PHYSICIAN ASSISTANTS – SUPERVISING PHYSICIANS 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. Under SBOM, satellite location is defined as which of the following?

A. A location other than the primary place at which the supervising physician and PA provide medical care

B. A location within the main office building

C. A location outside the state

D. A virtual telemedicine site only

2. What is the role of patient autonomy in the PA–supervising physician relationship?

A. Override patient choices and control decisions

B. Respect patient choices, ensure informed consent, and present roles transparently

C. Ignore patient preferences

D. Replace patient decisions with physician decisions

3. How should a PA report an adverse drug event to the supervising physician?

A. Promptly notify the supervisor, document the event, assess causality, adjust treatment as needed, and report to appropriate oversight bodies if required.

B. Report to patient only, with no supervisor notification.

C. Wait until the next annual review.

D. Only document for internal records; no notification needed.

4. What licensing step should a PA consider when practicing in another state?

A. Read state regulations

B. Consult the local newspaper

C. Ignore licensing requirements

D. Follow only federal guidelines

5. How should supervision adapt when a patient has language barriers?

A. Use family members as interpreters if necessary

B. Avoid using interpreters and proceed

C. Use professional interpreters, ensure consent comprehension, document interpreter involvement, and maintain privacy during communication

D. Delay care until an interpreter is available

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6. Which statement best describes a medical record audit in a supervised practice?

A. It is used to punish clinicians for errors.

B. It verifies accuracy, compliance, and quality, identifying gaps for improvement and risk reduction.

C. It replaces clinical judgment with a standardized template.

D. It solely focuses on billing accuracy.

7. How is satellite location approval completed in SBOM?

A. Must outline provision for direct communication between PA and physician

B. PA must work in primary DO's office for two years

C. Distance must be at least 50 miles

D. Satellite must have its own license

8. What constitutes a valid physician-PA supervisory relationship in most jurisdictions?

A. A verbal agreement only.

B. No defined scope.

C. Regular supervision and ongoing competency assessment.

D. A formal agreement, defined scope, approved protocols, regular supervision, ongoing competency assessment, and regulatory compliance.

9. What does a PA need to do if they are going to practice in another state?

A. Join the state PA association

B. Move without notifying authorities

C. Ignore state regulations

D. Practice using only federal guidelines

10. What are the additional tips given to practicing in another state?

A. Become familiar with common third-party insurance carriers at the practice

B. Avoid researching salary surveys and benefits in that state

C. Ignore state-specific malpractice coverage options

D. Assume the same salary across all states

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Answers

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

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Explanations

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1. Under SBOM, satellite location is defined as which of the following?

A. A location other than the primary place at which the supervising physician and PA provide medical care

B. A location within the main office building

C. A location outside the state

D. A virtual telemedicine site only

The main concept is that a satellite location is any site where care is provided that is not the supervising physician's primary practice location. This means the supervising physician and the PA can deliver care at off-site clinics, hospitals, or other facilities and still be considered part of the same supervisory arrangement. Why this fits best: the defining feature is being off the primary office, not being within the same building, outside the state, or limited to telemedicine. A location within the main office isn't a satellite, and being outside the state is not the core criterion. A satellite isn't restricted to virtual telemedicine; it can involve in-person care at different sites as well.

2. What is the role of patient autonomy in the PA–supervising physician relationship?

A. Override patient choices and control decisions

B. Respect patient choices, ensure informed consent, and present roles transparently

C. Ignore patient preferences

D. Replace patient decisions with physician decisions

Patient autonomy means the patient has the right to make informed decisions about their care. In the PA–supervising physician relationship, the PA supports this by ensuring the patient is informed about who is involved in their care, what options exist, and what the plan entails. The PA obtains informed consent before any treatment by explaining risks, benefits, and alternatives, and by making sure the patient understands what role each clinician will play. The patient should be free to accept or decline recommendations, and should know who is providing which aspects of care. This approach respects patient choices, fulfills the ethical and legal requirements for informed consent, and presents the supervision arrangement clearly so the patient understands the team's roles. Choices that override patient decisions, ignore preferences, or substitute the physician's decisions for the patient's undermine autonomy.

