

PHYSICIAN ASSISTANTS (PA) & SOCIETY PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. 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. Which New York organization investigates complaints about physicians, PAs, and specialist assistants and monitors practitioners?**
 - A. Board of Medicine
 - B. Department of Health
 - C. Medical Licensing Board
 - D. Office of Professional Medical Conduct
- 3. DRG payment methodology is used to reimburse hospitals based on which setting?**
 - A. Inpatient hospital services
 - B. Outpatient clinics
 - C. Home health services
 - D. Hospice care
- 4. When can you permit treatment without Informed Consent?**
 - A. Immediately life threatening
 - B. Patient incapable of giving consent and no surrogate available
 - C. Immediate treatment is necessary
 - D. All of the above
- 5. In Starfield's framework, comprehensiveness refers to the ability to provide**
 - A. Only surgical procedures
 - B. The ability to provide a wide range of services including preventive and curative care across populations
 - C. Only mental health care
 - D. Only home visits

6. Which statement best describes a PA's scope of practice?

- A. They perform medical services under supervision and within the supervising physician's scope
- B. They may operate independently after licensure
- C. They can perform any service without supervision
- D. They require a different license for each hospital

7. What is the current model of payment?

- A. Capitation model
- B. Pay-for-performance model
- C. Salary-based model
- D. Fee-for-service model

8. Which of the following is NOT a PCMH benefit?

- A. Improved patient care with increased coordination
- B. Increased revenue
- C. Maintenance of certification/CME credits
- D. Higher insurance premiums for patients

9. Starfield's concept of longitudinality refers to

- A. Continuity of care over time
- B. A one-time consultation
- C. Short-term care only
- D. Availability of emergency services

10. Which documentation level corresponds to Chief Complaint, brief HPI, and problem pertinent system review?

- A. Problem Focused
- B. Detailed
- C. Expanded Problem Focused
- D. Comprehensive

Answers

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

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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. Which New York organization investigates complaints about physicians, PAs, and specialist assistants and monitors practitioners?

- A. Board of Medicine
- B. Department of Health
- C. Medical Licensing Board
- D. Office of Professional Medical Conduct**

The key idea is which body handles investigations and ongoing oversight of medical professionals. In New York, the Office of Professional Medical Conduct is the unit within the Department of Health that specifically investigates complaints about physicians, physician assistants, and related practitioners, and it also oversees monitoring or imposing disciplinary measures when concerns are found. The Board for Medicine is mainly involved with licensing and credentialing, while the Department of Health is the broader agency, not the hands-on investigator. The Office of Professional Medical Conduct is the entity that performs investigations and monitors practitioners, making it the correct choice.

3. DRG payment methodology is used to reimburse hospitals based on which setting?

- A. Inpatient hospital services**
- B. Outpatient clinics
- C. Home health services
- D. Hospice care

DRG payment methodology is used for inpatient hospital services. It groups hospital stays into diagnosis-related groups that reflect expected resource use for patients with similar clinical characteristics. Each group has a fixed payment amount under the prospective payment system, so hospitals receive a predetermined rate per admission rather than paying or being paid based on exact costs or length of stay. This structure specifically applies to inpatient stays, while outpatient, home health, and hospice services use different payment methods (such as outpatient prospective payment systems or per diem/per-visit rates).

4. When can you permit treatment without Informed Consent?

- A. Immediately life threatening**
- B. Patient incapable of giving consent and no surrogate available
- C. Immediate treatment is necessary
- D. All of the above

In emergencies, you can act without informed consent when delaying treatment would put the patient's life at immediate risk. The key idea is implied consent: if someone is unable to consent and there isn't time to obtain it, you proceed to treat to prevent death or serious harm. The most precise trigger for this is an immediately life-threatening situation—when you must act now to save the patient. While scenarios where the patient is incapable and no surrogate is available or where immediate treatment is necessary describe urgent contexts, the clear moment that justifies treatment without consent is the presence of an immediate, life-threatening threat. In non-emergent situations, you would seek consent or involvement of a surrogate if possible.

