

CDIP DOMAIN 3: RESEARCH & EDUCATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. What is a PBRN and its relevance to dental research?**
 - A. Professional Board for Research Numbers
 - B. Public Biometric Research Network
 - C. Practice-Based Research Network; enables real-world data collection in dental practices to study effectiveness
 - D. Private Benefits Research Network
- 2. Which DRG corresponds to intracranial hemorrhage or cerebral infarction with CC or TPA in 24 hours?**
 - A. DRG 65
 - B. DRG 66
 - C. DRG 67
 - D. DRG 68
- 3. Conflict between discharge diagnosis and progress notes: what should the CDI query address?**
 - A. Clarification due to conflicting documentation
 - B. Update final diagnosis to match the most recent note
 - C. Proceed with coding based on discharge diagnosis
 - D. Ignore the discrepancy
- 4. In data visualization, which practice helps ensure accurate interpretation of a chart in dental informatics?**
 - A. Remove all axis labels
 - B. Use random scales
 - C. Hide legend
 - D. Label axes and annotate key values
- 5. What is informed consent and why is it essential in research involving human participants?**
 - A. A process by which participants understand and voluntarily agree to participate.
 - B. A document that compels participation.
 - C. A form that lists procedures without explanation.
 - D. A contract that binds participants to the study.

- 6. Coding staff primarily query physicians in which manner?**
- A. Retrospectively
 - B. Prospectively
 - C. During admission
 - D. After discharge
- 7. Amanda is performing her first review of a debridement procedure note. What is important to determine to accurately code the procedure?**
- A. Whether debridement is excisional or non-excisional
 - B. The surgeon's specialty
 - C. The location of the hospital
 - D. The patient's age
- 8. In a 72-year-old patient with congestive heart failure, ventricular dysfunction, ejection fraction less than 28%, and a BNP of 1089, what diagnosis should the CDI professional consider?**
- A. Right-sided heart failure
 - B. Acute and chronic systolic heart failure
 - C. Diastolic heart failure
 - D. Unspecified heart failure
- 9. Which action best reflects the CDI approach when a chart indicates active surveillance for a condition that may be mischaracterized as cancer?**
- A. Recommend clarification rather than assuming a cancer diagnosis
 - B. Accept the chart as written to avoid delays
 - C. Update the diagnosis to cancer without documentation
 - D. Defer to patient report for diagnosis
- 10. How might population health concepts be integrated into dental informatics research?**
- A. Use aggregated data to study oral health disparities and track population-level outcomes
 - B. Use aggregated data to study clinical issues only
 - C. Focus only on single patient data
 - D. Ignore disparities

Answers

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

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Explanations

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1. What is a PBRN and its relevance to dental research?

- A. Professional Board for Research Numbers
- B. Public Biometric Research Network
- C. Practice-Based Research Network; enables real-world data collection in dental practices to study effectiveness**
- D. Private Benefits Research Network

A PBRN is a Practice-Based Research Network that links practicing dentists and researchers to collect data from everyday dental visits. This setup lets researchers study how well treatments and protocols work in real-world settings, not just in tightly controlled trials. The value lies in real-world data: diverse patients, varied practice styles, and typical clinical workflows, which make findings more applicable to everyday care. In dentistry, PBRNs enable questions like whether a new sealant technique, a preventive protocol, or a restorative material performs well across different populations and practice environments. Data are often gathered from routine visits and may involve de-identified records or pragmatic studies, with emphasis on outcomes that matter to patients and clinicians. This approach supports faster translation of evidence into everyday practice and helps identify areas for quality improvement. The other descriptions don't match this concept because they don't depict a network designed to collect and study data from actual dental practices to assess real-world effectiveness.

2. Which DRG corresponds to intracranial hemorrhage or cerebral infarction with CC or TPA in 24 hours?

- A. DRG 65**
- B. DRG 66
- C. DRG 67
- D. DRG 68

When assigning a DRG for a stroke case, the important factor is the combination of the diagnosis (intracranial hemorrhage or cerebral infarction) with either a complication/comorbidity or a thrombolytic treatment given within 24 hours. The presence of CCR (comorbidity) or the use of tissue plasminogen activator within the first day signals higher resource use, so the case is grouped into the DRG category that reflects intracranial hemorrhage or cerebral infarction with CC or TPA in 24 hours. That specific category corresponds to the option listed, making it the best match. Higher DRGs would be chosen only if there were additional major complications or more severe comorbidities beyond this scenario.