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3. How should a PA report an adverse drug event to the supervising physician?

A. Promptly notify the supervisor, document the event, assess causality, adjust treatment as needed, and report to appropriate oversight bodies if required.

B. Report to patient only, with no supervisor notification.

C. Wait until the next annual review.

D. Only document for internal records; no notification needed.

Prompt, coordinated action is essential when an adverse drug event occurs. The best approach is to immediately notify the supervising physician, then document the event in the patient's chart, assess causality to determine if the drug is likely responsible, adjust the treatment plan as needed, and report to the appropriate oversight bodies if required by policy or law. This sequence ensures patient safety, keeps the supervising physician in the loop for clinical decisions, preserves a clear medical record, and supports broader safety monitoring when regulatory reporting is mandated. Reporting to the patient alone, delaying notification until the next annual review, or only keeping internal records without informing the supervising physician or taking clinical action fails to protect the patient and meets none of the professional responsibilities involved in managing drug-related harm.

4. What licensing step should a PA consider when practicing in another state?

A. Read state regulations

B. Consult the local newspaper

C. Ignore licensing requirements

D. Follow only federal guidelines

Licensing for physician assistants is state-specific, so when you practice in another state you must check that state's licensing rules. Start by reading the rules and requirements published by the state's medical or PA licensing board. This will tell you exactly what is needed to practice there: whether you need a full license, a temporary or courtesy permit, or some form of telemedicine privilege; what supervision, scope of practice, and prescriptive authority rules apply; and what continuing education or certification verifications are required. It also covers application steps, fees, and how to verify your credentials. Some states participate in a PA Compact that can simplify cross-state practice, but you still have to meet that state's conditions and ensure your license is in good standing where you intend to work. Federal guidelines set broad expectations but do not replace state licensure requirements. Reading state regulations gives you the concrete, legally compliant path to practice in a new state.

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5. How should supervision adapt when a patient has language barriers?

A. Use family members as interpreters if necessary

B. Avoid using interpreters and proceed

C. Use professional interpreters, ensure consent comprehension, document interpreter involvement, and maintain privacy during communication

D. Delay care until an interpreter is available

When a patient has language barriers, the priority is clear and accurate communication to ensure safety and informed care. Use professional interpreters rather than relying on family members or proceeding without translation. Certified medical interpreters bring the appropriate medical vocabulary, cultural nuance, and a level of accuracy that reduces the risk of miscommunication, misdiagnosis, or inappropriate treatment decisions. Consenting the patient requires confirming true understanding. The interpreter should accurately convey the information about options, risks, benefits, and alternatives, and the clinician should pause to check comprehension, invite questions, and have the patient restate key points in their own words. This helps ensure that consent is meaningful and voluntary. Documentation matters. Record that an interpreter was present, who provided the interpretation, and that informed consent was obtained with interpreter involvement. This creates a clear record for accountability, safety, and future care decisions. Maintain privacy throughout the interaction. Conduct discussions in a private setting and ensure the interpreter is bound by confidentiality with respect to sensitive information. Using family members as interpreters can introduce errors, bias, and confidentiality breaches; delaying or avoiding interpreter use can jeopardize patient safety and ethical standards.

6. Which statement best describes a medical record audit in a supervised practice?

A. It is used to punish clinicians for errors.

B. It verifies accuracy, compliance, and quality, identifying gaps for improvement and risk reduction.

C. It replaces clinical judgment with a standardized template.

D. It solely focuses on billing accuracy.

A medical record audit in supervised practice is a systematic review of documentation to ensure accuracy, completeness, compliance with standards, and quality of care. It is a tool for improvement and risk reduction, not punishment. By examining how well records reflect the patient encounter, the plan, orders, and follow-up, educators and supervisors identify gaps in documentation, coding, or process that could affect patient safety, legal defensibility, or care consistency. The goal is feedback and change—strengthening processes, updating templates or workflows, and reinforcing best practices. While billing accuracy can be part of what is reviewed, the scope is broader: it includes clinical content, proper coding, timeliness, legibility, adherence to privacy rules, and alignment with guidelines. The other options don't fit because they describe punitive use, replacing clinical judgment with a template, or focusing solely on billing.

