

Surgical Technology and Patient Care Fundamentals 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 agency aims to improve the quality and safety of healthcare and is a U.S. government agency?**
 - A. The Joint Commission**
 - B. Occupational Safety and Health Administration**
 - C. Agency for Healthcare Research and Quality**
 - D. Centers for Disease Control and Prevention**

- 2. What action should be taken when readings are abnormal during anesthesia monitoring?**
 - A. Do nothing until the patient is awake.**
 - B. Document and escalate to the anesthesia team; adjust as needed.**
 - C. Turn off monitors.**
 - D. Rely on routine vitals later.**

- 3. Surgical counts are performed by how many people during surgery to ensure no items are left in the patient?**
 - A. One person**
 - B. The entire surgical team**
 - C. Two people**
 - D. Three or more people**

- 4. Which of the following best reflects key principles of wound closure to minimize infection and tissue damage?**
 - A. Gentle tissue handling, meticulous hemostasis, minimal tension, appropriate suture choice, and proper layered closure when indicated.**
 - B. Rushed closure with high tension and large sutures.**
 - C. Leaving tissue damp and not controlling bleeding.**
 - D. Using only staples for all closures.**

- 5. Which of the following best describes surgical counts?**
 - A. They are performed by two people during surgery to ensure no items are left in the patient**
 - B. They are performed by a single nurse before incision**
 - C. They are counted only after surgery**
 - D. They are documented after patient discharge**

- 6. Which organization oversees certification for surgical technologists?**
- A. AST**
 - B. Joint Commission**
 - C. NBSTSA**
 - D. CAAHEP**
- 7. Which statement best describes the role of medical records?**
- A. They serve as the permanent legal record of patient interactions with health care providers.**
 - B. They are only used for billing purposes.**
 - C. They are kept only for a patient's lifetime, regardless of care.**
 - D. They are not legally binding documents.**
- 8. What steps should be taken if there is a discrepancy in instrument or sponge counts?**
- A. Wipe items and continue**
 - B. Notify the surgeon**
 - C. Pause surgery, verify counts, search for missing items, notify the surgeon, and document**
 - D. Proceed with surgery before counts are resolved**
- 9. In the operating room, which item is designed to hold sterile basins used during procedures?**
- A. A piece of equipment designed to hold sterile basins used during surgical procedures.**
 - B. A container used to collect waste or fluids.**
 - C. An approach to healthcare that respects patient preferences.**
 - D. The realization or fulfillment of one's talents and potential.**

10. Which equipment is designed to hold sterile basins used during surgical procedures?

- A. A piece of equipment designed to hold sterile basins used during surgical procedures.**
- B. A container used to collect waste or fluids.**
- C. A psychological theory that categorizes human needs into a hierarchy, from basic physiological needs to self-actualization.**
- D. An approach to healthcare that respects and responds to individual patient preferences, needs, and values.**

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Answers

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

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Explanations

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1. Which agency aims to improve the quality and safety of healthcare and is a U.S. government agency?

- A. The Joint Commission**
- B. Occupational Safety and Health Administration**
- C. Agency for Healthcare Research and Quality**
- D. Centers for Disease Control and Prevention**

Focuses on improving the quality and safety of healthcare through government-backed research and guidance. The Agency for Healthcare Research and Quality (AHRQ) is a U.S. government agency within the Department of Health and Human Services dedicated to advancing the quality, safety, efficiency, effectiveness, and patient-centeredness of healthcare. It funds and conducts research, develops guidelines and patient-safety tools, and disseminates evidence to providers, health systems, and policymakers to improve care outcomes. The other options operate differently: The Joint Commission is a private, nonprofit accrediting organization, not a government agency, though its standards influence care quality. OSHA focuses on protecting workers' safety, including in healthcare settings, but its mandate centers on workplace safety rather than general healthcare quality and safety for patients. The CDC is a federal public health agency focused on disease prevention and health surveillance, not specifically tasked with improving the quality and safety of healthcare delivery.