5. In Starfield's framework, comprehensiveness refers to the ability to provide

- A. Only surgical procedures
- B. The ability to provide a wide range of services including preventive and curative care across populations**
- C. Only mental health care
- D. Only home visits

Comprehensiveness in Starfield's framework means the health system can provide a broad range of services to meet most health needs, not just a narrow set. It encompasses preventive, curative, and rehabilitative care and does so across the entire population and across different life stages. This breadth—offering preventive and curative services for all groups—is why the option describing a wide range of services across populations is the best fit. Limiting care to surgical procedures, mental health only, or home visits narrows the scope and misses the full spectrum that comprehensiveness requires.

6. Which statement best describes a PA's scope of practice?

- A. They perform medical services under supervision and within the supervising physician's scope**
- B. They may operate independently after licensure
- C. They can perform any service without supervision
- D. They require a different license for each hospital

A physician assistant practices medicine under supervision and within the supervising physician's defined scope. This means PAs provide a wide range of medical care—taking histories, performing exams, ordering tests, diagnosing, prescribing, and performing procedures—but always within the framework set by the supervising physician and governed by state laws and institutional policies. They are not independent after licensure, they don't perform every possible service without supervision, and a single PA license covers practice across settings rather than requiring a separate license for each hospital. The supervising relationship and the physician's scope effectively shape what a PA can do in a given setting.

7. What is the current model of payment?

- A. Capitation model
- B. Pay-for-performance model
- C. Salary-based model
- D. Fee-for-service model**

Fee-for-service is the payment approach where providers are paid for each service, visit, or procedure performed, with reimbursement tied to the quantity of care rather than outcomes. In this model, billing is typically done with codes that reflect every distinct service, so income increases as more services are provided. It's the prevailing arrangement in many healthcare settings today because it directly rewards work done and aligns with traditional billing practices. While there are shifts toward value-based approaches—such as capitation (payment per patient), salary-based pay, or pay-for-performance (quality bonuses)—fee-for-service remains the most common current model because of its straightforward, activity-based payment structure.

8. Which of the following is NOT a PCMH benefit?

- A. Improved patient care with increased coordination
- B. Increased revenue
- C. Maintenance of certification/CME credits
- D. Higher insurance premiums for patients**

PCMH emphasizes coordinated, patient-centered primary care with a team-based approach, improved access, proactive preventive care, and a continuous focus on quality and outcomes. This setup aims to reduce fragmentation, improve care transitions, and enhance overall patient health, which can lead to cost savings for patients and payers. Because of its emphasis on value and efficiency, practices may see new revenue opportunities through value-based payments and shared savings, and the model supports ongoing professional development and quality improvement activities, which align with maintenance of certification and CME as part of a culture that values learning. Higher insurance premiums for patients do not fit these goals; PCMH is designed to reduce costs, not raise them, so that option is not a benefit of the model.

9. Starfield's concept of longitudinality refers to

- A. Continuity of care over time**
- B. A one-time consultation
- C. Short-term care only
- D. Availability of emergency services

Longitudinality is continuity of care over time, the ongoing relationship between a patient and a clinician or care team that persists across multiple encounters and across different health events. This sustained connection lets the clinician know the patient's history, preferences, and social context, track health changes, and coordinate care as needs evolve. In Starfield's framework for primary care, this dimension underpins reliable, patient-centered care by ensuring care isn't just a one-off visit but is integrated over years. The other options describe episodic or urgent care rather than a lasting, ongoing relationship.

10. Which documentation level corresponds to Chief Complaint, brief HPI, and problem pertinent system review?

- A. Problem Focused
- B. Detailed
- C. Expanded Problem Focused**
- D. Comprehensive

This item is about how documentation depth is defined by history and review of systems. Including a Chief Complaint sets the problem in focus. A brief HPI gives some narrative about the present illness but isn't a long, detailed history. Limiting the review of systems to the problem-related system means you're not surveying all body systems, just the one pertinent to the issue. Together, these elements show more than the simplest problem-focused note, but not the breadth of a detailed or comprehensive chart. That middle ground—more history than the bare minimum, plus a targeted ROS—fits Expanded Problem Focused documentation. The note wouldn't be as broad as Detailed or Comprehensive, which would involve extended histories and broader ROS and exams.

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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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