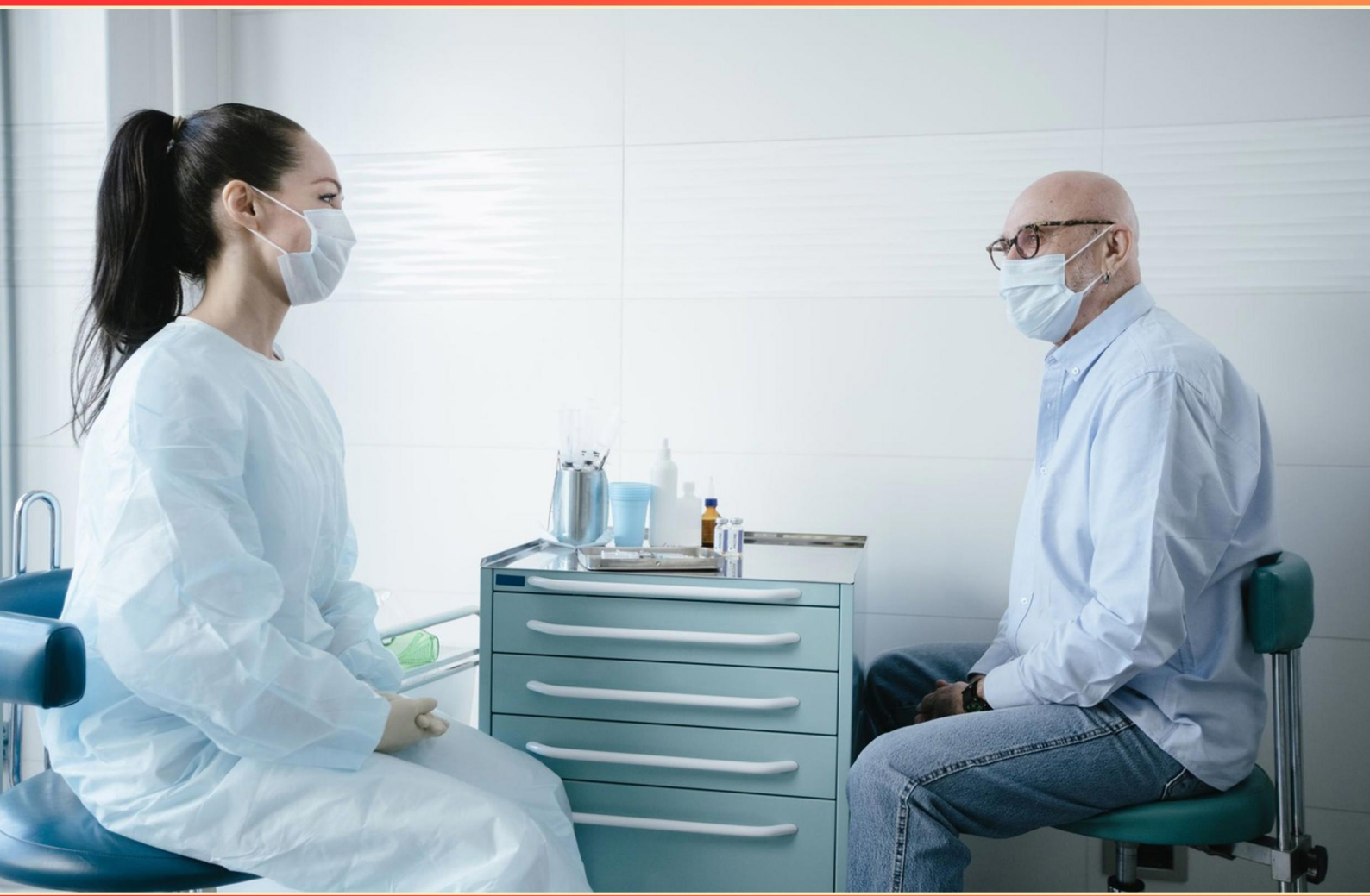
CONTINUITY OF CARE EXAM 2 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://continuityofcare2.examzify.com

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. What does PDSA stand for?

A. Prepare, Develop, Select, Apply.

B. Plan, Design, Start, Assess.

C. Plan, Do, Study, Act.

D. Propose, Do, Solve, Advance.

2. What is the purpose and typical timing of a post-discharge follow-up call?

A. A call within 6 weeks to confirm insurance changes.

B. A call only to schedule adult vaccination appointments.

C. A call to collect data for research; no patient care purpose.

D. A call to check patient status within 48-72 hours, address concerns, verify medications, and encourage adherence and timely follow-up.

3. Which of the following is an example of a process measure used to evaluate transitions?

A. Discharge Summaries Delivered Within 24 Hours

B. Readmission Rate

C. Patient Satisfaction

D. Time to First Follow-Up After Discharge

4. In a Just Culture, the focus is on what?

A. Identifying system problems and opportunities for learning.

B. Blaming individuals to assign punishment.

C. Avoiding reporting to reduce liability.

D. Denying there was an error.

5. When medication labeling contributed to an error, which RCA focus is most appropriate?

A. Punishing the nurse who labeled the medication

B. Reassessing patient education

C. Fixing the system's labeling processes

D. Adding more paperwork to the process

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6. Which are nonmodifiable risk factors?

