PHYSICIAN ASSISTANT (PA) PROFESSIONALISM 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. Minimum Category 1 CME credits required?

A. 20

B. 40

C. 60

D. 50

2. Living will is defined as:

A. A document detailing your finances after death

B. Your written expression of how you want to be treated in certain medical circumstances

C. A document for appointing a medical proxy

D. A statement documenting your organ donation preferences

3. Which of the following is an example of PHI when linked to an individual patient?

A. A hospital policy document

B. An anonymized research data set

C. A patient's name and birth date

D. A hospital building security code

4. Where else can PAs practice outside the United States?

A. They practice only in non-English-speaking countries

B. England, Australia, Canada, Netherlands

C. They practice only in Canada

D. They have no international practice opportunities

5. The 6-month extension related to COBRA applies to what?

A. Healthcare coverage after leaving employment.

B. Healthcare coverage only upon retirement.

C. Coverage for dependent children only.

D. No extension of coverage.

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6. Which of the following lists represents members who are typically part of the healthcare team?

A. Dietitians, PAs, doctors, nurses, social workers

B. Only doctors

C. Dietitians, PAs, doctors, nurses, social workers, radiologists, transporters, housekeepers, PT, OT, PA students, phlebotomist, ultrasound/CT/MRI tech

D. Only administrative staff

7. Which component is included in the SPIKES framework for delivering bad news?

A. The patient's family should decide the pace of disclosure.

B. Ethical and legal constraints override patient involvement.

C. SPIKES components include: setting up the interview, assessing perception, obtaining invitation, giving knowledge, addressing emotions, and strategy/summary.

D. Delivery should be brief and simply stated.

8. How should a PA address personal biases when treating a patient from a different cultural background?

A. Ignore biases.

B. Acknowledge biases, seek understanding, practice culturally responsive care, and involve interpreters when needed.

C. Assume all patients share the same background.

D. Replace patient with someone else.

9. Which action demonstrates proper handling of a patient's advance directive?

A. Respect patient wishes only if documented on paper; otherwise ignore.

B. Respect patient wishes as documented and discuss them with the care team; ensure care aligns with the directive.

C. Overrule directives if the team believes different care is better.

D. Store directives in a locked file and never discuss with patient.

10. How should a PA address a conflict of interest in practice?

A. Ignore and proceed with the decision.

B. Keep it private without disclosure.

C. Avoid discussing with supervisor.

D. Disclose to supervisor and recuse from decisions when needed.

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Answers

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

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Explanations

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1. Minimum Category 1 CME credits required?

A. 20

B. 40

C. 60

D. 50

CME requirements for PA certification maintenance are set on a two-year cycle: you must earn 100 CME credits in that period, and at least half of those must be Category 1 credits. That makes the minimum Category 1 requirement 50 credits. You can reach the total 100 credits by supplementing the remaining credits with Category 2 CME, but you cannot drop below 50 Category 1 credits.

2. Living will is defined as:

A. A document detailing your finances after death

B. Your written expression of how you want to be treated in certain medical circumstances

C. A document for appointing a medical proxy

D. A statement documenting your organ donation preferences

The main idea tested is that a living will is an advance directive that records your preferences for medical treatment in situations where you cannot communicate. It typically specifies which life-sustaining or other medical interventions you would want or refuse in certain circumstances, guiding clinicians and family to honor your values when you're unable to speak for yourself. This document focuses on medical care decisions, not finances or estate matters. It also isn't the tool for appointing someone to make decisions for you—that's a durable power of attorney for healthcare. Organ donation preferences may be captured elsewhere, but the living will's primary purpose is treatment choices.

3. Which of the following is an example of PHI when linked to an individual patient?

A. A hospital policy document

B. An anonymized research data set

C. A patient's name and birth date

D. A hospital building security code

PHI includes information about a patient's health status, health care, or payment for health care that can identify the individual. The crucial point is linkage to an identifiable person. The combination of a patient's name and birth date identifies who the person is and can be connected to their health information, so it qualifies as PHI. The hospital policy document is general and not by itself linked to a specific patient's health data. An anonymized data set has had identifiers removed and cannot be tied to a particular person. A hospital building security code has nothing to do with health information. Therefore, the patient's name and birth date is the example that becomes PHI when linked to an individual.

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4. Where else can PAs practice outside the United States?

A. They practice only in non-English-speaking countries

B. England, Australia, Canada, Netherlands

C. They practice only in Canada

D. They have no international practice opportunities

PAs can practice outside the United States where the role is adopted and regulated. England, Australia, Canada, and the Netherlands all have established pathways for physician assistants to work as part of medical teams, with recognized training and credentialing. The other options incorrectly suggest restrictions—either that PAs only work in non English speaking countries, that they only practice in Canada, or that there are no international opportunities.

5. The 6-month extension related to COBRA applies to what?

A. Healthcare coverage after leaving employment.

B. Healthcare coverage only upon retirement.

C. Coverage for dependent children only.

D. No extension of coverage.

COBRA is about keeping employer-sponsored health coverage after a qualifying event, most commonly when you leave a job. The idea behind a 6-month extension in this context is that it relates to extending that coverage during the transition after you're no longer employed. So the option that best fits is continuing healthcare coverage after leaving employment. It isn't limited to retirement, it isn't only for dependent children, and there is indeed a mechanism to extend coverage under COBRA for a period rather than ending it immediately.

