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CDM Test 2023-2024 Questions and Answers 100% Correct

A Certified Dietary Manager is dissatisfied with prices from current vendors. The Manager should first:
a. ask vendors to lower their prices.
b. ask the consultant to recommend other vendors.
c. complete a comparison study of vendors.
d. discontinue purchasing from the current vendors. - ANSWER-c. complete a comparison study of vendors.

The best way to prepare frozen peas is to: a. slowly cook the peas at 200°F (93.3°C) so they do not dry out.
b. cook them rapidly until they reach an internal temperature of 140°F (60.0°C).
c. cook them to 120°F (48.9°C) and hold them in the steam table to come up to temperature.
d. 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.
a. lactose intolerant.
b. vegan.
c. ovo-lacto-vegetarian.
d. 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.
a. narrow.
b. broad.
c. listed on the bulletin board.
d. transferrable to other departments. - ANSWER-b. broad.

When purchasing food, a Certified Dietary Manager must develop specifications to ensure that:
Choose one answer.
a. government commodities are used when available.
b. eggs are delivered in a timely manner.
c. milk arrives at a temperature below 41°F (5°C).
d. canned fruits are packed in water or juice. - ANSWER-c. milk arrives at a temperature below 41°F (5°C).

P.S. Free 2026 SCDM CCDM dumps are available on Google Drive shared by PracticeDump: https://drive.google.com/open?id=1V0PprsKOfS-jsSofphERxIgVo2KP3B25

The PracticeDump is a leading platform that has been helping the Certified Clinical Data Manager (CCDM) exam candidates in exam preparation and boosting their confidence to pass the final CCDM exam. The PracticeDump is offering real, valid, and updated Certified Clinical Data Manager (CCDM) practice questions. These Certified Clinical Data Manager (CCDM) exam questions are verified by SCDM CCDM exam trainers. They work closely and check all Certified Clinical Data Manager (CCDM) exam dumps one by one and they ensure the best possible answers to Certified Clinical Data Manager (CCDM) exam dumps.

SCDM CCDM Exam Syllabus Topics:

Topic	Details
Topic 1	• 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 2	• 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	• 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 4	• 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 5	• 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.

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SCDM Certified Clinical Data Manager Sample Questions (Q28-Q33):

NEW QUESTION # 28
Which list should be provided to support communication with sites regarding late data and queries?

- A. List of outstanding data and queries by site
- B. List of user account activity by site
- C. List of entered and clean data by site
- D. List of subjects screened and enrolled by site

Answer: A

Explanation:
Effective site communication in data management relies on transparent reporting of pending issues such as open queries, missing data, and overdue updates. According to the Good Clinical Data Management Practices (GCDMP, Chapter: Communication and Metrics), the list of outstanding data and queries by site provides a direct, actionable overview of what each site needs to address, supporting accountability and timely resolution.
This list typically includes subject identifiers, query types, dates generated, and status of resolution, allowing data managers to prioritize site follow-ups. Regular distribution of this report fosters efficient collaboration between the data management team, monitors, and site staff, ultimately improving database cleanliness and timeline adherence.
Options A and B reflect general study status but do not target data issue resolution. Option C pertains to user access oversight, not data progress. Hence, option D is the correct and most operationally relevant answer.
Reference (CCDM-Verified Sources):
SCDM GCDMP, Chapter: Communication and Metrics, Section 5.2 - Site Reporting and Query Management Metrics ICH E6(R2) GCP, Section 5.18 - Site Oversight and Communication Requirements

NEW QUESTION # 29
Which action has the most impact on the performance of a relational database system?

- A. Loading a large lab data file into the database
- B. Making updates to data previously entered into the database
- C. Executing a properly designed database query
- D. Entering data into the database from CRFs