A. Environmental exposure only after birth.

B. Age, genetics, sex, developmental stage, and family history.

C. Smoking and diet.

D. Access to health education.

7. Which of the following is a proven method to confirm patient understanding of discharge instructions?

A. Nodding without confirmation

B. Providing only a pamphlet

C. Teach-back: asking patient to repeat instructions in their own words

D. Assuming comprehension if patient shows up for follow-up

8. Should an incident report be placed in the patient's chart?

A. Yes

B. No

C. Sometimes

D. Only if required by policy

9. How can telemonitoring support post-discharge monitoring for high-risk patients?

A. In-person visits only

B. Monthly lab tests

C. Remote vital signs, symptom reporting, and alert triggers

D. Faxed surveys

10. What challenges might language barriers pose during transitions, and what strategies mitigate them?

A. Barriers do not affect understanding

B. They only affect billing

C. Barriers impede understanding; strategies: professional interpreters, translated materials, and teach-back

D. They can be ignored if patient signs forms

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Answers

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1. C
2. D
3. A
4. A
5. C
6. B
7. C
8. D
9. C
10. C

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Explanations

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1. What does PDSA stand for?

A. Prepare, Develop, Select, Apply.

B. Plan, Design, Start, Assess.

C. Plan, Do, Study, Act.

D. Propose, Do, Solve, Advance.

PDSA is a cycle used for testing and learning in quality improvement. It stands for Plan, Do, Study, Act. In planning, you set a clear aim, specify the change you want to test, and decide what data will show whether it works. In the doing phase, you implement the change on a small scale or as a pilot. In the study phase, you analyze the data and compare outcomes to your predictions to understand what happened and why. In the acting phase, you decide whether to adopt the change as is, modify it based on what you learned, or abandon it and start another cycle. This iterative approach lets teams learn quickly and refine processes before wider implementation, which is essential in care coordination where small improvements can improve safety and continuity of care. The other options use different words that don't reflect the same planning, testing, learning, and adaptation sequence, so they don't match this structured cycle.

2. What is the purpose and typical timing of a post-discharge follow-up call?

A. A call within 6 weeks to confirm insurance changes.

B. A call only to schedule adult vaccination appointments.

C. A call to collect data for research; no patient care purpose.

D. A call to check patient status within 48-72 hours, address concerns, verify medications, and encourage adherence and timely follow-up.

The main idea here is that a post-discharge follow-up call is a patient-care activity timed to occur soon after leaving the hospital, with the goal of ensuring a safe transition back home. The best choice emphasizes checking on the patient's status within 48–72 hours, addressing any concerns, verifying the medication list and any changes made during the hospital stay, encouraging adherence to the treatment plan, and prompting attendance at timely follow-up appointments. This timing matters because problems often arise soon after discharge—signs of complications, misunderstandings about medications, or lapses in following the plan can lead to readmission if not caught early. A well-structured call helps catch these issues early, provides reassurance, and reinforces what the patient needs to do next. The other options don't fit the typical purpose or timing: calling within 6 weeks to confirm insurance changes focuses on administrative details rather than patient safety, and is not the immediate post-discharge care touchpoint. Scheduling adult vaccination appointments is not the primary purpose of a post-discharge call, which is about recovery and care transitions. Collecting data for research with no patient care purpose misses the essential aim of safeguarding the patient's health and coordinating ongoing care.

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3. Which of the following is an example of a process measure used to evaluate transitions?

A. Discharge Summaries Delivered Within 24 Hours

B. Readmission Rate

C. Patient Satisfaction

D. Time to First Follow-Up After Discharge

Process measures track whether a specific step in the transition workflow was completed. Delivering the discharge summary within 24 hours is a clear, discrete action in the hospital-to-home transfer, focusing on the timeliness of information transfer. It directly assesses whether the transition process occurred as intended, rather than the outcome of the transition. Readmission rate and patient satisfaction capture results after the transition, not the actual steps taken during the transition. Time to first follow-up after discharge is about how quickly follow-up care happens, which can reflect the transition process but is more about post-discharge care timing in general. The discharge summary delivered within 24 hours is the best example of a process measure for evaluating transitions.

4. In a Just Culture, the focus is on what?

A. Identifying system problems and opportunities for learning.

B. Blaming individuals to assign punishment.

C. Avoiding reporting to reduce liability.

D. Denying there was an error.

Focusing on system problems and learning opportunities captures the heart of a Just Culture. It recognizes that most errors stem from flaws in processes, tools, or policies, and aims to understand root causes to prevent recurrence rather than punish people for honest mistakes. By analyzing near misses and errors, we strengthen safeguards, redesign workflows, and improve training. Accountability remains for reckless or intentional harm, but the default stance is learning and improvement. Other options conflict with this approach: blaming individuals shifts the focus away from system design; avoiding reporting undermines learning; denying an error blocks safety improvements.

