PHYSICIAN ASSISTANTS (PA) & SOCIETY PRACTICE TEST (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 of the following is NOT one of Starfield's four functions of primary care?**

   A. Coordination

   B. First Contact Care

   C. Screening for Rare Diseases

   D. Longitudinality

2. **What is the Swiss cheese model?**

   A. A method for mathematical risk scoring

   B. A model illustrating how multiple layers of defense can prevent errors, with holes that align to cause harm

   C. A diagram for time management

   D. A budgeting framework

3. **Medicaid is best described as which type of health insurance?**

   A. Private employer-based plan

   B. State-run, government medical insurance for people of lower income

   C. Insurance for people over 65

   D. Supplemental private plan

4. **Which state has the greatest increase in PAs?**

   A. New York

   B. California

   C. Mississippi

   D. Florida

5. **What is inclusion?**

   A. The effort to create a space welcoming and accessible to various demographics and ensuring all voices are heard.

   B. The process of treating everyone identically.

   C. The practice of providing the same resources to all departments.

   D. The requirement to standardize patient care protocols.

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6. Which organization name is explicitly associated with DEI in the program in PA education?

A. ARC PA

B. AAPA

C. PAEA

D. AMA

7. What describes the PDCA cycle?

A. A four-step management method used for the control and continual improvement of processes and products

B. A budgeting framework for a fiscal year

C. A single-step quality check procedure

D. A framework for credentialing and licensure

8. Which principle is defined as being of benefit to the patient and preventing harm?

A. Autonomy

B. Beneficence

C. Nonmaleficence

D. Justice

9. What is the total CME requirement every two years, including Cat 1 credits?

A. 50

B. 100

C. 150

D. 200

10. What is the face-to-face interaction time for Detailed documentation?

A. 30 minutes

B. 10 minutes

C. 40 minutes

D. 20 minutes

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Answers

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

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Explanations

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1. Which of the following is NOT one of Starfield's four functions of primary care?

A. Coordination

B. First Contact Care

C. Screening for Rare Diseases

D. Longitudinality

Starfield's framework for primary care centers on four functions: being the first point of contact in the health system, providing ongoing care over time (longitudinality), coordinating care with other parts of the health system, and delivering care that covers a broad range of health needs (comprehensiveness). Screening for rare diseases isn't one of these core functions. Primary care does include preventive screening for common conditions as part of comprehensive care, but screening specifically for rare diseases isn't a general, defining function of primary care in Starfield's model. The other options align with those four functions: acting as the entry point, maintaining an ongoing patient relationship, and coordinating with specialists and services.

2. What is the Swiss cheese model?

A. A method for mathematical risk scoring

B. A model illustrating how multiple layers of defense can prevent errors, with holes that align to cause harm

C. A diagram for time management

D. A budgeting framework

In patient safety and systems thinking, the Swiss cheese model shows how several layers of protection work together to prevent errors, but each layer has its own weaknesses. Each slice of cheese represents a defense—things like protocols, double checks, alarms, training, and independent verification. The holes in each slice are the gaps, latent conditions, or points where a defense might fail. An adverse event happens when the holes line up across multiple layers, creating a path for an error to reach the patient. This concept emphasizes that risks aren't eliminated by a single safeguard; instead, safety comes from multiple independent defenses whose weaknesses don't coincide all at once. That's why the model is the best answer: it captures the idea that layering defenses reduces risk, but gaps can align to cause harm if not addressed, guiding how to strengthen systems with redundancy and better processes. It isn't a method for mathematical risk scoring, a diagram for time management, or a budgeting framework, which is why those options don't fit this concept.

3. Medicaid is best described as which type of health insurance?

A. Private employer-based plan

B. State-run, government medical insurance for people of lower income

C. Insurance for people over 65

D. Supplemental private plan

Medicaid is a joint federal–state government program that provides health coverage to people with limited income and resources. It's run by each state within federal guidelines and funded by both the federal government and the state governments. This makes it different from private employer-sponsored plans, which are funded and offered by employers, and from Medicare, which primarily covers people aged 65 and older (and some younger individuals with certain disabilities). Medicaid targets low-income individuals and families, offering essential services that can include hospital care, physician visits, and sometimes long-term care, with specific benefits and eligibility rules varying by state.

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4. Which state has the greatest increase in PAs?

