

CJE Multidimensional Care 1 (MDC1) Practice Test (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. Which PPE is required for airborne precautions such as TB?**
 - A. N95 respirator**
 - B. Surgical mask**
 - C. Gloves**
 - D. Gown**

- 2. Which are the six rights of medication administration?**
 - A. Right patient, dose, route, time, and documentation**
 - B. Right patient, drug, route, time, and documentation**
 - C. Right patient, drug, dose, time, and documentation**
 - D. Right patient, drug, dose, route, time, and documentation**

- 3. Which of the following is NOT a core element of infection control in healthcare settings?**
 - A. Hand hygiene**
 - B. Public health surveillance**
 - C. PPE**
 - D. Safe waste disposal**

- 4. What teaching approach is appropriate for a school-age child?**
 - A. Use simple explanations and provide opportunities for hands-on activities**
 - B. Rely on long lectures**
 - C. Use abstract theories**
 - D. Avoid questions**

- 5. Which tool helps assess pain in nonverbal clients?**
 - A. A self-report pain scale suitable for adults**
 - B. A validated pain scale appropriate for nonverbal clients (e.g., FLACC, Wong-Baker FACES)**
 - C. A blood pressure measurement**
 - D. A sleep quality index**

- 6. What is the role of patient education in MDC1?**
- A. Enables understanding, engagement, adherence to care plans, and self-management.**
 - B. Reduces patient participation.**
 - C. Confuses patients with excessive information.**
 - D. Education is optional in MDC1.**
- 7. What is the primary purpose of infection control in healthcare settings?**
- A. To maximize hospital revenue.**
 - B. To prolong hospitalization.**
 - C. To complicate care.**
 - D. To prevent transmission of infections and protect patient and staff.**
- 8. How should care providers manage pain in post-surgical patients?**
- A. Use a single analgesic only, without monitoring.**
 - B. Assess regularly, use multimodal analgesia as prescribed, monitor for side effects, and adjust as needed.**
 - C. Wait for patient to report pain before assessing.**
 - D. Discontinue analgesics as soon as pain is reported.**
- 9. Which actions promote wound healing and help prevent infection?**
- A. Cleanse with appropriate solution; maintain aseptic technique when needed; apply sterile dressings; monitor for signs of infection.**
 - B. Use dirty dressings and avoid aseptic technique.**
 - C. Delay cleansing until signs of infection appear.**
 - D. Only apply dressings, never cleanse.**
- 10. What is the role of interprofessional collaboration in MDC1?**
- A. Shared decision-making and coordinated care across disciplines to meet patient goals.**
 - B. All decisions are made by a single clinician to streamline care.**
 - C. Patients decide all care without clinician input.**
 - D. Avoid involving other professionals to prevent conflicts.**

Answers

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

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Explanations

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1. Which PPE is required for airborne precautions such as TB?

- A. N95 respirator**
- B. Surgical mask**
- C. Gloves**
- D. Gown**

Airborne precautions target inhalation of small aerosolized particles, which can linger in the air. TB is transmitted this way, so protecting the wearer's lungs with a respirator that filters small particles is essential. An N95 respirator provides tight fit and filters at least 95% of airborne particles when properly worn and seal-checked, making it the appropriate protection for TB exposure. A surgical mask doesn't seal to the face and isn't designed to filter aerosols, so it doesn't offer adequate protection against airborne pathogens. Gloves and a gown shield skin and clothing from contact with contaminated materials but don't prevent inhalation of aerosols, so they aren't the key PPE for airborne transmission (even though they're used for other routes of transmission and contamination control). In many settings, eye protection and environmental controls are also considered, but the defining item for airborne precautions is a properly fitted respirator such as an N95.

