

CJE MULTIDIMENSIONAL CARE 1 (MDC1) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE**

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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 devices promote safety during manual patient transfers?**
 - A. Only use mechanical lifts when transferring patients.
 - B. Avoid using gait belts.
 - C. Gait belts, slide sheets, and mechanical lifts as appropriate; avoid twisting and maintain proper body mechanics.
 - D. Slide sheets are enough for all transfers.
- 2. Which practice should be avoided in therapeutic communication?**
 - A. Avoid giving advice or false reassurance
 - B. Use open-ended questions
 - C. Provide supportive statements
 - D. Summarize the discussion
- 3. After administering a medication, which aspect should be documented?**
 - A. Patient's response
 - B. Time of next appointment
 - C. Color of the walls
 - D. Patient's meal preference
- 4. Name two common risk factors for falls in older adults.**
 - A. Visual impairment and polypharmacy
 - B. High blood pressure and obesity
 - C. Muscle weakness and gait instability
 - D. Excellent vision and balance
- 5. What is the normal resting respiratory rate for an adult?**
 - A. 8-12 breaths per minute
 - B. 24-30 breaths per minute
 - C. 12-20 breaths per minute
 - D. 30-40 breaths per minute
- 6. Wound care assessment includes monitoring which factors?**
 - A. Color
 - B. Odor
 - C. Drainage
 - D. All of the above

7. What should be verified before starting an enteral feeding?

- A. Tube placement and residual volume check
- B. Tube placement only
- C. Residual volume only
- D. Blood glucose level

8. 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

9. What are the rights of residents or clients in care settings?

- A. Right to safe care, informed consent, privacy, participation in plans, and respectful treatment
- B. Right to unlimited visiting hours
- C. Right to free medications
- D. Right to tax exemptions

10. What is Erikson's psychosocial stage for toddlers?

- A. Trust vs. Mistrust
- B. Initiative vs. Guilt
- C. Identity vs. Role confusion
- D. Autonomy vs. Shame and Doubt

Answers

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

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Explanations

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1. Which devices promote safety during manual patient transfers?

- A. Only use mechanical lifts when transferring patients.
- B. Avoid using gait belts.
- C. Gait belts, slide sheets, and mechanical lifts as appropriate; avoid twisting and maintain proper body mechanics.**
- D. Slide sheets are enough for all transfers.

Safety in manual transfers comes from using the right assistive tools and moving with proper body mechanics. Gait belts provide a secure grip and help both you and the patient control the movement during standing, pivoting, or repositioning. Slide sheets reduce friction and shear, making lateral or bed-to-chair transfers smoother and safer for the patient. Mechanical lifts are essential when a patient is heavy, unable to assist, or when a person's safest option is to avoid lifting by hand. Using these tools as appropriate protects both the patient and the caregiver. At the same time, avoiding twisting and maintaining proper body mechanics are crucial. Keep the spine aligned, knees bent, feet planted, and the load held close to the body; pivot with the feet rather than twisting the torso. This combination of using the appropriate device and maintaining good technique is what promotes safety during transfers. Relying on only one method or assuming slide sheets are sufficient for every transfer neglects the situational needs and can increase risk, and avoiding gait belts removes a key safety aid that helps secure the patient and control the move.

2. Which practice should be avoided in therapeutic communication?

- A. Avoid giving advice or false reassurance**
- B. Use open-ended questions
- C. Provide supportive statements
- D. Summarize the discussion

Therapeutic communication aims to empower the client to explore options and make sense of their own experience. Giving direct advice or offering false reassurance shifts responsibility to you and can shut down the client's own problem-solving, undermine autonomy, and risk misreading their needs or values. It also can erode trust if the guidance doesn't fit their situation. In contrast, open-ended questions invite fuller sharing, supportive statements validate feelings, and a careful summary reinforces understanding and clarifies next steps, all of which strengthen engagement and collaboration.

3. After administering a medication, which aspect should be documented?

- A. Patient's response**
- B. Time of next appointment
- C. Color of the walls
- D. Patient's meal preference

Recording how a patient responds to a medication after it's given is essential. This documentation shows whether the treatment is achieving the intended effect and whether any adverse effects occur, guiding future care and informing the health care team. When you document, capture both the objective and subjective results: the exact time and dose given, the route, and the patient's response—such as changes in pain level, blood pressure, heart rate, breathing, level of consciousness, or any new symptoms. If the patient reports relief or you observe improvement within the expected timeframe, note that clearly along with any side effects or lack of response. If there's no improvement or new adverse effects, document that and alert the provider to adjust the plan. Other details like the next appointment time or nonclinical preferences aren't part of the medication administration record and don't reflect the medication's immediate impact.