2. What action should be taken when readings are abnormal during anesthesia monitoring?

- A. Do nothing until the patient is awake.**
- B. Document and escalate to the anesthesia team; adjust as needed.**
- C. Turn off monitors.**
- D. Rely on routine vitals later.**

Abnormal readings during anesthesia monitoring signal potential instability in the patient, so the priority is to act quickly by communicating with the anesthesia team and making appropriate adjustments. Document what you see, what you do in response, and how the patient responds, so there's a clear record of events and actions taken. The anesthesia team can guide further interventions, such as improving oxygenation and ventilation, adjusting anesthetic depth, and managing fluids or medications as needed. Doing nothing until the patient is awake delays critical care and can worsen outcomes. Turning off monitors removes essential safety feedback, increasing risk of missing deterioration. Waiting for routine vitals later ignores the immediate warning signs that anesthesia monitoring is designed to catch.

3. Surgical counts are performed by how many people during surgery to ensure no items are left in the patient?

- A. One person**
- B. The entire surgical team**
- C. Two people**
- D. Three or more people**

Counts in surgery are about preventing a retained item by creating multiple checks that verify what's on the field matches the inventory. Involving three or more people adds redundancy: different team members independently verify the items, cross-checking aloud and documenting as a group, which greatly reduces the chance of a miscount or a missed item. This multi-person verification uses distinct roles (for example, scrub personnel, circulating staff, and a third verifier) to provide independent confirmation and accountability. Because human error can happen under stress, distraction, or fatigue, the extra person serves as a safety net that catches mistakes a single person or a smaller team might miss. Counts are performed at key times and any discrepancy triggers a thorough recount and reconciliation of supplies before closing. This approach prioritizes patient safety by ensuring a robust, joint verification rather than relying on a single observer.

4. Which of the following best reflects key principles of wound closure to minimize infection and tissue damage?

- A. Gentle tissue handling, meticulous hemostasis, minimal tension, appropriate suture choice, and proper layered closure when indicated.**
- B. Rushed closure with high tension and large sutures.**
- C. Leaving tissue damp and not controlling bleeding.**
- D. Using only staples for all closures.**

Wound closure that minimizes infection and tissue damage hinges on preserving tissue viability and minimizing trauma through controlled technique. Gentle tissue handling protects blood supply and prevents crushing injuries that slow healing. Meticulous hemostasis removes blood pools that could become a medium for bacteria and promote infection. Keeping tension at the incision line to a minimum prevents cutting off blood flow or tearing tissue, which would lead to dehiscence and delayed healing. Choosing the right suture type and size for each tissue balances strength with minimal tissue reaction, reducing foreign-body irritation and inflammation. When indicated, closing in layers restores the natural anatomy, eliminates dead space, and provides better support for the wound as it heals. Rushed closure with high tension and large sutures increases tissue trauma and ischemia, raising the risk of dehiscence and infection. Leaving tissue damp and not controlling bleeding creates an environment conducive to bacterial growth and swelling. Using staples for everything ignores the need to address deeper layers and dead space in many wounds and isn't universally appropriate for all tissue types or infection risks.

5. Which of the following best describes surgical counts?

- A. They are performed by two people during surgery to ensure no items are left in the patient**
- B. They are performed by a single nurse before incision**
- C. They are counted only after surgery**
- D. They are documented after patient discharge**

Surgical counts are a safety check in the operating room where the team verifies that every instrument, sponge, needle, and other item used during the operation is accounted for before the wound is closed. The key idea is redundancy and teamwork: two people independently review and tally items, providing cross-checks to catch anything that might be missing. This two-person approach helps prevent leaving items inside the patient and allows prompt corrective action if a discrepancy is found, such as re-counting or obtaining imaging to locate a missing item. Counts are not done by a single nurse, nor are they limited to just before or after the procedure; they are coordinated steps during the operation (typically at the start and again before closure) to maintain accurate, real-time accountability. Documentation and adherence to this two-person, multi-point process are essential for patient safety.

