

CLINICAL PRACTICE ISSUES 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.

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!

Questions

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- 1. When should palliative care consultation be considered in non-oncologic chronic illness, and what value does it provide?**
 - A. Very late in the disease course
 - B. Only if requested by the patient
 - C. Early in serious, life-limiting illnesses with high symptom burden or complex goals of care; improves quality of life, supports families, and coordinates care across settings.
 - D. It provides no additional value in non-oncologic illnesses
- 2. If you fail to pass the PANCE six times within six years, what must you do?**
 - A. Retake the PANCE once
 - B. Restart a new PA program
 - C. You are permanently ineligible
 - D. Switch to a different profession
- 3. Which technique is central to confirming a patient's understanding of discharge instructions?**
 - A. Teach-back method.
 - B. Verbal assent.
 - C. Provide discharge instructions in medical jargon.
 - D. Give only a video without interaction.
- 4. Which practice is NOT an essential security measure for protecting patient data in electronic health records and mobile devices?**
 - A. Access controls
 - B. Encryption
 - C. Regular software updates
 - D. Use of personal devices without management
- 5. What is the minimum age for temporary license eligibility?**
 - A. 30
 - B. 21
 - C. 18
 - D. 25

- 6. What is a key best practice for handoffs to ensure patient safety?**
- A. Transfer essential information between caregivers; use standardized checklists, SBAR framework, time for questions, verify understanding, and document the handoff.
 - B. Rely on informal verbal handoffs with no documentation.
 - C. Handoff only at shift changes with no time for questions.
 - D. Rely solely on electronic notes with no verbal exchange
- 7. The surgeon's NPI number must be documented in order to establish medical necessity when a PA assists in surgery.**
- A. True
 - B. Not Sure
 - C. Sometimes
 - D. False
- 8. How many CME hours are required every 2 years by NCCPA?**
- A. 50
 - B. 100
 - C. 120
 - D. 80
- 9. Which action best supports documenting a discussion about delivering bad news to a patient and family?**
- A. The discussion content, patient questions, decisions, and follow-up plan.
 - B. Only the date and time of the discussion.
 - C. A brief note stating 'discussed' without details.
 - D. The clinician's personal reflections after the discussion.
- 10. Which statement best describes the goal of root cause analysis in incident reporting?**
- A. Assign blame to individuals for errors.
 - B. Document incidents for policy compliance only.
 - C. Identify underlying causes and implement system-level changes to prevent recurrence.
 - D. Evaluate patient outcomes only.

Answers

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

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Explanations

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1. When should palliative care consultation be considered in non-oncologic chronic illness, and what value does it provide?

- A. Very late in the disease course
- B. Only if requested by the patient
- C. Early in serious, life-limiting illnesses with high symptom burden or complex goals of care; improves quality of life, supports families, and coordinates care across settings.**
- D. It provides no additional value in non-oncologic illnesses

Early integration of palliative care in serious, life-limiting non-oncologic illnesses with high symptom burden or complex goals of care is beneficial. Palliative care teams focus on relieving symptoms (pain, shortness of breath, fatigue), facilitating clear conversations about prognosis and patient values, and helping with advance care planning. They also coordinate across hospital, home, and outpatient settings to ensure care stays aligned with what matters most to the patient and family. Because this support is provided alongside disease-directed treatments, it can improve quality of life, reduce caregiver stress, and prevent unwanted or non-beneficial aggressive interventions by streamlining decision-making and care transitions. Delaying until crisis or end-stage misses opportunities to plan ahead and optimize day-to-day comfort. This approach applies to illnesses like advanced heart failure, COPD, kidney disease, neurodegenerative conditions, and other serious chronic illnesses.

2. If you fail to pass the PANCE six times within six years, what must you do?

- A. Retake the PANCE once
- B. Restart a new PA program**
- C. You are permanently ineligible
- D. Switch to a different profession

The key idea is the PANCE eligibility limit: you may attempt the exam only six times within six years from your first attempt. If you fail to pass after all six attempts in that period, you must re-enter and complete a new accredited PA program to regain eligibility. After finishing a new program, you'd be able to apply for the PANCE again as a fresh eligibility opportunity. So, rather than simply retaking the exam or staying permanently ineligible, the proper path is to complete another PA program to reset your eligibility status.

3. Which technique is central to confirming a patient's understanding of discharge instructions?

- A. Teach-back method.**
- B. Verbal assent.
- C. Provide discharge instructions in medical jargon.
- D. Give only a video without interaction.

Ensuring a patient truly understands discharge instructions relies on an approach that actively checks comprehension. The teach-back method prompts the patient to restate the plan in their own words and, if needed, demonstrate how they will carry it out. The clinician then clarifies any misunderstandings until the patient can accurately describe the steps, medications, follow-up, and warning signs. This process reveals gaps, reinforces correct actions, and supports safer, smoother transitions after leaving care. It's particularly helpful when health literacy, language barriers, or complex instructions are involved, because it confirms understanding in real time and allows for immediate correction. Verbal assent may show agreement but doesn't verify understanding. Providing instructions in medical jargon makes them harder to grasp rather than easier. Giving a video without interaction lacks the opportunity to address questions or correct misconceptions, leaving potential gaps in knowledge.

4. Which practice is NOT an essential security measure for protecting patient data in electronic health records and mobile devices?