4. Name two common risk factors for falls in older adults.

- A. Visual impairment and polypharmacy
- B. High blood pressure and obesity
- C. Muscle weakness and gait instability**
- D. Excellent vision and balance

Falls in older adults are often driven by declines in physical function that affect how well someone can maintain and regain balance. Two of the most common risk factors are muscle weakness and gait instability. When leg muscles lose strength and power, the ability to recover from a small misstep or from a slip is reduced, making a fall more likely. Gait instability—characterized by uneven steps, variable walking speed, and less stable foot placement—limits the body's ability to keep balance during routine movements and increases the chance of tipping or stumbling. These factors frequently occur together and are directly targetable through interventions like resistance training to build strength, balance and coordination exercises, and safe, supportive footwear and housing adaptations. While visual impairment and polypharmacy can contribute to fall risk in some individuals, the combination of weak muscles and unsteady walking is the most consistently observed and a primary focus for prevention. Excellent vision and balance are protective, not risk factors.

5. What is the normal resting respiratory rate for an adult?

- A. 8-12 breaths per minute
- B. 24-30 breaths per minute
- C. 12-20 breaths per minute**
- D. 30-40 breaths per minute

Normal resting breathing for an adult is about 12 to 20 breaths per minute. This rate keeps oxygen and carbon dioxide balanced while at rest. Breathing noticeably slower than that at rest is bradypnea and can occur with sleep, certain medications, or some medical conditions. Breathing noticeably faster than that is tachypnea and can signal fever, infection, anxiety, or respiratory or metabolic problems. Among the options, 12-20 fits the standard resting range for adults, while 8-12 is typically too slow for resting, and 24-30 or 30-40 are clearly rapid and not normal at rest. When assessing, count for a full minute to get an accurate rate and note whether breaths are shallow or labored.

6. Wound care assessment includes monitoring which factors?

- A. Color
- B. Odor
- C. Drainage
- D. All of the above**

In wound care, a thorough assessment relies on observing multiple cues that together reflect healing progress and possible infection. The color of the wound bed and surrounding tissue indicates tissue viability and perfusion—healthy healing often shows pink or red granulation tissue, while pale, dark, or necrotic areas signal problems that may need intervention. Odor is monitored because a foul smell can point to infection or tissue breakdown, especially when it accompanies discharge. Drainage tells you about moisture balance and infection risk; the amount and type of exudate—whether serous, serosanguineous, or purulent, and its color—help distinguish normal healing from infection or inflammation and guide dressing choices and treatment decisions. Since each factor provides different, important information about the wound's status, a comprehensive wound assessment includes color, odor, and drainage. That's why all of the above factors are monitored.

7. What should be verified before starting an enteral feeding?

A. Tube placement and residual volume check

- B. Tube placement only
- C. Residual volume only
- D. Blood glucose level

Before starting an enteral feeding, it's essential to confirm the tube is correctly placed and to assess the stomach's residual volume. Verifying placement ensures the formula will flow into the gastrointestinal tract rather than the lungs, which prevents aspiration and serious pneumonia. Initially, placement is confirmed by reliable methods such as radiographic imaging; ongoing checks may include clinical signs and, when appropriate, pH testing of aspirate. Checking residual volume helps gauge how well the stomach is emptying and whether the patient can tolerate the feeding. If a large amount of residuals is repeatedly found, it may indicate delayed gastric emptying or intolerance, prompting a pause or adjustment of the feeding plan per protocol. Blood glucose is important to monitor after feeding begins, but it does not verify safety of placement or immediate tolerance before starting. Therefore, verifying placement and assessing residuals together provide the critical safety checks required before initiating enteral nutrition.

8. 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.

9. What are the rights of residents or clients in care settings?

A. Right to safe care, informed consent, privacy, participation in plans, and respectful treatment

- B. Right to unlimited visiting hours
- C. Right to free medications
- D. Right to tax exemptions

Residents' rights in care settings focus on safety, autonomy, privacy, participation in decisions, and respectful treatment. The right to safe care means care is to be delivered competently and with precautions to prevent harm. Informed consent ensures residents understand proposed treatments, their risks and benefits, and alternatives, and that they freely agree before care proceeds. Privacy protects personal information, confidential communications, and the resident's bodily privacy and space. Participation in plans means residents have a say in their care plan and goals, ensuring decisions reflect their preferences and values. Respectful treatment means care is provided with dignity, kindness, and without discrimination. Visiting hours, while important, are governed by facility policies and safety considerations, not guaranteed unlimited access; medications are provided based on medical need and coverage, not as a guaranteed free benefit; and tax exemptions are not a right associated with care settings.

10. What is Erikson's psychosocial stage for toddlers?

- A. Trust vs. Mistrust
- B. Initiative vs. Guilt
- C. Identity vs. Role confusion
- D. Autonomy vs. Shame and Doubt**

Toddlers are at a stage where the main task is gaining independence while learning to control impulses and actions. They start to do things for themselves—feeding, dressing, choosing activities—and seek a sense of personal mastery. When caregivers support this growing autonomy with opportunities to try and succeed (while offering gentle guidance and safety), the child builds confidence in their own abilities. If support is too restrictive or punitive, the child may feel ashamed or doubt their capacity to act independently, leading to dependence on others. This balance between independence and self-doubt is what defines this stage. The other stages align with different ages: infancy centers on trusting others for basic needs, early childhood focuses on initiating activities and dealing with guilt, and adolescence revolves around forming identity.

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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://cjemdc1.examzify.com>

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

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