

**National Commission on Certification  
of Physician's Assistants**

**National Certifying  
Examination for  
Primary Care  
Physician's Assistants**

and

**Proficiency Examination in Surgery  
for  
Physician's Assistants**

1980

**Prepared by  
National Board of Medical Examiners®**

**Description of Examinations**

## SCHEDULE

### Written Examination, October 10, 1980

8:00 a.m. — 8:30 a.m.	Registration of candidates for morning session
8:30 a.m. — 8:45 a.m.	Distribution of materials and instructions
8:45 a.m. — 12:00 p.m.	<u>Multiple-Choice Examination—Book A</u>
12:00 p.m. — 1:00 p.m.	Break for lunch
1:00 p.m. — 1:30 p.m.	Registration of candidates for afternoon session
	Distribution of materials and instructions
1:30 p.m. — 3:30 p.m.	<u>Patient Management Problems—Book B</u>
3:30 p.m. — 3:45 p.m.	Break—Distribution of materials and instructions
3:45 p.m. — 5:45 p.m.	<u>Patient Management Problems—Book C</u>

### Clinical Skill Problems

Time and date as scheduled on admission card for October 8, 9, or 11, 1980.

### Proficiency Examination in Surgery for Physician's Assistants

October 9, 1980

6:30 p.m. — 7:00 p.m.	Registration of candidates
7:00 p.m. — 8:30 p.m.	<u>Multiple-Choice Examination—Book D</u>

## **Description of Examinations**

The National Certifying Examination for Primary Care Physician's Assistants consists of a written examination including Multiple-Choice Questions and Patient Management Problems and a practical examination, Clinical Skill Problems. The examination is sponsored by the National Commission on Certification of Physician's Assistants (NCCPA) and prepared by the National Board of Medical Examiners®.

The Proficiency Examination in Surgery for Physician's Assistants is a written examination which consists of multiple-choice questions. This examination is sponsored by the NCCPA and prepared by the National Board of Medical Examiners. This examination is not part of the process for certifying primary care physician's assistants. See page 16 for specific instructions regarding this examination.

### **NATIONAL CERTIFYING EXAMINATION FOR PRIMARY CARE PHYSICIAN'S ASSISTANTS**

#### **General Information and Regulations for Written Examination**

##### **1. ADMISSION CARD**

The enclosed admission card must be presented as you report for the Written and Clinical Skill Problems portions of the examination. Please retain it for your reference in entering your Identification Number on your answer sheets.

##### **2. REGISTRATION**

Registration is scheduled for 8:00 a.m. on October 10, 1980. No candidate will be admitted to the examination after the testing session has begun. You must be present for

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subsequent sections of the examination no later than the times noted. During the first ten minutes allotted for each section, the proctor will give detailed instructions for the conduct of the examination, which must be adhered to explicitly.

### **3. SCORES**

You must take all sections of the Written examination, and complete the Clinical Skill Problems examination, in order to obtain a grade. The fee will be forfeited for anyone who fails to appear for any section, unless he or she is excused for a reason satisfactory to the NCCPA.

### **4. WITHDRAWALS**

Please notify the NCCPA at once if it is impossible for you to take the examination at the location indicated.

### **5. PENCILS**

Bring to the Written examination an eraser and two #2 lead pencils.

### **6. BEHAVIOR DURING THE EXAMINATION**

- A. Do not bring any books or papers into the examination room.
- B. Do not communicate with other candidates in any way.
- C. If you withdraw from the sight of the proctor without permission, your examination shall be closed.
- D. If you complete a given section of the examination before the end of the allotted time, you may leave quietly without disturbance to others.

### **7. VALIDITY OF SCORES**

The integrity of the scores awarded examinees for their performance on NCCPA examinations is protected by every means available. All

possible efforts are expended to assure that the tests are administered under standard conditions and in conformity with the principles on which the test and its scoring are founded. These efforts are made to assure that no examinee or group of examinees receives, either advertently or inadvertently, unfair advantages in the test.

