

MANAGER OF CARE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Which statement best distinguishes leadership from management?**
 - A. Leadership comes first and focuses on vision and goals.
 - B. Management comes first and focuses on planning and organizing.
 - C. Leadership is about doing things right.
 - D. Management uses coercion to motivate.

- 2. Which practice best ensures continuity of care for high-risk patients?**
 - A. Delayed handoffs
 - B. Proactive care coordination, case management, and timely handoffs between care settings with standardized protocols.
 - C. Isolated patient education
 - D. Random discharge planning

- 3. TO stands for?**
 - A. Telephone Order
 - B. Transfer Order
 - C. Therapeutic Order
 - D. Treatment Order

- 4. Which principle prioritizes acute needs before chronic conditions?**
 - A. Actual before potential
 - B. Systemic before local
 - C. Acute before chronic
 - D. Trends before transient

- 5. Which is an example of effective discharge planning?**
 - A. Initiating discharge planning on admission, coordinating post-acute services, ensuring patient and family understanding of medications and follow-up, and arranging home care.
 - B. Discharge planning only after discharge.
 - C. Focusing solely on medical therapy without coordinating follow-up.
 - D. Not involving the patient in planning.

- 6. Which scenario demonstrates ethical and legal considerations in informed consent?**
- A. A patient signs consent for a procedure after receiving full information about risks, benefits, alternatives, and potential outcomes, with a witness present.
 - B. A competent patient signs consent for a procedure after receiving full information about risks, benefits, alternatives, and potential outcomes, with a witness present.
 - C. The physician signs consent on behalf of a competent patient without patient input.
 - D. Consent is signed only by the family without patient input.
- 7. How do we identify what to prioritize?**
- A. Observation cues and safety checks
 - B. Assessment
 - C. Receive shift report
 - D. Know available staff for delegation
- 8. Which standard is most relevant to preventing wrong-site surgery?**
- A. Mandatory preoperative antibiotic protocol
 - B. Use of time-out and mark procedures per Joint Commission/NPSG
 - C. Verbal consent verification at bedside
 - D. Standard electronic health record review
- 9. In SBAR, which element corresponds to the 'A' in the acronym?**
- A. Situation
 - B. Background
 - C. Assessment
 - D. Recommendation
- 10. Which diagram is commonly used to identify root causes in quality improvement?**
- A. Bar chart
 - B. Ishikawa (fishbone) diagram
 - C. Pie chart
 - D. Scatter plot

Answers

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

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Explanations

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1. Which statement best distinguishes leadership from management?

- A. Leadership comes first and focuses on vision and goals.
- B. Management comes first and focuses on planning and organizing.
- C. Leadership is about doing things right.
- D. Management uses coercion to motivate.

The main distinction is that leadership is about setting direction and inspiring people, while management is about turning that direction into action through planning, organizing, and controlling resources. The statement that leadership comes first and focuses on vision and goals embodies this sequencing and focus. A clear vision acts as the compass for everyone, giving meaning to what you're aiming for and guiding subsequent planning and resource allocation. Once that vision is in place, managers translate it into concrete plans, structure, and processes to achieve the goals. Context helps: leadership involves influencing and aligning people around a purpose, energizing committed action, and communicating why the future matters. Management concentrates on how to do things efficiently—developing plans, organizing tasks, budgeting, and monitoring progress to ensure the work gets done right. The other ideas stray from this pattern: defining leadership as doing things right emphasizes efficiency over direction, and suggesting management uses coercion to motivate highlights an approach that isn't characteristic of effective management or leadership.

2. Which practice best ensures continuity of care for high-risk patients?

- A. Delayed handoffs
- B. Proactive care coordination, case management, and timely handoffs between care settings with standardized protocols.
- C. Isolated patient education
- D. Random discharge planning

Continuity of care for high-risk patients depends on consistent, coordinated information and actions across care settings. Proactive care coordination and case management anticipate needs, arrange follow-ups and services, manage medications, and ensure smooth transitions between hospital, primary care, and home or rehab. When these activities are combined with timely handoffs and standardized protocols, critical information—diagnoses, treatment plans, medication lists, red flags, and follow-up instructions—travels with the patient and is clearly understood by every provider involved. This reduces gaps that often lead to adverse events or readmissions. Delaying handoffs creates information gaps; isolated patient education places responsibility on the patient without ensuring clinician alignment; random discharge planning lacks the structure needed to complete essential steps before leaving care.

3. TO stands for?

- A. Telephone Order
- B. Transfer Order
- C. Therapeutic Order
- D. Treatment Order

TO stands for Therapeutic Order. The main idea being tested is recognizing that this abbreviation refers to a formal directive from a clinician that initiates or adjusts treatment aimed at producing a therapeutic effect for the patient. A therapeutic order specifies the treatment to be given, including what therapy to start or change, the dose or plan, and the goals for improving the patient's condition. This focuses on the treatment itself and its therapeutic intent, rather than on how the order is communicated (such as a telephone order) or administrative actions like transferring a patient between settings. For example, starting a new medication regimen, adjusting an insulin dose, or initiating physical therapy would be issued as a therapeutic order to achieve a clinical benefit.

4. Which principle prioritizes acute needs before chronic conditions?

- A. Actual before potential
- B. Systemic before local
- C. Acute before chronic**
- D. Trends before transient

Prioritizing urgent, immediate needs over long-term concerns is the idea being tested. In patient care, addressing acute problems first stabilizes the patient, prevents deterioration, and makes safe care possible. Once stabilization is achieved, attention can turn to chronic conditions and long-term management. So, focusing on acute issues before chronic ones best fits this principle. The other options describe different ways of prioritizing—current state versus potential future, system-wide versus local focus, or trends versus transient changes—that don't address the urgency of immediate risk.

