

Valid CCDM Exam Testking | CCDM Dumps Discount

CCDM Test 2023-2024 Questions and Answers 100% Correct

A Certified Dietary Manager is dissatisfied with prices from current vendors. The Manager should first:

- ask vendors to lower their prices.
- ask the consultant to recommend other vendors.
- complete a comparison study of vendors.
- discontinue purchasing from the current vendors. - ANSWER-c. complete a comparison study of vendors.

The best way to prepare frozen peas is to:

- slowly cook the peas at 200°F (93.3°C) so they do not dry out.
- cook them rapidly until they reach an internal temperature of 140°F (60.0°C).
- cook them to 120°F (48.9°C) and hold them in the steam table to come up to temperature.
- cook them in batches throughout the service time. - ANSWER-d. cook them in batches throughout the service time.

Beans and legumes are essential protein substitutes for clients who are:

Choose one answer.

- lactose intolerant.
- vegan.
- ovo-lacto-vegetarian.
- lacto vegetarian. - ANSWER-b. vegan.

When preparing goals for the foodservice department, a Certified Dietary Manager must show that the goals are:

Choose one answer.

- narrow.
- broad.
- listed on the bulletin board.
- transferrable to other departments. - ANSWER-b. broad.

When purchasing food, a Certified Dietary Manager must develop specifications to ensure that:

Choose one answer.

- government commodities are used when available.
- eggs are delivered in a timely manner.
- milk arrives at a temperature below 41°F (5°C).
- canned fruits are packed in water or juice. - ANSWER-c. milk arrives at a temperature below 41°F (5°C).

BTW, DOWNLOAD part of UpdateDumps CCDM dumps from Cloud Storage: <https://drive.google.com/open?id=1MQIIUlkw6tcsVZt8kg7rARFh9IBzccIE>

Many candidates failed exam before. They have no confidence for next exam and they also hesitate if they have to purchase valid CCDM brain dumps materials or if dumps are actually valid. Now I advise you download our free demo before you are determined to buy. Our free demo is a little of the real test, you can see several questions answers and explanations. You will know the validity of SCDM CCDM Brain Dumps materials.

SCDM CCDM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">Coordination and Project Management Tasks: This domain evaluates the skills of a Clinical Systems Analyst in coordinating data management workload, vendor selection, scheduling, cross-team communication, project timeline management, risk handling, metric tracking, and preparing for audits.
Topic 2	<ul style="list-style-type: none">Design Tasks: This section of the CCDM exam measures skills of Data Managers and covers how to design and document data collection instruments, develop workflows and data flows, specify data elements, CRF forms, edit checks, reports, database structure, and define standards and procedures for traceability and auditability.

Topic 3	<ul style="list-style-type: none"> • Data Processing Tasks: This section measures skills of Clinical Systems Analysts and focuses on handling, transforming, integrating, reconciling, coding, querying, updating, and archiving study data while maintaining quality, consistency, and proper privileges over the data lifecycle.
Topic 4	<ul style="list-style-type: none"> • Testing Tasks: This section measures the skills of Data Managers and involves creating test plans, generating test data, executing validation and user acceptance testing, and documenting results to ensure systems and processes perform reliably and according to specifications.
Topic 5	<ul style="list-style-type: none"> • Review Tasks: This section measures the skills of Data Managers and involves reviewing protocols, CRFs, data tables, listings, figures, and clinical study reports (CSRs) for consistency, accuracy, and alignment with data handling definitions and regulatory requirements.

>> Valid CCDM Exam Testking <<

SCDM CCDM Dumps Discount | Latest CCDM Exam Forum

Some practice materials keep droning on the useless points of knowledge. In contrast, being venerated for high quality and accuracy rate, our CCDM training quiz received high reputation for their efficiency and accuracy rate originating from your interests, and the whole review process may be cushier than you have imagined before. Numerous of our loyal customers wrote to us to praise that the CCDM Exam Questions are the same with the real exam questions and they passed CCDM exam with ease.

SCDM Certified Clinical Data Manager Sample Questions (Q25-Q30):

NEW QUESTION # 25

What is the main reason 21 CFR Part 11 requires that EDC systems maintain an audit trail?