Any score that the NCCPA determines does not represent a reasonable assessment of the examinee's knowledge or competence sampled by the examination shall be deemed irregular. The answer sheets of all examinees are monitored and may be analyzed statistically for purposes of detecting irregular scores.

Irregular behavior during an administration of an examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or statistical analysis of answer sheets, constitutes sufficient cause to invalidate an examinee's score, terminate his or her participation in the examination, or take other appropriate action.

If evidence which suggests scores may be irregular because of either deliberate or inadvertent behavior of an examinee is brought to its attention, the NCCPA may withhold an examinee's score until determination is made as to whether, in the opinion of the NCCPA, the performance of the examinee is a reasonable assessment of the knowledge or competency sampled by the test. If the NCCPA determines that a score is irregular, it will notify the examinee of the basis of its decision and the options for corrective action. Such examinees may be permitted to take another examination immediately, may be admitted to a future examination by specific action on the part of the NCCPA, or may be disqualified for future examinations and as candidates for certification by the NCCPA. After disqualification, an examinee may be admitted to future examinations or restored to candidate status by the

NCCPA after receipt of satisfactory evidence of the examinee's continued good standing and progress as a PA student or physician assistant.

All applicants for examinations must acknowledge that they are aware of these regulations for maintaining the validity of individual scores by signing the following statement which is included in their application:

I certify that the information supplied in this application is true and accurate to the best of my knowledge. I acknowledge that the NCCPA may refuse to accept this application, may decline to permit me to take the examination, may invalidate my scores on this examination, or may decline to send me a certificate if it receives evidence satisfactory to it that any of the statements I have made are not true and accurate. I also acknowledge that, if the NCCPA receives statistical or other evidence indicated to its satisfaction that for any reason my answers do not constitute a reasonable measure of my knowledge and competence with respect to the subject matter sampled by this examination, the NCCPA may invalidate and withhold my scores. I also acknowledge that I have received and read in its entirety the *Announcement of the National Certifying Examination for Primary Care Physician's Assistants*, particularly the section entitled "Validity of Scores."

## SAMPLE QUESTIONS

This portion of the brochure has been prepared in order to provide samples of the three types of multiple-choice questions and of patient management problems that will be included on the National Certifying Examination for Primary Care Physician's Assistants.

Please remember that these are only samples of the question types you will encounter and do not

reflect the scope or degree of difficulty of the examination.

On the actual examination each type of question, with appropriate instructions, is grouped together in the test booklet.

A sample answer sheet and an answer key are provided at the end of the following section of multiple-choice items.

## I. MULTIPLE-CHOICE QUESTIONS

### A. ONE BEST CHOICE TYPE

The first type of question, that of one best choice, consists of a question or incomplete statement followed by five suggested answers or completions. Select the *one* answer that is BEST in each case and fill in the circle containing the corresponding letter on the answer sheet.

1. A patient with acute cholecystitis usually has all of the following EXCEPT
  - (A) pain in the right upper quadrant
  - (B) vomiting
  - (C) a history of attacks of biliary colic
  - (D) leukopenia
  - (E) fever
2. Which of the following is the treatment of choice for pneumococcal pneumonia?
  - (A) Tetracycline
  - (B) Erythromycin
  - (C) Penicillin
  - (D) Chloramphenicol
  - (E) Sulfonamide
3. A six-month-old infant would be LEAST likely to
  - (A) grasp objects
  - (B) stand unsupported
  - (C) put toys to his mouth
  - (D) roll over
  - (E) smile

## B. MATCHING TYPE

The second question type consists of four or five lettered headings followed by a list of numbered words or statements. For *each* numbered word or statement, select the *one* lettered heading that is most closely associated with it and fill in the circle containing the corresponding letter on the answer sheet. The directions will indicate whether a lettered heading may be used only once or whether it may be used once, more than once, or not at all.