Answer: A

Explanation:
In a relational database system used in clinical data management, performance refers to how efficiently the system processes transactions, retrieves data, and handles large volumes of information without delay or data integrity issues. Among the listed options, loading a large lab data file into the database (Option B) has the most significant impact on database performance.
According to the Good Clinical Data Management Practices (GCDMP, Chapter on Database Design and Build), the bulk data load process - such as importing large external datasets (e.g., central lab data, ECG results, or imaging metadata) - can be computationally intensive. This process engages the database's input/output (I/O) subsystem, indexing mechanisms, and transaction logs simultaneously, often locking tables temporarily and consuming significant memory and processing resources.
Unlike standard CRF data entry (Option A) or record updates (Option D), which are incremental and typically processed in smaller transactional batches, bulk loading operations handle thousands or millions of rows at once. If not optimized (e.g., via staging tables, indexing strategies, or commit frequency control), such operations can degrade system performance, slow down concurrent user access, and increase the risk of transaction failure.
Executing a properly designed query (Option C) can also be resource-intensive depending on data volume and join complexity, but when queries are properly optimized (using indexed keys, efficient SQL joins, and selective retrieval), their impact is generally controlled and transient compared to large data imports.
Therefore, as outlined in the GCDMP Database Design and Build and FDA Computerized Systems Guidance, the most performance-impacting activity in a relational database is bulk loading large external datasets, making Option B the correct answer.
Reference (CCDM-Verified Sources):
Society for Clinical Data Management (SCDM), Good Clinical Data Management Practices (GCDMP), Chapter: Database Design and Build, Section 6.7 - Database Performance and Optimization FDA Guidance for Industry: Computerized Systems Used in Clinical Investigations, Section 6 - System Performance and Data Handling Efficiency ICH E6 (R2) Good Clinical Practice, Section 5.5 - Data Handling and Record Integrity CDISC Operational Data Model (ODM) Implementation Guide - Bulk Data Transfer and Validation Considerations

NEW QUESTION # 30
Which of the following laboratory findings is a valid adverse event reported term that facilitates auto coding?

- A. Elevated HDL
- B. Abnormal SGOT
- C. ALT
- D. Increased alkaline phosphatase, increased SGPT, increased SGOT, and elevated LDH

Answer: A

Explanation:
When coding adverse events (AEs) using MedDRA (Medical Dictionary for Regulatory Activities), valid AE terms must correspond to specific, medically meaningful concepts that match directly to a Preferred Term (PT) or Lowest Level Term (LLT) in the dictionary.
Among the options, "Elevated HDL" (High-Density Lipoprotein) represents a single, medically interpretable, and standard term that can directly match to a MedDRA LLT or PT. This makes it suitable for auto-coding, where the system automatically maps verbatim terms to MedDRA entries without manual intervention.
In contrast:
ALT (B) and Abnormal SGOT (C) are incomplete or nonspecific; they describe test names or qualitative interpretations rather than events.
Option D lists multiple findings, making it too complex for automatic mapping. Such compound entries would require manual coding review.
According to GCDMP (Chapter: Medical Coding and Dictionaries), a valid AE term should be:
Clinically interpretable (not just a lab test name)
Unambiguous
Single-concept based, not a collection of results
Thus, option A (Elevated HDL) is correct, as it aligns with MedDRA's single-concept, standard terminology structure suitable for auto-coding.
Reference (CCDM-Verified Sources):
SCDM GCDMP, Chapter: Medical Coding and Dictionaries, Section 5.3 - Auto-coding and Verbatim Term Management ICH M1 MedDRA Term Selection: Points to Consider, Section 2.1 - Coding Principles ICH E2B(R3) - Clinical Safety Data Management: Data Elements for Transmission of Individual Case Safety Reports

NEW QUESTION # 31

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

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

Answer: C

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 # 32
Data characterizing the safety profile of a drug are collected to provide information for which of the following?

- A. Efficacy meta-analyses
- B. Product labeling
- C. Survival curves
- D. Quality of life calculations

Answer: B

Explanation:
Safety data collected during a clinical trial are used primarily to support product labeling, ensuring accurate communication of a drug's risks, contraindications, and adverse reactions to healthcare providers and patients.
According to the GCDMP (Chapter: Safety Data Handling and Reconciliation) and ICH E2A/E2F guidelines, all adverse events (AEs), serious adverse events (SAEs), and laboratory abnormalities are analyzed and summarized to define the safety profile of an investigational product. These data form the basis for regulatory submissions such as the Clinical Study Report (CSR) and product labeling (e.g., prescribing information), as required by the FDA and other regulatory authorities.
While safety data may contribute indirectly to analyses such as survival curves (option A) or quality of life metrics (option D), their primary regulatory function is to inform product labeling and post-marketing surveillance documentation.
Reference (CCDM-Verified Sources):
SCDM Good Clinical Data Management Practices (GCDMP), Chapter: Safety Data Handling and Reconciliation, Section 4.3 - Use of Safety Data in Regulatory Submissions ICH E2A - Clinical Safety Data Management: Definitions and Standards for Expedited Reporting FDA Guidance for Industry: Adverse Event Reporting and Labeling Requirements

NEW QUESTION # 33
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