- **A. To preserve data integrity**
- B. To preserve source document verifications
- C. To preserve data availability
- D. To preserve the ability for modifications

Answer: A

Explanation:

The primary purpose of maintaining an audit trail as required under 21 CFR Part 11 is to preserve data integrity. According to the U.S. FDA's regulation on electronic records and signatures, every change to electronic data must be traceable, including information about who made the change, when it was made, and what the change entailed.

The Good Clinical Data Management Practices (GCDMP) outlines that an audit trail provides a permanent, chronological record of all modifications to clinical data. This ensures transparency and allows the reconstruction of the course of data entry and modification. The regulation aims to prevent unauthorized or undocumented data manipulation, thereby maintaining the accuracy, reliability, and validity of electronic records.

The FDA 21 CFR Part 11, Section 11.10(e) explicitly mandates that systems must use secure, computer-generated, time-stamped audit trails to independently record the date and time of operator entries and actions that create, modify, or delete electronic records. This ensures the data remains trustworthy and defensible in regulatory reviews or inspections.

Therefore, the main reason for requiring an audit trail is to preserve data integrity - ensuring that all data captured, modified, or transmitted is authentic, accurate, and complete throughout the study lifecycle.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Regulatory Compliance and Data Integrity FDA 21 CFR Part 11 - Electronic Records; Electronic Signatures, Section 11.10(e) ICH E6 (R2) Good Clinical Practice, Section 5.5.3 - Data Integrity and System Validation

NEW QUESTION # 26

In a physical therapy study, range of motion is assessed by a physical therapist at each site using a study-provided goniometer.

Which is the most appropriate quality control method for the range of motion measurement?

- **A. Programmed edit checks to detect out-of-range values upon data entry**

- B. Comparison to the measurement from the previous visit
- C. Reviewing data listings for illogical changes in range of motion between visits
- **D. Independent assessment by a second physical therapist during the visit**

Answer: D

Explanation:

In this scenario, the variable of interest-range of motion (ROM)-is a clinically measured, observer-dependent variable. The accuracy and reliability of such data depend primarily on the precision and consistency of the measurement technique, not merely on data entry validation. Therefore, the most appropriate quality control (QC) method is independent verification of the measurement by a second qualified assessor during the visit (Option D).

According to the Good Clinical Data Management Practices (GCDMP, Chapter on Data Quality Assurance and Control), quality control procedures must be tailored to the nature of the data. For clinically assessed variables, especially those involving human judgment (e.g., physical measurements, imaging assessments, or subjective scoring), real-time verification by an independent qualified assessor ensures that data are valid and reproducible at the point of collection. This approach directly addresses measurement bias, observer variability, and instrument misuse, which are primary sources of data error in clinical outcome assessments.

Other options, while valuable, address only data consistency or plausibility after collection:

Option A (comparison to previous visit) and Option C (reviewing data listings) are retrospective data reviews, suitable for identifying trends but not preventing measurement error.

Option B (programmed edit checks) detects only extreme or impossible values, not measurement inaccuracies due to technique or observer inconsistency.

The GCDMP and ICH E6 (R2) Good Clinical Practice guidelines emphasize that data quality assurance should begin at the source, through standardized procedures, instrument calibration, and dual assessments for observer-dependent measures. Having an independent second assessor ensures inter-rater reliability and provides direct confirmation that the recorded value reflects an accurate and valid measurement.

Reference (CCDM-Verified Sources):

Society for Clinical Data Management (SCDM), Good Clinical Data Management Practices (GCDMP), Chapter: Data Quality Assurance and Control, Section 7.4 - Measurement Quality and Verification ICH E6 (R2) Good Clinical Practice, Section 2.13 - Quality Systems and Data Integrity FDA Guidance for Industry: Patient-Reported Outcome Measures and Clinical Outcome Assessment Data, Section 5.3 - Quality Control of Clinician-Assessed Data SCDM GCDMP Chapter: Source Data Verification and Quality Oversight Procedures

NEW QUESTION # 27

What is the primary benefit of using a standard dictionary for medications?

- A. To facilitate the reporting and analysis of possible drug interactions
- B. To improve safety monitoring of patients in a clinical trial setting
- C. To identify differences in medication components based on country of source
- **D. To standardize recording of medications taken by patients across sites**

Answer: D

Explanation:

The primary benefit of using a standard medical dictionary (such as WHO Drug Dictionary, WHO-DD Enhanced, or RxNorm) in clinical data management is to standardize the recording and representation of medications taken by study participants across all sites, countries, and data sources (Option A).

