BJC PATIENT CARE TECHNICIANS (PCT) ACADEMY 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.

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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!

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Questions

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1. Which measures help protect bony prominences and prevent skin breakdown?

A. Protective positioning, cushions, and Prevalon boots

B. Tucking blankets tightly

C. Frequent massage with lotion

D. Elevating legs without repositioning

2. Which measures reduce fall risk?

A. Purposeful hourly rounding

B. Clutter-free environment

C. Call light within reach

D. All of the above

3. Palpitations describe which sensation?

A. Vibrations

B. Fluttering/throb

C. Pain

D. Pressure

4. The prefix A- means?

A. No, not, absence of

B. Away from

C. Towards

D. With

5. The suffix meaning excision or removal.

A. -tomy

B. -ectomy

C. -scopy

D. -gram

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6. Which male catheter types can be placed by a PCT?

A. Only Condom Cath

B. Condom Cath, Men's Liberty, and Male Purewick - always perform perineal care before application, and only the Men's Liberty is good for 24hrs; the rest need to be changed every 8-12hrs

C. Only Male Purewick

D. Foley catheter used with same duration

7. What does Tx stand for?

A. History

B. Treatment

C. Diagnosis

D. Complains of

8. In medical shorthand, Hx most commonly stands for which term?

A. Past health history

B. Patient satisfaction

C. History

D. Hypoxemia

9. The combining forms Naso and Rhino refer to which body part?

A. Nostril

B. Choke

C. Urine

D. Nose

10. Which statement reflects PSA expectations?

A. Remain in the room at all times, chart vitals every 15 minutes, and only leave when a PSA relief person is in the room

B. Leave the patient unattended to use the bathroom

C. Take personal phone calls during PSA shifts

D. No charting is required during PSA hours

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Answers

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

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Explanations

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1. Which measures help protect bony prominences and prevent skin breakdown?

A. Protective positioning, cushions, and Prevalon boots

B. Tucking blankets tightly

C. Frequent massage with lotion

D. Elevating legs without repositioning

Protecting bony prominences comes from off-loading pressure and keeping skin well supported. Using protective positioning along with cushions and heel protectors like Prevalon boots helps spread weight away from vulnerable areas such as the heels, sacrum, elbows, and other bony points. This combination reduces prolonged pressure and friction, which are the main causes of skin breakdown in immobile patients. Tucking blankets tightly can trap and crowd the skin, increasing risk rather than decreasing it. Frequent massage with lotion isn't a reliable way to prevent ulcers and can irritate the skin or cause slips. Elevating the legs without repositioning simply shifts pressure to other areas and doesn't provide true off-loading.

2. Which measures reduce fall risk?

A. Purposeful hourly rounding

B. Clutter-free environment

C. Call light within reach

D. All of the above

Preventing falls comes from combining proactive support with a safer environment. Purposeful hourly rounding helps by consistently assessing needs and offering help before a patient tries to move on their own—checking for pain, bathroom access, repositioning, and assistance with transfers. This reduces rushed or unassisted movements that can lead to a fall. A clutter-free environment removes obstacles in walking paths, cords, furniture, and other items that could be tripped over or bumped into, making it easier and safer to move around. Having the call light within reach gives the patient a quick and easy way to request help when needed, which discourages risky attempts to get up or reposition without assistance. Together, these practices address monitoring, environmental safety, and prompt support, which is why they collectively reduce fall risk.

3. Palpitations describe which sensation?

A. Vibrations

B. Fluttering/throb

C. Pain

D. Pressure

Palpitations are the patient's felt awareness of their heartbeat. People usually describe this as a fluttering, racing, or pounding sensation in the chest. The term fluttering/throb best matches how patients commonly experience palpitations, signaling an irregular or unusually strong heartbeat. It's not about pain, which would indicate chest pain, nor about a sensation of pressure or vibrations, which point to different feelings or conditions. When you hear a patient describe palpitations, you can think of it as the heart being felt beating in a noticeable, sometimes rapid, or irregular way.

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4. The prefix A- means?

A. No, not, absence of

B. Away from

C. Towards

D. With

The main idea here is a prefix that signals negation or absence. When a- is attached to a word, it means "not," "without," or "the absence of." You can see it in medical terms like apnea (without breathing), anesthesia (without sensation), or amnesia (without memory). This is different from prefixes that indicate direction or relationship: away from is often ab- or de- in different contexts, toward is ad- or toward, and with is con- or cum. So the prefix a- denotes not or without, making it the correct interpretation.

