NCCPA ENSURING STANDARDS IN THE PA PROFESSION PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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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. What is a general guideline for antibiotic therapy in acute otitis media?

A. Many cases are viral; observe without antibiotics in select children; antibiotics for younger children or severe symptoms.

B. Always prescribe antibiotics.

C. Only topical antibiotics.

D. Use antifungal therapy.

2. In suspected deep vein thrombosis, which imaging modality is preferred?

A. Duplex venous ultrasound of the affected extremity

B. CT venography

C. MRI of the leg

D. Plain X-ray of the leg

3. Which of the following is not given as a PANCE score?

A. Percent correct on the exam

B. Scaled scores

C. Raw percentages

D. Scores converted to 200-800 range

4. In suspected bacterial meningitis, when should adjunctive dexamethasone be given?

A. Only after CSF Gram stain results.

B. Only if fever persists after antibiotics.

C. Before or with first dose of antibiotics if appropriate.

D. Never used.

5. By end of which year must PANRE or PANRE-LA be taken to recertify?

A. End of 9th year

B. End of 10th year

C. End of 11th year

D. End of 12th year

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6. In acute sinusitis, when is antibiotic therapy recommended?

A. Most cases are viral; antibiotics are recommended if symptoms persist beyond 10 days or are severe (high fever, purulent discharge) early.

B. Antibiotics for all cases.

C. Never antibiotics.

D. Antibiotics only with positive bacterial culture.

7. Which statement describes the End of Curriculum exam in relation to graduation?

A. It is optional

B. It is part of the final summative

C. Not used in graduation decisions

D. Replaced by PACKRAT

8. What is the typical time period over which PANRE-LA is completed?

A. 3 years

B. 1 year

C. 2 years

D. 5 years

9. What was the PANCE pass rate in 2018?

A. 85%

B. 98%

C. 92%

D. 99%

10. Which statement about PANCE scoring is accurate?

A. Scores are raw percentages.

B. Scores are scaled based on difficulty.

C. Scores are never adjusted for difficulty.

D. Scores are converted to a 0-100 scale.

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Answers

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

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Explanations

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1. What is a general guideline for antibiotic therapy in acute otitis media?

A. Many cases are viral; observe without antibiotics in select children; antibiotics for younger children or severe symptoms.

B. Always prescribe antibiotics.

C. Only topical antibiotics.

D. Use antifungal therapy.

Antibiotic use in acute otitis media is guided by balancing the potential benefit of faster recovery with the downsides of antibiotics, such as side effects and resistance. Many AOM cases are viral or self-limited, so immediate antibiotics aren't always necessary. The general approach is to consider watchful waiting in select children, especially those who are older and have milder symptoms, while reserving antibiotics for younger children or those with more pronounced illness or signs of bacterial infection. In practice, this means providing good pain control with acetaminophen or ibuprofen, ensuring careful follow-up, and re-evaluating within 48 to 72 hours if symptoms don't improve or worsen. Antibiotics are more strongly indicated for younger kids (for whom the risk of complications is higher) or for those with severe symptoms, high fever, or definite bacterial signs. This approach helps reduce unnecessary antibiotic exposure and its risks while still treating cases most likely to benefit from antibiotics.

2. In suspected deep vein thrombosis, which imaging modality is preferred?

A. Duplex venous ultrasound of the affected extremity

B. CT venography

C. MRI of the leg

D. Plain X-ray of the leg

Duplex venous ultrasound of the affected limb is the imaging test of choice for suspected DVT. This study combines compression ultrasound with Doppler flow assessment to directly visualize thrombus and to evaluate blood flow in the veins. If a vein is normally compressible and there is normal flow, DVT is unlikely; if the vein cannot be compressed and there is absent or abnormal flow, a thrombus is suggested. It's noninvasive, quick, does not involve radiation or contrast, and is readily available in most settings, making it particularly effective as the first-line tool for diagnosing or ruling out leg DVT. If ultrasound findings are inconclusive or if there's strong suspicion for thrombosis in the pelvic or iliac veins, CT venography or MR venography can be considered, though they carry radiation/contrast considerations or longer exam times. Plain X-ray is not useful for detecting DVT.

3. Which of the following is not given as a PANCE score?

A. Percent correct on the exam

B. Scaled scores

C. Raw percentages

D. Scores converted to 200-800 range

Understanding how the PANCE is scored helps explain why raw percentages aren't the official result. The exam uses equating and scaling to account for differences in difficulty across different test forms. If you just looked at the percent of questions you got right, that percent could look different on another form even if your ability was the same. To make scores comparable across years and test forms, the results are translated into a scaled score on a fixed range, typically 200 to 800. That scaled score is the official performance measure and is used to determine passing. Raw percentages are not the official score because they don't reflect this standardization. They might be used for internal analysis or to give a quick sense of performance, but they aren't the score reported to determine eligibility to practice. The scaled score on the 200–800 range is the standardized measure that provides a consistent benchmark across exam administrations.