- A. Access controls
- B. Encryption
- C. Regular software updates
- D. Use of personal devices without management**

Protecting patient data in electronic health records and on mobile devices requires strong controls that limit who can access information, keep data confidential, and reduce vulnerabilities. Access controls ensure only authorized users can view or modify records. Encryption protects data so that even if a device is stolen or data is intercepted, it remains unreadable. Regular software updates patch known security flaws, reducing the chances of exploits. Using personal devices without management does not provide these safeguards. Without device management, you can't enforce strong authentication, enforce encryption, or ensure that apps and configurations don't expose PHI. Lost or stolen devices, unvetted apps, and inconsistent security settings create opportunities for data leakage. If personal devices are allowed, they must be managed with policies and tools (like mobile device management, secure containers, encryption, and remote wipe) to be considered a security measure.

5. What is the minimum age for temporary license eligibility?

- A. 30
- B. 21**
- C. 18
- D. 25

This question hinges on the idea that there is a set minimum age defined by the licensing authority to be eligible for a temporary license. The key point is that you must have reached that specific age before you can qualify; younger than that threshold means you're not eligible, while ages at or above it meet the requirement. So, the correct choice is the one that represents that exact starting point for eligibility. The other options either fall short of that threshold or exceed it without changing the fact that they meet the minimum requirement. In practice, this minimum age is set to ensure appropriate maturity and readiness before a temporary license is granted.

6. What is a key best practice for handoffs to ensure patient safety?

- A. Transfer essential information between caregivers; use standardized checklists, SBAR framework, time for questions, verify understanding, and document the handoff.**
- B. Rely on informal verbal handoffs with no documentation.
- C. Handoff only at shift changes with no time for questions.
- D. Rely solely on electronic notes with no verbal exchange

Structured handoffs that transfer essential information between caregivers using a standardized framework like SBAR, with time for questions, verification of understanding, and formal documentation, are key to patient safety. SBAR guides the sender to clearly convey Situation, Background, Assessment, and Recommendation, ensuring critical details such as current problems, medications, allergies, pending tests, and the plan of care are communicated succinctly. A checklist supports thoroughness and helps prevent omissions. When the receiver has a chance to ask questions and confirm understanding, misunderstandings and assumptions are reduced, and both parties share a common plan for the patient. Documentation provides a durable record for review by others and supports continuity across shifts and teams. Relying on informal verbal handoffs or on electronic notes without any direct conversation increases the risk of missing information or misinterpretation. Handoffs should occur at all transitions, not just at shift changes, with clear opportunities for questions to ensure safety.

7. The surgeon's NPI number must be documented in order to establish medical necessity when a PA assists in surgery.

- A. True
- B. Not Sure
- C. Sometimes
- D. False**

Medical necessity is driven by the patient's condition and the clinical justification for the procedure, not by provider identifiers. The NPI is simply a billing identifier used to mark who performed or assisted with a service. In a surgery where a PA assists, the claim may include the surgeon's NPI and, depending on payer rules, the PA's NPI with an assistant modifier. But these numbers do not determine whether the service is medically necessary. That determination comes from the medical record—the diagnosis, indications for the procedure, and the operative notes. So the statement isn't correct, even though proper NPI use is important for billing and supervision documentation.

8. How many CME hours are required every 2 years by NCCPA?

- A. 50
- B. 100**
- C. 120
- D. 80

CME for maintaining PA certification is tied to a two-year maintenance cycle, and the total required hours in that period is 100. This ensures ongoing education to stay current with medical knowledge and practices. At least half of those credits should be Category I (AMA PRA Category 1) to ensure high-quality, accredited education, with the remainder able to come from other approved CME activities. So, the number NCCPA requires every two years is 100 CME hours.

9. Which action best supports documenting a discussion about delivering bad news to a patient and family?

- A. The discussion content, patient questions, decisions, and follow-up plan.
- B. Only the date and time of the discussion.
- C. A brief note stating 'discussed' without details.**
- D. The clinician's personal reflections after the discussion.

Documenting a discussion about delivering bad news should capture the actual content of the conversation, the patient's and family's questions, the decisions that were made, and the agreed-upon plan for follow-up. This level of detail helps ensure clear communication among the care team, supports continuity of care, and provides a solid record for legal and quality reasons. A note that only records the date and time fails to show what was discussed or decided, leaving future clinicians without essential context. A brief note stating simply that the topic was discussed is equally uninformative for ongoing care. Personal reflections by the clinician belong in appropriate, non-charting contexts and can bias or confuse the medical record. Comprehensive documentation of what was said, what questions were asked, what decisions were reached, and what the next steps are best supports patient-centered care and accurate medical records.

10. Which statement best describes the goal of root cause analysis in incident reporting?

- A. Assign blame to individuals for errors.
- B. Document incidents for policy compliance only.
- C. Identify underlying causes and implement system-level changes to prevent recurrence.**
- D. Evaluate patient outcomes only.

Root cause analysis aims to uncover the underlying system factors that allow an incident to occur and to change those factors to prevent recurrence. It looks beyond who made an error and identifies process gaps, miscommunications, equipment issues, policies, or staffing problems that created the conditions for the incident. By targeting system-level improvements—like new checks, workflow redesign, better training, or policy updates—the goal is to reduce the likelihood of similar events happening again and to improve overall patient safety. Blaming individuals does not address the root causes and can hinder safety culture. Merely documenting incidents for policy compliance focuses on records rather than learning and improvement. Evaluating outcomes alone misses the causal factors that lead to adverse events. This approach emphasizes preventive changes that strengthen the healthcare system.

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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://clinicalpracticeissues.examzify.com>

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

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