6. Which of the following lists represents members who are typically part of the healthcare team?

A. Dietitians, PAs, doctors, nurses, social workers

B. Only doctors

C. Dietitians, PAs, doctors, nurses, social workers, radiologists, transporters, housekeepers, PT, OT, PA students, phlebotomist, ultrasound/CT/MRI tech

D. Only administrative staff

Healthcare teams operate best when they draw on a broad range of professionals who contribute to different aspects of patient care, from medical decision-making to rehabilitation, imaging, nutrition, psychosocial support, and the logistics that keep care moving. The list includes clinicians like doctors and physician assistants, nurses, and rehabilitation specialists (physical and occupational therapists) who directly support and improve health outcomes. It also covers allied health and support roles that are essential for diagnosis, treatment, safety, and discharge planning—dietitians for nutrition, social workers for psychosocial needs, radiologists and imaging technologists for diagnostics, phlebotomists for lab work, and imaging techs for ultrasound/CT/MRI. Even transport staff and environmental services (housekeepers) play critical parts in patient safety and seamless care. This breadth reflects the reality that patient care is a collaborative effort across many disciplines, not limited to doctors or administrative personnel alone. Including a wide range of roles ensures comprehensive, coordinated care for the patient.

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7. Which component is included in the SPIKES framework for delivering bad news?

A. The patient's family should decide the pace of disclosure.

B. Ethical and legal constraints override patient involvement.

C. SPIKES components include: setting up the interview, assessing perception, obtaining invitation, giving knowledge, addressing emotions, and strategy/summary.

D. Delivery should be brief and simply stated.

Delivering bad news with care follows a structured approach called SPIKES. It starts by setting up the interview to create a private, supportive environment, then checks the patient's perception of the situation, and gauges how much they want to know (invitation). Next comes giving knowledge in a clear, honest, and appropriately paced way, followed by addressing the patient's emotions with empathic responses. Finally, it outlines a plan—strategy and a concise summary of next steps. This combination—setting, perception, invitation, knowledge, emotions, and strategy/summary—is exactly what the correct choice lists. The other options don't fit this framework. Letting the family decide the pace undermines patient autonomy. Treating ethical and legal constraints as overriding patient involvement contradicts the patient-centered focus of SPIKES. Saying news should be brief and simply stated ignores the tailored, empathetic, and stepwise approach SPIKES advocates.

8. How should a PA address personal biases when treating a patient from a different cultural background?

A. Ignore biases.

B. Acknowledge biases, seek understanding, practice culturally responsive care, and involve interpreters when needed.

C. Assume all patients share the same background.

D. Replace patient with someone else.

The main idea is handling personal biases through cultural humility and delivering culturally responsive care. A PA should acknowledge any biases and actively seek to understand the patient's cultural perspective, beliefs, and values. This means engaging in open, respectful dialogue, avoiding assumptions, and adapting care to fit the patient's needs and preferences. When language differences exist, using interpreters or translation services is essential to ensure clear communication, informed consent, and shared decision-making. This approach helps build trust, improves adherence, and reduces the risk that bias will color clinical judgment. Why the other approaches don't fit: ignoring biases can lead to discriminatory care and poor outcomes; assuming all patients share the same background ignores diversity and can result in inappropriate treatment; replacing the patient with someone else is unethical and disrespectful.

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9. Which action demonstrates proper handling of a patient's advance directive?

A. Respect patient wishes only if documented on paper; otherwise ignore.

B. Respect patient wishes as documented and discuss them with the care team; ensure care aligns with the directive.

C. Overrule directives if the team believes different care is better.

D. Store directives in a locked file and never discuss with patient.

Advance directives are the patient's instructions about medical care when they can't speak for themselves. The best action is to honor those wishes as documented and discuss them with the care team, ensuring the care plan aligns with the directive. This means confirming the directive is current and applicable, identifying who can interpret it if needed, and documenting decisions in the chart so every provider follows them. If there's any ambiguity, seek clarification or input from ethics or palliative care rather than guessing or changing course on your own. In short, follow the patient's documented preferences and integrate them into care through clear team communication.

10. How should a PA address a conflict of interest in practice?

A. Ignore and proceed with the decision.

B. Keep it private without disclosure.

C. Avoid discussing with supervisor.

D. Disclose to supervisor and recuse from decisions when needed.

Conflict of interest means personal or financial interests could influence clinical judgment. The best way to handle this is to be transparent by disclosing the potential conflict to a supervisor or the appropriate authority and to recuse from decisions where the conflict could bias the care provided. This approach protects patient safety, preserves trust, and aligns with ethical standards and institutional policies. By disclosing, the team can put safeguards in place, such as supervision, peer review, or transferring the patient to another clinician for the affected decisions. If a situation could still be biased after disclosure, stepping back from the decision and ensuring another clinician handles it upholds the integrity of care. Ignoring the conflict, keeping it private, or avoiding discussion undermines patient welfare and professional ethics.

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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://paprofessionalism.examzify.com

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

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