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4. In suspected bacterial meningitis, when should adjunctive dexamethasone be given?

A. Only after CSF Gram stain results.

B. Only if fever persists after antibiotics.

C. Before or with first dose of antibiotics if appropriate.

D. Never used.

The timing of adjunctive dexamethasone in suspected bacterial meningitis is crucial. The goal is to blunt the inflammatory response that occurs when bacteria are killed by antibiotics, which can otherwise lead to brain edema, raised intracranial pressure, and neurological complications such as hearing loss. Giving dexamethasone just before or with the first dose of antibiotics ensures the anti-inflammatory effect is in place as the bacteria are being killed, reducing inflammatory mediators from the outset. If dexamethasone is delayed until after antibiotics have already been started, or if it's not given at all, the potential to lessen these inflammatory consequences is diminished. Fever persistence after antibiotics does not guide the decision; the benefit comes from early administration, not from waiting to see how the fever evolves. In practice, start empiric antibiotics immediately for suspected meningitis and administer dexamethasone right before or with the first antibiotic dose, when appropriate.

5. By end of which year must PANRE or PANRE-LA be taken to recertify?

A. End of 9th year

B. End of 10th year

C. End of 11th year

D. End of 12th year

Recertification for physician assistants is on a 10-year cycle, and the PANRE or PANRE-LA is the exam you must pass within that window to stay certified. The deadline is the end of the 10th year after you first became certified, so you have ten years to prepare and complete the exam. Taking it any time up to the end of that tenth year is acceptable, but delaying into the 11th year would mean your certification would lapse unless you've already completed recertification.

6. In acute sinusitis, when is antibiotic therapy recommended?

A. Most cases are viral; antibiotics are recommended if symptoms persist beyond 10 days or are severe (high fever, purulent discharge) early.

B. Antibiotics for all cases.

C. Never antibiotics.

D. Antibiotics only with positive bacterial culture.

Acute sinusitis is most often viral, and most people get better with supportive care without antibiotics. Because antibiotics don't reliably shorten a viral sinus infection and carry risks like side effects and antibiotic resistance, they aren't used routinely. The approach is watchful waiting and symptom management, with antibiotics reserved for signs that bacterial sinusitis is likely: symptoms that persist for about 10 days without improvement, or severe disease at onset such as a high fever (around 39°C or higher), purulent nasal discharge, and facial pain lasting several days, or a worsening course after an initial improvement. This strategy helps avoid unnecessary antibiotic use while catching cases where antibiotics can meaningfully help.

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7. Which statement describes the End of Curriculum exam in relation to graduation?

A. It is optional

B. It is part of the final summative

C. Not used in graduation decisions

D. Replaced by PACKRAT

End of Curriculum exam is a knowledge check given at the end of the PA curriculum to gauge what a student has mastered. It provides useful feedback and can help identify areas for remediation, but graduation decisions are based on broader criteria: completing all required rotations, meeting clinical performance standards, and achieving eligibility to sit the board exams. Because the EOC score doesn't determine whether a student graduates, the statement that it is not used in graduation decisions is the best description. The other ideas don't fit: this exam isn't a replacement for graduation decisions, it isn't simply part of the final summative that seals graduation, and PACKRAT is a separate practice assessment used for test preparation rather than a formal substitute for the EOC in graduation determinations.

8. What is the typical time period over which PANRE-LA is completed?

A. 3 years

B. 1 year

C. 2 years

D. 5 years

PANRE-LA is designed as a longitudinal assessment, meaning it is completed over a one-year cycle. Rather than sitting for a single, high-stakes test, you answer a series of assessments across the year, which provides ongoing feedback and keeps your knowledge aligned with current practice. That yearly window is intentional, supporting continuous learning and fitting with recertification timing. The other durations—several years—don't fit the format, since the program is structured around completing within a 12-month period.

9. What was the PANCE pass rate in 2018?

A. 85%

B. 98%

C. 92%

D. 99%

PANCE pass rates show how many people who take the exam meet the passing standard in a given year. In 2018, the published figure was about 98%, so that number best matches the actual data. It means the vast majority of test takers passed that year. The 85% and 92% figures are noticeably lower than what was reported, and 99% is higher than the official 2018 statistic.

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10. Which statement about PANCE scoring is accurate?

A. Scores are raw percentages.

B. Scores are scaled based on difficulty.

C. Scores are never adjusted for difficulty.

D. Scores are converted to a 0-100 scale.

PANCE scoring uses scaled, equated scores that adjust for the difficulty of the items and the particular test form. Because different forms contain items with varying difficulty, raw percent correct wouldn't fairly compare performance across forms. Scaling converts the raw results into a standardized metric that accounts for how hard the questions were, so a similar level of ability yields comparable scores regardless of which form you saw. That's why the statement describing scoring as scaled based on difficulty is the accurate one. Raw percentages aren't used as the final score, it isn't treated as a simple 0-100 scale, and not adjusting for difficulty would make scores unfairly depend on the form.

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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://nccpaensuringstandardsinpa.examzify.com

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

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