

# Coordinator of Care Exam 5 Practice (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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.

# 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!**

## Questions

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- 1. What is a 'hot spot' in utilization management?**
  - A. A scheduling conflict.**
  - B. A patient or service with unusually high utilization; targeted interventions aim to reduce unnecessary use.**
  - C. A location with high crime.**
  - D. A type of diagnostic test with high false positives.**
  
- 2. What is shared decision making in care planning?**
  - A. Clinician and patient collaborate to choose options that align with patient values and preferences.**
  - B. Decisions are based only on guidelines with no patient input.**
  - C. Clinician makes all decisions without patient input.**
  - D. Patient makes decisions without clinician input.**
  
- 3. Primary purpose of nursing diagnosis in care planning?**
  - A. To perform diagnostic tests**
  - B. To prescribe medications**
  - C. To guide selection of nursing interventions to achieve patient outcomes**
  - D. To determine hospital stay length**
  
- 4. In nursing documentation, what does 'r/t' denote?**
  - A. Causal relationship**
  - B. Etiology**
  - C. Related factors**
  - D. Nursing diagnosis**
  
- 5. Which is an example of a short-term patient goal?**
  - A. Client will eat at least 60% of all meals within 3 weeks.**
  - B. Client will regain full independence in 2 years.**
  - C. Client will achieve complete symptom resolution in 6 months.**
  - D. Client will be discharged within a year.**

- 6. Which diagnosis takes priority when both an actual diagnosis and a risk diagnosis are present?**
- A. actual diagnosis**
  - B. risk diagnosis**
  - C. both are equally priority**
  - D. neither has priority until further data**
- 7. Which term refers to a cluster of nursing diagnoses that occur together due to a shared etiology?**
- A. Wellness Diagnosis**
  - B. Actual Nursing Diagnosis**
  - C. Syndrome Diagnosis**
  - D. Risk Diagnostic Label**
- 8. Describe a care coordination metric to monitor care transitions.**
- A. Time to first post-discharge follow-up (within 7 days) or 30-day readmission rate for target conditions.**
  - B. Number of patient admissions per month.**
  - C. Average hospital length of stay.**
  - D. Total number of emails sent to the care team.**
- 9. Which attribute describes the ability to see a situation as another person sees it?**
- A. Intellectual Humility**
  - B. Intellectual Empathy**
  - C. Intellectual Courage**
  - D. Fairmindedness**
- 10. An example of selecting an intervention includes what?**
- A. Documenting strict I&O for a client needing increased fluid intake**
  - B. Administering a medication without a physician order**
  - C. Ignoring patient input**
  - D. Delaying care**

## Answers

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

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## **Explanations**

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## 1. What is a 'hot spot' in utilization management?

- A. A scheduling conflict.
- B. A patient or service with unusually high utilization; targeted interventions aim to reduce unnecessary use.**
- C. A location with high crime.
- D. A type of diagnostic test with high false positives.

Understanding what a hot spot means in utilization management: it's a patient or service showing unusually high utilization compared with norms, which signals an opportunity to intervene to cut unnecessary use. When a hot spot is identified, the care team implements targeted actions—like care coordination, patient education, proactive follow-up, and connecting the patient with appropriate community or outpatient resources—to reduce avoidable visits, tests, or admissions and to improve care efficiency and outcomes. For example, a patient with multiple emergency department visits for nonemergency issues might trigger a hot spot alert, leading a care manager to review the care plan, ensure timely outpatient follow-up, and adjust medications or supports to prevent repeat events. Other options don't fit because they describe scheduling problems, crime locations, or test accuracy issues, none of which address patterns of high health-care utilization that utilization management aims to optimize.

## 2. What is shared decision making in care planning?

- A. Clinician and patient collaborate to choose options that align with patient values and preferences.**
- B. Decisions are based only on guidelines with no patient input.
- C. Clinician makes all decisions without patient input.
- D. Patient makes decisions without clinician input.

Shared decision making in care planning means clinicians and patients work together to choose options that fit the patient's values, preferences, and life circumstances. It involves presenting the available choices and their risks and benefits in clear terms, exploring what matters most to the patient (such as quality of life, goals, and tolerance for uncertainty), and jointly deciding on a plan. This approach blends professional expertise with the patient's own priorities, rather than having the clinician decide alone or the patient decide without guidance. By aligning the care plan with what matters to the patient, it tends to improve satisfaction, adherence, and outcomes.

### 3. Primary purpose of nursing diagnosis in care planning?

- A. To perform diagnostic tests
- B. To prescribe medications
- C. To guide selection of nursing interventions to achieve patient outcomes**
- D. To determine hospital stay length

The main idea is that the nursing diagnosis drives the care plan by pinpointing the patient's actual or potential responses to health conditions that nursing care can influence, and then selecting interventions aimed at achieving specific, measurable outcomes. This ties what you do at the bedside directly to improving the patient's situation—for example, improving comfort, safety, or functional status—so progress can be assessed and the plan adjusted as needed. Diagnostic tests, medication prescriptions, and determining how long a patient stays in the hospital involve medical evaluation, pharmacologic decisions, and administrative factors that fall outside the nursing diagnosis-driven planning.

### 4. In nursing documentation, what does 'r/t' denote?

- A. Causal relationship**
- B. Etiology
- C. Related factors
- D. Nursing diagnosis

r/t denotes the relationship between a nursing problem and its related factors or etiology. In nursing documentation, especially in the PES format (Problem r/t Etiology), this abbreviation shows which factors are related to the problem and may be contributing to it. It isn't stating a proven, sole cause, but rather the factors that are associated with or related to the problem to guide assessment and intervention. The best match among the options is "related factors," since that captures the link the note is making between the problem and what contributes to it. A causal relationship implies proven causation, which is stronger than what r/t conveys; etiology is the cause itself, which is broader; and nursing diagnosis refers to the entire statement rather than the linking phrase.