2. Which are the six rights of medication administration?

- A. Right patient, dose, route, time, and documentation**
- B. Right patient, drug, route, time, and documentation**
- C. Right patient, drug, dose, time, and documentation**
- D. Right patient, drug, dose, route, time, and documentation**

The six rights of medication administration ensure safe and accurate delivery by verifying key elements before giving a drug and recording it afterward. The six are: the right patient, the right drug, the right dose, the right route, the right time, and the right documentation. Each right targets common points of error: confirming the patient's identity prevents giving medication to the wrong person; verifying the drug name ensures you're administering the intended medicine; checking the dose avoids under- or overdosing; confirming the route guarantees the medicine is delivered the way it's meant to be; timing alignment with the order ensures therapeutic effect and avoids missed or overlapping doses; documenting after administration creates a traceable record for safety, accountability, and future care decisions. Skipping any one element increases risk of harm or confusion—for example, without documentation, it's easy to lose track of what was given, when, and to whom.

3. Which of the following is NOT a core element of infection control in healthcare settings?

- A. Hand hygiene**
- B. Public health surveillance**
- C. PPE**
- D. Safe waste disposal**

The main idea here is what actions directly prevent transmission of infections in healthcare settings. The hands-on measures that staff use every day to break transmission chains are hand hygiene, the use of appropriate personal protective equipment, and safe disposal of waste. Hand hygiene stops pathogens from moving from one person to another via hands. PPE acts as a barrier to protect skin and mucous membranes from exposure. Safe waste disposal minimizes exposure to contaminated materials and reduces environmental contamination. Public health surveillance, while crucial for monitoring infection trends and guiding broader prevention efforts, is not a direct, frontline infection control practice. It operates at a system or population level—detecting outbreaks, reporting cases, and informing policy—rather than being an immediate, routine action performed at the point of care.

4. What teaching approach is appropriate for a school-age child?

- A. Use simple explanations and provide opportunities for hands-on activities**
- B. Rely on long lectures**
- C. Use abstract theories**
- D. Avoid questions**

Clear, concrete explanations paired with hands-on activities match how school-age learners process new information. At this stage, children benefit from seeing, touching, and doing to build understanding, followed by opportunities to apply concepts in real tasks. Simple explanations keep ideas manageable and help students connect new ideas to what they already know. Hands-on activities provide a concrete context, keep engagement high, and allow immediate feedback and guided practice, which supports mastery and retention. This approach also encourages collaboration and problem-solving. Long lectures overwhelm attention and abstract theories require levels of reasoning beyond typical school-age development, and avoiding questions robs students of practice articulating their thinking.

5. Which tool helps assess pain in nonverbal clients?

- A. A self-report pain scale suitable for adults**
- B. A validated pain scale appropriate for nonverbal clients (e.g., FLACC, Wong-Baker FACES)**
- C. A blood pressure measurement**
- D. A sleep quality index**

Nonverbal clients can't express pain verbally, so use observational, validated scales that translate visible cues into a pain score. A scale like FLACC (Face, Legs, Activity, Cry, Consolability) assesses five behavior domains and yields a score reflecting pain intensity, while Wong-Baker FACES uses facial expressions to rate pain. These tools are specifically designed for nonverbal or communication-impaired individuals and provide a standardized way to measure pain and track changes over time, guiding treatment decisions. A self-report pain scale meant for adults requires the patient to articulate their pain, which isn't possible here. A blood pressure measurement isn't a pain scale, though it may change with distress. A sleep quality index measures sleep patterns, not pain intensity. Therefore, the validated nonverbal pain scales are the most appropriate choice.

6. What is the role of patient education in MDC1?

- A. Enables understanding, engagement, adherence to care plans, and self-management.**
- B. Reduces patient participation.**
- C. Confuses patients with excessive information.**
- D. Education is optional in MDC1.**

In MDC1, education for patients centers on empowering them to participate actively in their own care. When patients understand their condition, the rationale behind treatments, and what steps to take, they become engaged partners rather than passive recipients. This understanding supports adherence to care plans, including medications, follow-up appointments, and lifestyle changes, and it enables effective self-management—skills like monitoring symptoms, managing therapies at home, and recognizing when to seek help. Clear, tailored education—using plain language, checking understanding, and addressing cultural and literacy needs—helps patients feel confident in their decisions and contributes to safer, more coordinated care across settings. The alternatives conflict with this approach: reducing participation, overwhelming with information, or treating education as optional all undermine the collaborative, proactive mindset MDC1 strives for.