5. When medication labeling contributed to an error, which RCA focus is most appropriate?

A. Punishing the nurse who labeled the medication

B. Reassessing patient education

C. Fixing the system's labeling processes

D. Adding more paperwork to the process

System-focused improvements are the aim when a labeling error occurs. In root cause analysis, the goal is to identify and fix the underlying process that allowed the error, not to blame the individual. When labeling contributed to an error, the appropriate focus is on improving the system's labeling processes—how labels are designed, produced, verified, and used within workflow. Implementing safeguards such as standardized labeling, clearer font and color-coding, independent verification, barcode scanning, and automated labeling workflows reduces reliance on memory and individual judgment and prevents the same labeling mistakes from recurring. Punishing the nurse targets people rather than the process, which doesn't prevent future errors. Reassessing patient education about labels may help patient understanding but doesn't change the labeling system itself. Adding more paperwork tends to burden staff and doesn't address the root cause. The best choice is to fix the system's labeling processes to reduce the chance of mislabeling going forward.

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6. Which are nonmodifiable risk factors?

A. Environmental exposure only after birth.

B. Age, genetics, sex, developmental stage, and family history.

C. Smoking and diet.

D. Access to health education.

Nonmodifiable risk factors are inherent characteristics you cannot change. They shape baseline susceptibility to diseases but can't be altered by lifestyle or interventions. The factors that fit this category include age, genetics, sex, developmental stage, and family history. Age reflects natural risk progression; genetics and family history point to inherited predispositions; sex influences disease patterns; developmental stage marks life-phase–specific vulnerabilities. In contrast, environmental exposure after birth, smoking, and diet are modifiable because they can be reduced or changed, and access to health education is something that can be improved with resources and programs. Therefore, the nonmodifiable factors are age, genetics, sex, developmental stage, and family history.

7. Which of the following is a proven method to confirm patient understanding of discharge instructions?

A. Nodding without confirmation

B. Providing only a pamphlet

C. Teach-back: asking patient to repeat instructions in their own words

D. Assuming comprehension if patient shows up for follow-up

Verifying understanding by using teach-back is essential. This approach has you ask the patient to restate the discharge instructions in their own words, then you clarify anything that's not accurate. It makes sure the patient truly grasps how to take medications, when to seek help, and what follow-up is needed. Because it directly assesses what the patient has learned, it catches misunderstandings that passive cues like nodding miss, and it's more reliable than simply giving a pamphlet or assuming comprehension from attendance at follow-up. When the patient can accurately explain the plan, you know the instructions were understood; if not, you rephrase in plain language, provide demonstrations, and confirm again with teach-back.

8. Should an incident report be placed in the patient's chart?

A. Yes

B. No

C. Sometimes

D. Only if required by policy

Incident reporting and charting are handled separately in most healthcare settings. An incident report is an internal document used to capture what happened, contributing factors, and corrective actions for safety and quality improvement. It's typically confidential and not part of the patient's medical record. The patient chart, on the other hand, should document the care delivered, the patient's condition, and any direct effects on treatment. Therefore, you place an incident report in the chart only if the institution's policy requires it. If the policy does not mandate it, keep the incident report out of the chart and in the separate incident documentation system. Following policy protects patient privacy, supports appropriate use of information during investigations, and ensures the chart reflects actual care rather than administrative records.

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9. How can telemonitoring support post-discharge monitoring for high-risk patients?

A. In-person visits only

B. Monthly lab tests

C. Remote vital signs, symptom reporting, and alert triggers

D. Faxed surveys

Remote post-discharge care hinges on collecting data from the patient outside the clinic and turning that data into timely actions. Telemonitoring fits this by gathering vital signs and patient-reported symptoms from home and using alert triggers to flag concerning changes. When a patient's measurements drift or new symptoms arise, clinicians can intervene quickly—adjust medications, arrange a follow-up, or escalate care before a crisis develops. This approach supports high-risk patients by providing continuous visibility into their condition while they remain at home, which can reduce readmissions and improve safety and coordination across the care team. Other approaches don't provide the same level of real-time insight. Relying on in-person visits only misses continuous data between encounters. Monthly lab tests give only a snapshot and can miss rapid changes. Faxed surveys are slow and fragmented, delaying responses. Telemonitoring with remote vital signs, symptom reporting, and alert triggers offers timely, actionable information that directly informs post-discharge management.

10. What challenges might language barriers pose during transitions, and what strategies mitigate them?

A. Barriers do not affect understanding

B. They only affect billing

C. Barriers impede understanding; strategies: professional interpreters, translated materials, and teach-back

D. They can be ignored if patient signs forms

Language barriers during transitions can hinder understanding of discharge plans, medication changes, and follow-up needs. When patients don't fully grasp instructions, the risk of medication errors, missed appointments, and unsafe transitions increases. The best approach uses professional interpreters to provide accurate language support for both spoken and written information, translated discharge instructions and materials in the patient's language, and the teach-back method to verify understanding by having the patient explain back what they need to do and clarifying as needed. These strategies ensure information is accessible and actionable, reducing safety risks. Statements that barriers don't affect understanding or that they can be ignored are not correct because language differences can distort communication during critical care transitions.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://continuityofcare2.examzify.com

We wish you the very best on your exam journey. You've got this!

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