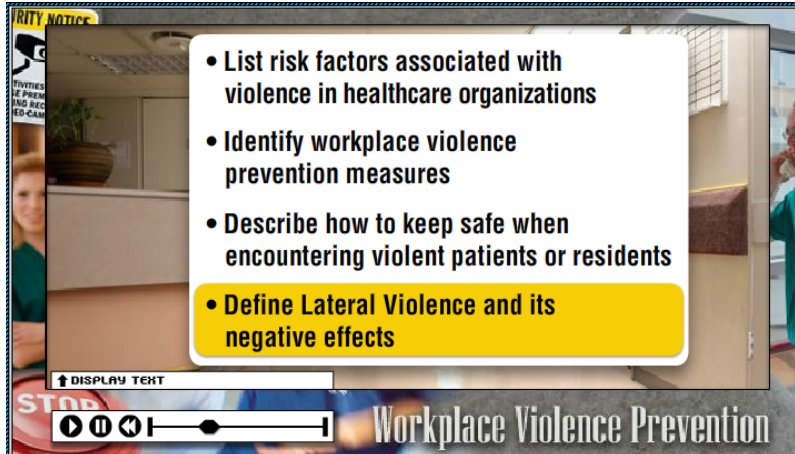
8. Pregnancy discrimination involves treating a woman unfavorably because of:
- a. Pregnancy.
 - b. Childbirth.
 - c. A medical condition related to pregnancy or childbirth.
 - d. All of the above.

Pool 2 (4 or 2 questions)

TRUE/FALSE

9. It is appropriate to use slang or derogatory terms when referring to an individual of a different race than you.
10. It is appropriate to use belittling terms when referring to an individual of a different sex than you.
11. It is appropriate to tell jokes that focus on religion.
12. It is appropriate to mimic the accent of an individual of a particular national origin.
13. It is appropriate to joke about an employee's *believed* mental impairment.
14. It is appropriate for an employer to disclose genetic information about their employees.
15. Sexual harassment will not be tolerated.
16. When your organization receives a complaint or otherwise learns of possible discrimination in the workplace, it must investigate promptly and thoroughly.

Workplace Violence Prevention



At the end of the course, participants will be able to list risk factors associated with violence in healthcare organizations; identify workplace violence prevention measures; describe how to keep safe when encountering violent patients or residents; and define Lateral Violence and its negative effects. This course is part of the Rights and Responsibilities Series.

Table of Contents

- 1: Getting Started
- 2: Introduction
- 3: Pre-Course Hospital Specific Information (optional)
- 4: Pre-Test
- 5: Introduction to Workplace Violence Prevention
- 6: Risk Factors
- 7: Workplace Violence Prevention
- 8: Keep Yourself Safe
- 9: Lateral Violence
- 10: Joint Commission Requirements
- 11: Conclusion
- 12: Post-Test
- 13: Post-Course Hospital Specific Information (optional)
- 14: Survey

Workplace Violence Prevention

Test Questions (10 questions Pre-Test or 5 questions Post-Test)

Pool 1 (6 or 3 questions)

MULTIPLE CHOICE

1. A potentially violent situation may be de-escalated by:
 - a. Staying calm.
 - b. Being empathetic.
 - c. Answering questions.
 - d. All of the above.

2. Major risk factors contribute to an increased level of violence. These factors do NOT include:
 - a. Lack of violence training.
 - b. Well trained and visible security.
 - c. Lone assignments and isolated areas.
 - d. Agitated clients.

3. As a healthcare provider, how can you protect yourself in a violent situation with a patient or resident?
 - a. Order the patient to do as you say or you will call for Security.
 - b. Carry a weapon that would be acceptable in the facility.
 - c. Never go into a resident room or home alone.
 - d. Make sure you always have an escape route.

4. Lateral violence affects more than just the victim. What problems are created?
 - a. Low morale in the entire department.
 - b. Loss of work time.
 - c. Poor quality of care.
 - d. All of the above.

5. As a victim of lateral violence, you should:
 - a. Use the PASS technique.
 - b. Talk about the incident with your coworkers.
 - c. Report the incident to your supervisor.
 - d. Threaten the offender.

6. Workplace violence includes:
 - a. Physical assault.
 - b. Threatening behavior.
 - c. Verbal abuse.
 - d. All of the above.

Pool 2 (4 or 2 questions)

TRUE/FALSE

7. Violence in the workplace is a financial burden for the healthcare organization.
8. An increasing number of healthcare staff are being subjected to violent situations.
9. Every employee in a healthcare organization has the right to a safe and healthy work environment.
10. A major risk factor associated with workplace violence in healthcare organizations is hateful staff.
11. Surveillance cameras are an environmental workplace violence prevention measure.
12. Workplace violence only occurs in the emergency department.
13. Lateral violence includes incidents between coworkers in which psychological injury is inflicted.