According to the Good Clinical Data Management Practices (GCDMP, Chapter on Medical Coding and Dictionaries), standardized coding ensures that all variations of drug names - including brand names, generic names, abbreviations, and misspellings - are consistently mapped to a uniform dictionary term. This harmonization allows for accurate aggregation, analysis, and regulatory reporting of concomitant medications and investigational products across multiple studies and global sites.

For example, "Paracetamol" and "Acetaminophen" are the same compound but are known by different names in different regions. Coding both to the same preferred term (PT) in the WHO Drug Dictionary ensures that all references are analyzed consistently in safety summaries and pharmacovigilance reports.

While other options describe secondary benefits:

Option B: Facilitating drug interaction analysis is an important downstream benefit, but it depends on having standardized coding first.

Option C: Identifying differences in medication components by country is a feature of dictionary metadata but not the primary goal.

Option D: Safety monitoring relies on consistent adverse event and drug data but is an overarching objective, not the direct function of dictionary coding.

Thus, the primary benefit lies in ensuring consistency, clarity, and interoperability of medication data across all clinical sites and systems, forming the foundation for reliable safety and efficacy analysis.

Reference (CCDM-Verified Sources):

Society for Clinical Data Management (SCDM), Good Clinical Data Management Practices (GCDMP), Chapter: Medical Coding and Dictionaries, Section 6.1 - Purpose and Principles of Coding WHO Drug Dictionary (WHO-DD) User Manual, Section 2.3 - Standardization of Medicinal Product Terminology ICH E2B (R3) Clinical Safety Data Management - Data Elements for Transmission of Individual Case Safety Reports FDA Study Data Technical Conformance Guide, Section 3.2 - Use of Controlled Terminology in Drug and Event Coding

NEW QUESTION # 28

In an EDC study, user training and access must be monitored and addressed when all the following situations occur EXCEPT:

- A. Site staff is new to the study.
- **B. A software upgrade is made that does not impact site staff or study team members.**
- C. Site staff moves off of the study.
- D. Study team members are reassigned to a different role within the study.

Answer: B

Explanation:

In Electronic Data Capture (EDC) studies, proper user training and access management are essential for maintaining data integrity, security, and regulatory compliance. According to the Good Clinical Data Management Practices (GCDMP) and FDA 21 CFR Part 11, EDC systems must ensure that only qualified and trained personnel can access study data, and that all access rights reflect current study responsibilities.

User training and access must therefore be reviewed and updated whenever:

Site staff leave the study (access revocation is required),

New site staff are added (training and credentialing are required), and Study team members change roles (access levels must be modified accordingly).

However, if a software upgrade occurs that does not impact the functional roles, user permissions, or data handling processes, retraining or reauthorization is not required. This is because such updates do not alter compliance-critical workflows or user interactions.

Therefore, the exception is C - when a software upgrade does not affect users.

Reference (CCDM-Verified Sources):

SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Electronic Data Capture Systems, Section 7.1 - User Access and Training Controls FDA 21 CFR Part 11 - Electronic Records; Electronic Signatures, Section 11.10(i) & (k) ICH E6 (R2) Good Clinical Practice, Section 5.5.3 - System Security and User Training

NEW QUESTION # 29

The Scope of Work would answer which of the following information needs?

- A. To look up the date of the next clinical monitoring visit for a specific site
- B. To find the name and contact information of a specific clinical data associate
- C. To look up which visit PK samples are taken
- **D. To determine the number of data transfers budgeted for a project**

Answer: D

Explanation:

The Scope of Work (SOW) is a project management document that defines what services are included in the work agreement between the sponsor and the CRO or vendor. It outlines deliverables, responsibilities, timelines, and budget allocations.

According to the GCDMP (Chapter: Project Management in Data Management), the SOW includes specifications such as:

The number and frequency of data transfers,

Database build and lock milestones,

Quality control deliverables, and

Resource allocation for data management tasks.

The SOW does not cover operational site-level details such as monitoring schedules (B), protocol sampling details (C), or personnel contact lists (D).

Therefore, option A (number of data transfers budgeted for a project) correctly identifies a use case directly addressed in the SOW.

Reference (CCDM-Verified Sources):