5. Which is an example of effective discharge planning?

- A. Initiating discharge planning on admission, coordinating post-acute services, ensuring patient and family understanding of medications and follow-up, and arranging home care.**
- B. Discharge planning only after discharge.
- C. Focusing solely on medical therapy without coordinating follow-up.
- D. Not involving the patient in planning.

Discharge planning is about coordinating a safe, patient-centered transition from hospital to the next setting. The most effective approach starts early—on admission—so the team can identify post-discharge needs, arrange supports, and educate the patient and family about medications and follow-up. By coordinating post-acute services and arranging home care, the plan ensures continuity of care, reduces medication errors, and lowers readmission risk. Involving the patient and family in planning aligns the plan with their goals and improves adherence. Approaches that wait until after discharge, focus only on medical therapy without arranging follow-up, or exclude the patient from planning miss essential elements that support a successful transition and can lead to poorer outcomes.

6. Which scenario demonstrates ethical and legal considerations in informed consent?

- A. A patient signs consent for a procedure after receiving full information about risks, benefits, alternatives, and potential outcomes, with a witness present.
- B. A competent patient signs consent for a procedure after receiving full information about risks, benefits, alternatives, and potential outcomes, with a witness present.**
- C. The physician signs consent on behalf of a competent patient without patient input.
- D. Consent is signed only by the family without patient input.

Informed consent rests on respecting patient autonomy and ensuring the patient has the capacity to make a voluntary, informed decision. The scenario where a competent patient signs after receiving full information about risks, benefits, alternatives, and potential outcomes, with a witness present, best meets both ethical and legal standards. The patient demonstrates understanding and voluntary agreement, and the witness provides an objective check that the process was carried out properly and the consent is valid. In contrast, a physician signing on behalf of a competent patient excludes the patient's voice, and consent signed only by family omits the patient's direct input, undermining autonomy and legality.

7. How do we identify what to prioritize?

- A. Observation cues and safety checks
- B. Assessment**
- C. Receive shift report
- D. Know available staff for delegation

Prioritization hinges on data about the patient's condition. Assessment is the ongoing process of gathering and interpreting information—from history, physical findings, and tests to responses to interventions—that reveals who is unstable, at risk for deterioration, in pain, or in danger. With that information you sort patients by acuity and decide who needs immediate action. Without a current assessment, you're guessing about priorities; relying only on shift reports, cues, or staffing limits won't give the real-time picture of who needs attention now.

Observation cues and safety checks are important parts of assessment, but the act of performing a thorough assessment is what reveals priorities. For example, a patient with sudden shortness of breath and dropping blood pressure identified during assessment takes precedence over a patient with stable vitals awaiting routine care. The assessment process guides planning and action, ensuring the most urgent needs are addressed first.

8. Which standard is most relevant to preventing wrong-site surgery?

- A. Mandatory preoperative antibiotic protocol
- B. Use of time-out and mark procedures per Joint Commission/NPSG**
- C. Verbal consent verification at bedside
- D. Standard electronic health record review

The essential safeguard against wrong-site surgery is the time-out with site marking as outlined in the Joint Commission/National Patient Safety Goals. This creates a deliberate, team-wide pause right before incision to verify the patient's identity, the exact procedure, and the surgical site and laterality. The surgeon generally marks the correct site beforehand, and all team members confirm these critical details during the time-out. This real-time verification directly targets and prevents mismatches that lead to operating on the wrong site. Other standards address important safety areas but not the specific site verification at the moment of incision: antibiotic protocols aim to prevent infection, verbal consent at the bedside concerns patient authorization, and standard EHR review ensures documentation accuracy.

9. In SBAR, which element corresponds to the 'A' in the acronym?

- A. Situation
- B. Background
- C. Assessment**
- D. Recommendation

SBAR is a concise, structured way to communicate about a patient. It has four parts: Situation, Background, Assessment, and Recommendation. The letter A represents the Assessment, which is the clinician's analysis of the situation: what is happening, how serious it is, what risks are present, and what you think should be done. The Assessment ties together the data from the Situation and Background into a judgment about the patient's status and the rationale for the next steps. It's not just data; it's the synthesis that informs action. The other parts describe the current issue (Situation), provide context (Background), or specify the request or plan (Recommendation). So the element matching the A is Assessment.

10. Which diagram is commonly used to identify root causes in quality improvement?

A. Bar chart

B. Ishikawa (fishbone) diagram

C. Pie chart

D. Scatter plot

Identifying root causes in quality improvement benefits from a structured way to explore all factors that could contribute to a problem and how they relate. The Ishikawa diagram, also known as a fishbone diagram, does this by placing the problem at the head of the fish and drawing major categories as the bones branching off. Teams brainstorm potential causes under categories such as People, Methods, Machines, Materials, Measurements, and Environment, customizing them to the situation. This visual map helps everyone see how different factors connect to the issue, highlight where multiple causes converge, and focus investigation on underlying reasons rather than just symptoms. It's especially useful in quality improvement because it promotes collaborative analysis and a systematic search for root causes within the process. Bar charts show frequencies or counts, and while they can indicate where issues are common, they don't organize possible causes or show their relationships to the problem. Pie charts display portions of a whole, not cause-and-effect structure. Scatter plots reveal relationships between two variables, but they don't provide a categorized cause framework. The fishbone diagram uniquely supports root-cause analysis in quality improvement.

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://managerofcare.examzify.com>

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

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