7. What is the primary purpose of infection control in healthcare settings?

- A. To maximize hospital revenue.**
- B. To prolong hospitalization.**
- C. To complicate care.**
- D. To prevent transmission of infections and protect patient and staff.**

Prevention of spread is the focus. Infection control aims to stop pathogens from moving between people and surfaces in healthcare settings, protecting patients who may be more vulnerable and safeguarding staff who care for them. This is achieved through proven practices like proper hand hygiene, appropriate use of personal protective equipment, sterilization and disinfection of equipment, isolation precautions when needed, environmental cleaning, vaccination, and prudent antibiotic use. By reducing healthcare-associated infections, patient outcomes improve and outbreaks are prevented. The other options describe outcomes that infection control seeks to avoid, not its purpose.

8. How should care providers manage pain in post-surgical patients?

- A. Use a single analgesic only, without monitoring.**
- B. Assess regularly, use multimodal analgesia as prescribed, monitor for side effects, and adjust as needed.**
- C. Wait for patient to report pain before assessing.**
- D. Discontinue analgesics as soon as pain is reported.**

Managing post-surgical pain effectively hinges on proactive, regular assessment and a multimodal plan that is monitored and adjusted as needed. Regular assessments ensure pain relief is measured consistently and changes in intensity are caught early, so treatment can be intensified or tapered appropriately. A multimodal approach uses multiple analgesics and techniques that work through different mechanisms, which often provides better overall relief with fewer side effects than a single medication. Ongoing monitoring for side effects—such as respiratory changes, excessive sedation, nausea, constipation, or dizziness—allows timely interventions to keep the patient safe while maintaining comfort. Adjusting the regimen as recovery progresses prevents under-treatment or overtreatment and tailors care to the individual's evolving needs. In contrast, relying on a single analgesic without monitoring, waiting for the patient to report pain, or stopping analgesics at the first sign of pain can lead to inadequate relief and unsafe care.

9. Which actions promote wound healing and help prevent infection?

- A. Cleanse with appropriate solution; maintain aseptic technique when needed; apply sterile dressings; monitor for signs of infection.**
- B. Use dirty dressings and avoid aseptic technique.**
- C. Delay cleansing until signs of infection appear.**
- D. Only apply dressings, never cleanse.**

Promoting wound healing and preventing infection hinges on keeping the wound clean, protected, and monitored. Cleansing with an appropriate solution removes dirt and reduces the bacterial load, helping the tissue begin to heal without carrying contaminants inward. Maintaining aseptic technique when needed prevents introducing new pathogens—hand hygiene, clean supplies, and sterile handling are essential especially for wounds at higher risk of infection. Applying sterile dressings creates a protective barrier, helps maintain a suitable environment for healing, and reduces the chance of contamination from the outside. Regularly checking the wound for signs of infection—such as increased redness, warmth, swelling, pain, foul drainage, or fever—allows prompt action if problems arise. Using dirty dressings and avoiding aseptic technique raises the risk of introducing or spreading bacteria, which can impede healing. Delaying cleansing until infection appears lets bacteria proliferate and damage tissue, making the infection harder to control. Only applying dressings without cleansing neglects removal of debris and bacteria, undermining the healing environment.

10. What is the role of interprofessional collaboration in MDC1?

- A. Shared decision-making and coordinated care across disciplines to meet patient goals.**
- B. All decisions are made by a single clinician to streamline care.**
- C. Patients decide all care without clinician input.**
- D. Avoid involving other professionals to prevent conflicts.**

Interprofessional collaboration centers on shared decision-making and coordinated care across disciplines to meet patient goals. In MDC1, care works best when doctors, nurses, therapists, social workers, and other professionals communicate openly and contribute their expertise to a common plan that reflects what matters to the patient. This broad collaboration helps capture medical, functional, and psychosocial needs, align treatments, support safe transitions, reduce duplication, and boost patient satisfaction. Relying on a single clinician can miss important perspectives and lead to fragmented care, while excluding clinician input or other professionals undermines safety and feasibility. The role is to ensure that all team members collaborate and share decisions to coordinate care across disciplines toward the patient's goals.

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://cjemdc1.examzify.com>

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

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