In this sample set of matching questions a lettered heading may be used once, more than once, or not at all.

### Questions 4-6

- (A) Acute conjunctivitis
- (B) Glaucoma
- (C) Corneal trauma or infection
- (D) Acute iritis

- 4. Intraocular pressure is elevated
- 5. Vision is not usually affected
- 6. Fluorescein is useful in diagnosis

## C. MULTIPLE TRUE-FALSE TYPE

The third type of question consists of a stem followed by four true or false phrases or statements. Determine whether each of the phrases or statements is true or false and then respond according to the following code.

On the answer sheet fill in the circle under

- A if only 1, 2, and 3 are correct,
- B if only 1 and 3 are correct,
- C if only 2 and 4 are correct,
- D if only 4 is correct,
- E if all are correct.

FILL IN ONLY ONE CIRCLE ON YOUR ANSWER SHEET FOR EACH QUESTION



**Directions Summarized**

A	B	C	D	E
1, 2, 3 only	1, 3 only	2, 4 only	4 only	All are correct

7. Classical physical findings in a patient with mitral stenosis include
- (1) a loud first heart sound
  - (2) an opening snap
  - (3) a diastolic murmur
  - (4) a systolic murmur
8. Signs characteristic of parkinsonism include
- (1) resting tremor
  - (2) lack of facial expression
  - (3) shuffling gait
  - (4) muscular rigidity
9. In a wound requiring closure with absorbable sutures, which of the following can be used?
- (1) Silk
  - (2) Nylon
  - (3) Cotton
  - (4) Chromic catgut

**SAMPLE ANSWER SHEET**

1 (A) (B) (C) (D) (E)

2 (A) (B) (C) (D) (E)

3 (A) (B) (C) (D) (E)

4 (A) (B) (C) (D)

5 (A) (B) (C) (D)

6 (A) (B) (C) (D)

7 (A) (B) (C) (D) (E)

8 (A) (B) (C) (D) (E)

9 (A) (B) (C) (D) (E)

## Answer Key

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

## II. PATIENT MANAGEMENT PROBLEMS

### A. USING THE PROGRAMMED TESTING TECHNIQUE

The programmed testing technique described and illustrated below has been designed to assess certain aspects of clinical problem solving by offering an opportunity to obtain additional clinical information, order diagnostic studies and procedures, make diagnostic hypotheses, prescribe therapy, and make other decisions related to managing patients.

Each patient case consists of several problems followed by a series of options. The examinee's task is to determine which options are appropriate for one particular patient at one point in time just as would be expected in management of an actual patient. The examinee is NOT told how many options should be selected, and there is usually no indication in the feedback whether or not the option should have been selected.

For each option presented, feedback is available in a box to the right of that option. In the actual examination, the boxes will appear to be blank just as they appear in this brochure. The printing in the boxes will become visible after the application of a special pen which will be provided at the time of the examination. At the examination site, examinees will be given complete instructions and an opportunity to practice the technique on a sample problem before starting to work on this section of the examination.

In scoring these problems, examinees will be given credit for selecting an appropriate course of action. Examinees will be penalized for selecting courses of action which are not pertinent, necessary, or are contraindicated. Examinees will also be penalized for failing to select pertinent courses of action.

In the condensed sample below, as in the actual examination, several problems (S-1, S-2 and S-3) are associated with one patient. The problems should be taken in the order in which they are presented.

## **B. INSTRUCTIONS FOR SAMPLE PATIENT**

1. First read the initial information.
2. Next, read all of the options that follow under Problem S-1. Then select a course of action that you think is most pertinent and develop the feedback in the box numbered to correspond with this choice. (In the actual examination, as mentioned above, the printing in the box will become visible after the application of the special pen which will be provided.) The information you receive in the box may lead you to select other options within this problem, or you may decide to make other choices quite independent of results already obtained.
3. After you have completed Problem S-1, and bearing in mind the additional information resulting from your decisions, proceed in a similar manner with Problem S-2 and then with Problem S-3.