6. Which organization oversees certification for surgical technologists?

- A. AST**
- B. Joint Commission**
- C. NBSTSA**
- D. CAAHEP**

Certification for surgical technologists is overseen by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). This organization administers the certification exam that awards the Certified Surgical Technologist credential and manages renewal requirements, including continuing education. The other groups have different roles: a professional association supports practitioners but does not issue credentials; accreditation bodies evaluate anesthesia programs or healthcare facilities, not individual certifications; and an accrediting agency for education programs ensures program standards but does not certify individuals. So NBSTSA is the correct body for surgical technologist certification.

7. Which statement best describes the role of medical records?

- A. They serve as the permanent legal record of patient interactions with health care providers.**
- B. They are only used for billing purposes.**
- C. They are kept only for a patient's lifetime, regardless of care.**
- D. They are not legally binding documents.**

Medical records function as the official, legally recognized documentation of a patient's care. They capture what the patient presents with, the clinician's assessment and plan, orders, test results, and communications, creating a trusted record that supports safe, continuous care when different providers see the patient. Because this documentation shows exactly what was done and why, it provides accountability and a basis for legal and regulatory compliance. Billing uses information from the record, but the purpose of medical records goes far beyond reimbursement—they are the primary record of the care performed. Retention of records is governed by policy and law, so they are kept for a required period rather than indefinitely, and they are legally binding documents protected by privacy laws with patient access rights.

8. What steps should be taken if there is a discrepancy in instrument or sponge counts?

- A. Wipe items and continue**
- B. Notify the surgeon**
- C. Pause surgery, verify counts, search for missing items, notify the surgeon, and document**
- D. Proceed with surgery before counts are resolved**

Ensuring all instruments and sponges are accounted for is a patient safety priority. When a count discrepancy occurs, the team should pause the procedure, perform a verified re-count with a second person, and then conduct a careful search of the sterile field, the back table, and other potential item locations for the missing item. The surgeon must be notified so a decision can be made about next steps (such as imaging or adjusting the plan), and the event should be documented in the chart and count logs. Only when counts are reconciled and no item is missing should the operation resume. Wiping items and continuing risks hiding a missing object. Merely notifying the surgeon doesn't initiate the necessary search and verification. Proceeding before counts are resolved creates a real danger of a retained surgical item and potential harm to the patient.

9. In the operating room, which item is designed to hold sterile basins used during procedures?

- A. A piece of equipment designed to hold sterile basins used during surgical procedures.**
- B. A container used to collect waste or fluids.**
- C. An approach to healthcare that respects patient preferences.**
- D. The realization or fulfillment of one's talents and potential.**

Holding sterile basins in a safe, accessible way is about maintaining sterility and efficiency in the surgical field. The item designed for this purpose is a basin stand (basin holder). It provides a dedicated sterile surface or rack to place basins during the procedure, keeping them upright, organized, and within easy reach for irrigation, suction, or passing to the surgeon. Using a basin stand helps prevent contamination from non-sterile surfaces, avoids spills or tipping of basins, and supports aseptic technique. A container used to collect waste or fluids serves a different role and does not hold sterile basins; the other options describe unrelated concepts, so they do not fit.

10. Which equipment is designed to hold sterile basins used during surgical procedures?

- A. A piece of equipment designed to hold sterile basins used during surgical procedures.**
- B. A container used to collect waste or fluids.**
- C. A psychological theory that categorizes human needs into a hierarchy, from basic physiological needs to self-actualization.**
- D. An approach to healthcare that respects and responds to individual patient preferences, needs, and values.**

Holding sterile basins on the sterile field requires a dedicated device—the basin stand (basin rack)—designed to keep basins sterile, stable, and easily accessible during a procedure. This equipment elevates and angles the basins so they remain uncontaminated by nonsterile surfaces, helps prevent tipping or spills, and keeps the sterile supplies organized for efficient use. The other options describe a waste container, a psychological theory, and a patient-centered care approach, none of which pertain to supporting sterile basins in the operating room.

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://surgicaltechptcarefundamentals.examzify.com>

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

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