### 5. Which is an example of a short-term patient goal?

- A. Client will eat at least 60% of all meals within 3 weeks.**
- B. Client will regain full independence in 2 years.
- C. Client will achieve complete symptom resolution in 6 months.
- D. Client will be discharged within a year.

Short-term goals should be specific, measurable, and time-bound, focusing on a concrete milestone you can reach in the near future to guide daily care and assess progress. The example that fits this best states a precise target—eating at least 60% of all meals—and ties it to a clear deadline—within 3 weeks. This makes it easy to track whether the patient is improving and to adjust care as needed. The other options describe outcomes that occur over much longer periods (years or months) and are not as readily observable in the near term, making them inappropriate as short-term goals. They also lack the immediate, measurable steps you'd use to gauge progress in the coming weeks.

**6. Which diagnosis takes priority when both an actual diagnosis and a risk diagnosis are present?**

- A. actual diagnosis**
- B. risk diagnosis**
- C. both are equally priority**
- D. neither has priority until further data**

When deciding how to prioritize care, focus on the problem that is currently present and requiring immediate action. An actual diagnosis identifies a real, existing condition that can threaten the patient's safety or stability and needs prompt assessment and treatment. A risk diagnosis, by contrast, points to a potential problem that could develop if preventive steps aren't taken, but it isn't an active issue to be treated right this moment. Therefore, the actual diagnosis takes precedence because addressing current problems first helps stabilize the patient, after which you can implement measures to prevent the risk diagnosis from occurring. Delaying treatment for the actual problem to wait on a potential issue would jeopardize patient safety, and treating both as equally urgent would overlook the immediacy of the present condition.

**7. Which term refers to a cluster of nursing diagnoses that occur together due to a shared etiology?**

- A. Wellness Diagnosis**
- B. Actual Nursing Diagnosis**
- C. Syndrome Diagnosis**
- D. Risk Diagnostic Label**

A syndrome diagnosis is used when several nursing diagnoses appear together because they share the same underlying cause. It reflects a pattern where multiple problems arise from a single etiology, so the care plan is coordinated to address that common source and the cluster of related manifestations rather than treating each symptom in isolation. The other types don't describe a set of problems tied to one cause: a wellness diagnosis denotes readiness for enhanced health, an actual nursing diagnosis is a current singular problem, and a risk diagnostic label points to a potential problem based on risk factors but not present symptoms.

**8. Describe a care coordination metric to monitor care transitions.**

**A. Time to first post-discharge follow-up (within 7 days) or 30-day readmission rate for target conditions.**

**B. Number of patient admissions per month.**

**C. Average hospital length of stay.**

**D. Total number of emails sent to the care team.**

Effective care transitions are supported by measuring whether patients get timely follow-up after discharge. Tracking time to the first post-discharge follow-up within a short window (like seven days) directly assesses whether a patient is connected to ongoing care after leaving the hospital, a critical moment where gaps can lead to problems. Pairing that process measure with an outcome like the 30-day readmission rate for targeted conditions gives a fuller view of transition quality: timely follow-up should help prevent preventable readmissions, so lower readmission rates indicate better coordination of post-discharge care. The other options don't focus on what happens as patients move from hospital to home. The number of patient admissions per month is a volume metric and doesn't reflect transition quality. The average hospital length of stay is an inpatient efficiency metric, not about post-discharge care. The total number of emails sent to the care team is a process detail that isn't standardized or tied to patient outcomes.

**9. Which attribute describes the ability to see a situation as another person sees it?**

**A. Intellectual Humility**

**B. Intellectual Empathy**

**C. Intellectual Courage**

**D. Fairmindedness**

Seeing a situation the way another person sees it is intellectual empathy. This means actively trying to understand someone else's reasoning, feelings, and perspective, even if you don't share their view. In care coordination, it helps you interpret a patient's concerns, a family member's priorities, or a teammate's plan by imagining their experiences and what evidence has shaped their stance. You listen openly, ask clarifying questions, and consider how your response will come across from their point of view, then respond in a way that respects their frame of reference and fosters trust. This is different from intellectual humility, which focuses on recognizing you don't know everything and being open to new information; intellectual courage, which is about facing challenges to your own beliefs; and fair-mindedness, which involves evaluating others' viewpoints impartially regardless of personal biases. Intellectual empathy centers on perspective-taking and understanding others to communicate and collaborate effectively.

**10. An example of selecting an intervention includes what?**

- A. Documenting strict I&O for a client needing increased fluid intake**
- B. Administering a medication without a physician order**
- C. Ignoring patient input**
- D. Delaying care**

When selecting an intervention, you choose a concrete action the nurse can carry out to advance the patient toward the care plan goals, and you establish a way to monitor its impact. Documenting strict intake and output for a client who needs increased fluid intake fits this well. It translates the goal of improving hydration into a tangible, ongoing activity: you encourage fluids, track exactly what the patient takes in and what leaves the body, and use that data to determine whether the plan is working or needs adjustment. This kind of monitoring provides the necessary feedback to guide further care and ensures accountability and safety. The other options aren't appropriate interventions in this context: administering a medication without a physician order bypasses legal and safety protocols; ignoring patient input undermines patient-centered care and can jeopardize outcomes; delaying care harms the patient and delays necessary treatment.

## 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](mailto:hello@examzify.com).**

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

**<https://coordinatorofcare5.examzify.com>**

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

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