### **Sample Patient**

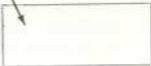
A 20-month-old child is brought to the clinic because of a sudden onset of wheezing and shortness of breath which began one hour ago.

### Problem S-1

Questions specifically pertinent to the evaluation of this patient's problem include those concerning:

*Special pen would be applied here, one light stroke on each line of print until the asterisk (\*) appears.*

1. Onset of wheezing

1. 

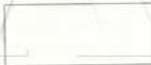
2. History of urinary frequency

2. 

3. Family history of diabetes mellitus

3. 

4. Previous episodes of wheezing

4. 

In this simplified example of a child with a foreign body in the bronchus, the correct courses of action in Problem S-1 are 1 and 4. An examinee would be given credit for selecting 1 and 4, but would be penalized for selecting 2 and 3 or for NOT selecting 1 and 4.

Feedback for options that should be selected would read as follows:

1. One hour ago while eating peanuts\*
4. None\*

\* indicates the end of the feedback

Feedback for incorrect options would read as follows:

2. None\*
3. Maternal grandmother has adult-onset diabetes\*

### Problem S-2

Physical examination procedures which would be specifically pertinent in evaluating this patient's problem include: (NOT what would you do.)

*Special pen would be applied here, one light stroke on each line of print until the asterisk (\*) appears.*

5. Auscultation of chest

5.

6. Palpation of inguinal nodes

6.

7. Percussion of chest

7.

8. Measurement of height

8.

In Problem S-2 the correct courses of action are 5 and 7. The other choices are not *specifically pertinent*. Although it is not incorrect to complete a review of systems or family history, under the circumstances described, the other history choices are not *specifically pertinent*. Similarly, a complete physical examination is not *specifically pertinent in evaluating the patient's problem*. In general, in deciding which history and physical choices to select, you should choose all of the choices which are specifically pertinent while being reasonably selective.

There is never any need to go back to earlier problems in a patient case. In this case, for example, you should *not* decide at the end of the case that since the child is likely to be admitted to the hospital, you must go back to S-1 and S-2 and gather more information beyond what was originally necessary in evaluating the patient's problem.

Feedback for correct options would read as follows:

5. Left side normal breath sounds; right side decreased sounds, prolonged expiration with wheeze\*
7. Normal resonance left lung field; flatness right lower lung field\*

Feedback for incorrect options would read as follows:

6. None palpated\*
8. 93.9 cm (37 in)\*

### Problem S-3

In consultation with the physician, appropriate management at this time would include:

*Special pen would be applied here, one light stroke on each line of print until the asterisk (\*) appears.*

9. Referral to surgeon for possible bronchoscopy
10. Administration of subcutaneous epinephrine
11. Arrangement for skin testing for allergy

9.

10.

11.

In Problem S-3 the correct course of action is 9.

Feedback for the correct option would read as follows:

9. Selection recorded\*

Feedback for incorrect options would read as follows:

10. Selection recorded\*
11. Selection recorded\*

## **General Information and Regulations for Clinical Skill Problems**

### **1. ADMISSION CARD**

Enclosed is your admission card which must be presented to the Chief Proctor and the Physician Examiners as you report for the Clinical Skill Problems portion of the examination. Only those candidates who hold a card from the NCCPA will be admitted.

### **2. REGISTRATION**

The date, time, and place for you to report for the Clinical Skill Problems examination is printed on your admission card. No changes or substitutions can be made in this appointment time, and no candidate will be permitted to enter late.

### **3. SCORES**

You must take all sections of the Written examination, and complete the Clinical Skill Problems examination, in order to obtain a grade. The fee will be forfeited for anyone who fails to appear for any section, unless he or she is excused for a reason satisfactory to the NCCPA.