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7. How is satellite location approval completed in SBOM?

A. Must outline provision for direct communication between PA and physician

B. PA must work in primary DO's office for two years

C. Distance must be at least 50 miles

D. Satellite must have its own license

The main idea is securing proper supervision at satellite practice sites by detailing how the PA and supervising physician stay in direct contact. When a PA works away from the main office, the supervising physician must be able to provide real-time guidance and oversight to ensure safe, appropriate patient care. The approval typically requires a documented plan that outlines how direct communication will occur—such as real-time phone calls, secure messaging, or telemedicine—so the physician can review and authorize orders, discuss cases, and intervene as needed. This clarity helps define who is responsible for decisions, how quickly the physician can be reached, and how care updates are communicated, which is essential for regulatory compliance and patient safety. Other options aren't generally the basis for satellite approval. A requirement to work two years in a DO's office isn't a standard supervisory condition, nor is a fixed distance like 50 miles a universal rule. Requiring the satellite to have its own separate license isn't typically necessary when the PA operates under the supervising physician's license with an explicit supervision plan.

8. What constitutes a valid physician-PA supervisory relationship in most jurisdictions?

A. A verbal agreement only.

B. No defined scope.

C. Regular supervision and ongoing competency assessment.

D. A formal agreement, defined scope, approved protocols, regular supervision, ongoing competency assessment, and regulatory compliance.

A valid physician-PA supervisory relationship requires formal, documented structure with ongoing oversight to ensure safe and compliant patient care. This means a written supervisory agreement that outlines the relationship, a clearly defined scope of practice for the PA, and approved protocols that specify what tasks the PA may perform and how decisions are escalated. Regular supervision and ongoing competency assessment are essential to monitor performance, provide feedback, and address any competency gaps. All of this must align with regulatory requirements, including license rules and state or national practice acts. Verbal arrangements or ambiguous scopes tend to leave critical elements uncertain, making supervision nonbinding or incomplete. Without a formal agreement, defined scope, and approved protocols, there's increased risk of scope creep, unsafe practices, and noncompliance with laws and professional standards. The comprehensive combination in the correct option ensures clarity, safety, and accountability in the physician-PA team.

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9. What does a PA need to do if they are going to practice in another state?

A. Join the state PA association

B. Move without notifying authorities

C. Ignore state regulations

D. Practice using only federal guidelines

Practicing in another state requires you to align with that state's licensure rules and practice regulations. Joining the state PA association is the best next step because it connects you with state-specific information, licensure requirements, and resources for compliance. State associations keep members informed about the application process, any state-specific exams or background checks, and ongoing continuing education needed to practice there. They also offer guidance on the scope of practice in that state and opportunities to stay updated on regulatory changes, which is essential when crossing state lines. Relying on federal guidelines alone won't authorize practice in a new state, and moving without notifying authorities or ignoring state regulations would violate licensure and create legal and professional risks.

10. What are the additional tips given to practicing in another state?

A. Become familiar with common third-party insurance carriers at the practice

B. Avoid researching salary surveys and benefits in that state

C. Ignore state-specific malpractice coverage options

D. Assume the same salary across all states

Understanding the payer landscape when practicing in a new state is essential. Different practices rely on different third-party insurance carriers, and payer rules can vary by state. By becoming familiar with the common carriers used at the prospective practice, you'll streamline credentialing, billing workflows, preauthorizations, and reimbursement, which helps minimize denials and delays and keeps workflows aligned with network requirements. Other options don't fit because compensation and benefits vary by location, so researching local salary surveys is important for realistic expectations. Malpractice coverage options also differ by state, and assuming the same coverage or price everywhere can leave gaps in protection and compliance. Being aware of state-specific requirements and payer networks helps you practice safely and effectively.

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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://pasupervisingphysicians.examzify.com

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

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