A. New York

B. California

C. Mississippi

D. Florida

Growth of the PA workforce across states is most meaningful when looking at where the increase over time is largest. Mississippi stands out because, in the data shown, its PA numbers rise more rapidly than those of the other states over the measured period. This rapid growth typically reflects a combination of factors: more PA education or affiliating sites within the state, more graduates entering practice, incentives or programs that pull PAs to underserved areas (often a focus in rural states), and practice environments that allow PAs to take on expanding roles. While larger states like New York and California may have higher total PA counts, their growth rate over the same period isn't as steep as Mississippi's in this dataset, so they don't show the greatest increase. Florida's growth is solid but not as pronounced as Mississippi's in this context.

5. What is inclusion?

A. The effort to create a space welcoming and accessible to various demographics and ensuring all voices are heard.

B. The process of treating everyone identically.

C. The practice of providing the same resources to all departments.

D. The requirement to standardize patient care protocols.

Inclusion means actively building spaces where people from diverse backgrounds feel welcome, can participate, and have their voices heard. It goes beyond simply not discriminating; it involves removing barriers, providing the accommodations people need, and ensuring representation in decisions that affect them. In medical practice, this translates to offering language services, culturally competent care, accessible facilities, and real opportunities for patients and team members from all backgrounds to contribute. The other ideas describe treating everyone the same (equality), giving the same resources regardless of context (uniformity), or merely standardizing protocols—none of which capture the active, participatory, barrier-removing focus of inclusion.

6. Which organization name is explicitly associated with DEI in the program in PA education?

A. ARC PA

B. AAPA

C. PAEA

D. AMA

DEI in PA education is often embedded through the program's accreditation standards. ARC-PA is the accrediting commission that sets and enforces those standards for physician assistant programs, and their criteria explicitly address diversity, equity, and inclusion within the program's mission, admissions, curriculum, and student support. Because the question asks which organization name is explicitly tied to DEI in the PA education program itself, ARC-PA is the best answer since it governs and documents DEI requirements as part of program accreditation. The other organizations—AAPA, PAEA, and AMA—play important roles in promoting DEI and supporting PA education, but they do not directly establish the program accreditation criteria that explicitly embed DEI.

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7. What describes the PDCA cycle?

A. A four-step management method used for the control and continual improvement of processes and products

B. A budgeting framework for a fiscal year

C. A single-step quality check procedure

D. A framework for credentialing and licensure

PDCA cycle is a four-step management method used for the control and continual improvement of processes and products. It starts with Plan—identify a problem or opportunity, set objectives, and design a change. Then Do—implement the change on a small scale or as a pilot. Next is Check (or Study)—measure outcomes, compare them to expectations, and determine what happened. Finally Act—if the change worked, implement it more broadly and standardize it; if not, adjust the plan and run another cycle. This approach is iterative, focusing on systematic testing and refinement to achieve ongoing improvement in how work is done and how products or services perform. It's not just budgeting, a one-time quality check, or a credentialing framework.

8. Which principle is defined as being of benefit to the patient and preventing harm?

A. Autonomy

B. Beneficence

C. Nonmaleficence

D. Justice

Beneficence centers on actions that promote the patient's well-being. It requires us to actively seek ways to do good for the patient and to prevent or reduce harm as part of promoting overall health. In practice, this means choosing options that maximize benefit while minimizing risk, rather than simply avoiding harm. Autonomy is about respecting the patient's right to make their own decisions. Justice involves fairness in the distribution of care. Nonmaleficence means "do no harm," but it doesn't by itself require actively promoting benefit. The question's emphasis on both benefiting the patient and preventing harm fits beneficence, since it encompasses taking proactive steps to enhance welfare and reduce risk for the patient.

9. What is the total CME requirement every two years, including Cat 1 credits?

A. 50

B. 100

C. 150

D. 200

PAs must accumulate 100 CME credits every two years, and at least 50 of those must be Category I credits. Category I comes from ACCME- or AMA-recognized activities, while Category II covers other learning activities like self-directed reading. So the total required is 100 CME credits in a two-year cycle, with a minimum of 50 Category I. The other options don't fit because they don't reflect this two-year total with the Category I minimum.

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10. What is the face-to-face interaction time for Detailed documentation?

A. 30 minutes

B. 10 minutes

C. 40 minutes

D. 20 minutes

Detailed documentation is associated with about 30 minutes of face-to-face interaction with the patient. This amount of time reflects the more thorough history, expanded exam, and counseling/coordination of care that characterize this level of documentation. Time spent directly with the patient is the gauge used for this level, so 30 minutes best fits the Detailed category. Shorter durations (10 or 20 minutes) would typically correspond to lower levels, while longer durations (40 minutes) would usually indicate a higher level or include additional non-face-to-face tasks.

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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://paandsociety.examzify.com

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

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