### **4. EXAMINATION FORMAT**

The Clinical Skill Problems portion of the examination is designed to measure competence, i.e., technique, sequence, and thoroughness in performance of certain aspects of a physical examination as well as judgment in determining the type of examination or skill required for a particular clinical problem. During this examination you will be presented with three clinical problems and will be expected to exhibit clinical skills appropriate to each problem. You will be observed by a physician examiner who will evaluate your performance using standardized observation forms that have been especially developed for this examination.

Each case will be presented in a few brief sentences verbally and in writing. Because of time constraints, you will not have time to perform a complete physical examination on each patient. It is up to you how you use the time allocated. Points are obtained only for parts of the examination relevant to the problem and required for proper interpretation of the clinical situation. If you are asked, for example, to examine a patient who is being treated for congestive heart failure, you would be expected to examine the cardiovascular system (including blood pressure) and lungs. You would check the legs for pretibial edema and the liver, but you would not perform a complete abdominal examination including auscultation. Examination of the nervous system, etc., would be irrelevant. You are being evaluated for your clinical judgment in deciding what to include in the physical examination, as well as your technique in performing the examination.

In some situations the examiner may tell you to omit a specific portion of the examination. Generally, in these instances you will be given credit for the omitted portion. Be careful to omit only the portion specified by the examiner. For example, if you are told to omit examination of the heart, this should not be taken to mean other relevant parts of the cardiovascular system.

You should feel free to be at ease with the "patient," giving him or her appropriate instructions (e.g., "follow my finger with your eyes" or "tell me where it hurts when I press here"); however, you are *not to ask historical information*.

Since it is often difficult for the examiner to determine when you are inspecting or observing, it is important that you briefly indicate that this is what you are doing (e.g., "I am looking for an apex impulse" or "I am inspecting the patient's back"). You may lose points if you neglect to do this. Obviously such comments are not desirable when you are perform-



ing palpation, auscultation, or percussion. If you believe that a rectal or pelvic examination is indicated, you should inform the examiner. You will be instructed if you are to omit the examination.

When you have completed the examination, you are urged not to discuss its content with those who have not yet taken it. It is possible that you might increase their scores. Since your grade is relative to those of other examinees, the value of your own score would be adversely affected.

## **5. INSTRUMENTS/EQUIPMENT**

Bring to the examination all instruments and equipment, including examination gloves and pocket visual acuity charts, that you routinely use in order to perform a complete physical examination. This equipment will *not* be provided at the test center.

## **6. TIME ALLOWANCE**

You will be presented with three clinical problems. One case is scheduled to take a maximum of 20 minutes, the others 10 minutes each. The examiner will tell you how many minutes are scheduled for each case, and will notify you two minutes before the end of each allotted period.

## **7. BEHAVIOR DURING THE EXAMINATION**

- A. Do not bring any books or papers to the test center. Only instruments and equipment necessary to perform the physical examination will be permitted in the test center.
- B. You may not communicate with other candidates during the examination.
- C. If you withdraw from the sight of the proctor without permission, your examination shall be closed.

## PROFICIENCY EXAMINATION IN SURGERY FOR PHYSICIAN'S ASSISTANTS

The Proficiency Examination in Surgery for Physician's Assistants is designed to test the knowledge required to function in the role of surgeon's assistant. This examination contains questions related to situations encountered in the operating room, pre- and postoperative care, and emergency situations.

All of the information and regulations in the General Information and Regulations for the Written Examination on page 1 also apply to the Proficiency Examination in Surgery. The exception is registration, which is scheduled to begin at 6:30 p.m. on October 9, 1980.

If you are scheduled to take the Proficiency Examination, your admission card, which must be presented as you report for the examination, is enclosed. If you are scheduled to take both the National Certifying Examination and the Proficiency Examination, two admission cards are enclosed. Please present the proper card when you report for the examinations.

The Proficiency Examination consists of multiple-choice questions only. Refer to and review the sample multiple-choice questions in section I, beginning on page 5.