5. The suffix meaning excision or removal.

A. -tomy

B. -ectomy

C. -scopy

D. -gram

Excision or removal is conveyed by the suffix -ectomy. It indicates a surgical procedure that removes all or part of a structure, as in appendectomy (removal of the appendix) or hysterectomy (removal of the uterus). Other suffixes here have different meanings: -tomy means cutting into or making an incision, not removing; -scopy means looking at or examining with a scope; -gram refers to a recording or image. So the suffix meaning removal is -ectomy.

6. Which male catheter types can be placed by a PCT?

A. Only Condom Cath

B. Condom Cath, Men's Liberty, and Male Purewick - always perform perineal care before application, and only the Men's Liberty is good for 24hrs; the rest need to be changed every 8-12hrs

C. Only Male Purewick

D. Foley catheter used with same duration

The main idea here is understanding which male external urinary devices a PCT can place and how often they should be changed, with attention to skin care and device duration. Male external catheters are noninvasive options that a PCT can apply. The devices listed—condom catheter, Men's Liberty, and Male PureWick—are all external approaches, so each can be placed by a PCT provided perineal care is done first to reduce infection risk and ensure a proper seal. For dwell time, each device has its own guideline: the Men's Liberty can stay in place for up to 24 hours, while the condom catheter and the Male PureWick usually require changing every 8–12 hours to protect the skin, prevent leakage, and reassess fit and cleanliness. This focuses on what a PCT is permitted to place (external devices, not indwelling catheters like Foley) and how to manage care and duration for each device.

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7. What does Tx stand for?

A. History

B. Treatment

C. Diagnosis

D. Complains of

In medical notation, Tx stands for treatment. It refers to the actions, therapies, medications, or procedures planned or given to address the patient's health issue. This is different from history (which would be noted as Hx and describes past information), diagnosis (Dx), or complaints of (often written as c/o, meaning what the patient reports feeling). So when you see Tx, you're looking at what is being done to treat the patient, such as "Tx: antibiotics started" or "Tx: physical therapy daily."

8. In medical shorthand, Hx most commonly stands for which term?

A. Past health history

B. Patient satisfaction

C. History

D. Hypoxemia

Medical shorthand uses Hx to denote history—the patient's medical history, including past illnesses, procedures, allergies, and medications. This is why the term history fits best: you'll often see notes like "Hx: DM, HTN" meaning the patient has a history of diabetes mellitus and hypertension. There are more specific abbreviations for particular histories, such as PMH for past medical history, SHx for social history, or FHx for family history, but Hx on its own generally means history. The other options describe different concepts—patient satisfaction or a physiological condition—so they aren't what Hx represents.

9. The combining forms Naso and Rhino refer to which body part?

A. Nostril

B. Choke

C. Urine

D. Nose

Naso- and Rhino- both point to the nose. In medical terminology, these combining forms indicate the nose as the involved body part. You can see them in terms like nasopharynx, rhinoplasty, and rhinitis, all referencing the nose. The nostril is just a part of the nose, while the other options—choke and urine—have no connection to these roots.

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10. Which statement reflects PSA expectations?

A. Remain in the room at all times, chart vitals every 15 minutes, and only leave when a PSA relief person is in the room

B. Leave the patient unattended to use the bathroom

C. Take personal phone calls during PSA shifts

D. No charting is required during PSA hours

Continuous observation and routine documentation are essential for PSAs to keep patients safe. The statement that reflects PSA expectations is the one describing staying in the room with the patient at all times, charting vitals every 15 minutes, and only leaving when a PSA relief person is in the room. This approach ensures there is always a trained attendant monitoring the patient, and there is a seamless handoff if coverage changes, which helps detect early signs of trouble and prevent falls or wandering. PSAs are assigned when a patient requires constant vigilance due to risk of harm or sudden changes in status. Regular vital checks provide objective data to notice deterioration early, and staying with the patient minimizes safety gaps. Leaving the patient unattended, taking personal calls, or skipping charting would create dangerous gaps in monitoring and communication, compromising the patient's safety.

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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://bjcpctacademy.examzify.com

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

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