3. Conflict between discharge diagnosis and progress notes: what should the CDI query address?

- A. Clarification due to conflicting documentation**
- B. Update final diagnosis to match the most recent note
- C. Proceed with coding based on discharge diagnosis
- D. Ignore the discrepancy

When discharge diagnosis and progress notes don't line up, the purpose of the query is to obtain clarification so the documentation accurately reflects the patient's true diagnoses and the care that was provided. The CDI process prioritizes the evidence in the medical record, and a discrepancy between what's written in the progress notes and what's listed as the discharge diagnosis needs an explicit, clinician-confirmed resolution. This ensures the final set of codes truly represents the patient's conditions that affected the hospital stay and the treatment delivered. So the query should specifically address the conflicting documentation, asking the clinician to confirm which diagnosis is the principal reason for admission, which conditions are active at discharge, and which diagnoses should be coded and reported based on the documented evidence. The goal is to reconcile the discharge diagnoses with the narrative and clinical data in the notes, not to guess or assume. Avoiding automatic changes is key. Updating the final diagnosis to match the most recent note without confirmation risks coding a condition that isn't firmly supported, while coding purely from the discharge diagnosis or ignoring the discrepancy could misrepresent the patient's care and invite compliance issues. The right move is to seek explicit clarification so the final diagnoses are accurate, defensible, and aligned with the documentation.

4. In data visualization, which practice helps ensure accurate interpretation of a chart in dental informatics?

- A. Remove all axis labels
- B. Use random scales
- C. Hide legend
- D. Label axes and annotate key values**

Labeling axes and annotating key values is essential because it provides the exact context readers need to interpret a chart correctly. Axis labels tell you what the data measure is and the units involved, so you know what the numbers represent—whether you're looking at millimeters, percentages, or counts, and what the vertical and horizontal axes correspond to. Without clear labels, you can misread the scale, misjudge the magnitude of differences, or misinterpret trends, which is especially risky in dental informatics where precise measurements guide clinical decisions. Using a clear, appropriate scale on the axes also helps prevent distorted perceptions of change or relationship between variables. A messy or unlabeled axis can make small differences seem large or hide meaningful patterns entirely. Annotating key values directly on the chart further supports accurate interpretation by providing exact figures for important data points, thresholds, or comparisons, so readers aren't forced to guess from the axis ticks alone. In contrast, removing axis labels removes essential meaning, using random scales distorts relationships, and hiding the legend makes it hard to distinguish data series. All of these reduce clarity and can lead to incorrect conclusions.

5. What is informed consent and why is it essential in research involving human participants?

- A. A process by which participants understand and voluntarily agree to participate.**
- B. A document that compels participation.
- C. A form that lists procedures without explanation.
- D. A contract that binds participants to the study.

Informed consent is a process where participants are given clear information about a study, understand that information, and freely choose whether to participate. It goes beyond a signature on a form; it involves describing the purpose, what procedures involve, potential risks and benefits, any alternatives, how confidentiality will be handled, and the right to withdraw at any time without penalty. This is about respecting a person's autonomy and ensuring their participation is truly voluntary. This matters because research with people can involve real risks and burdens. Informed consent helps individuals make a decision that aligns with their values and circumstances and protects them from coercion or deception. Ethical guidelines and oversight bodies require this ongoing, transparent process to protect participants and maintain trust in research. The other notions aren't appropriate because they imply coercion, lack of explanation, or a binding obligation on participants, none of which reflect how informed consent actually works. It's about voluntary, informed participation, not compulsion, mere procedural lists, or contractual obligations.

6. Coding staff primarily query physicians in which manner?

- A. Retrospectively**
- B. Prospectively
- C. During admission
- D. After discharge

In medical coding, the process hinges on what's documented in the final chart. Coders review the completed record after care is provided and identify any gaps, ambiguities, or vague details that could affect which codes are assigned. When something isn't clear or fully documented, they send a query to the physician to obtain the precise information or language needed. This happens after the encounter has occurred and the chart is ready for review, so it's a retrospective step rather than real-time during treatment. For example, if the chart notes a pneumonia but doesn't specify the type or the presence of sepsis, a coder will query to confirm these details so the correct codes can be used. While real-time or concurrent queries can occur in some settings, the standard practice for primary querying is retrospective, based on the completed documentation to ensure accurate and compliant coding.

7. Amanda is performing her first review of a debridement procedure note. What is important to determine to accurately code the procedure?

A. Whether debridement is excisional or non-excisional

B. The surgeon's specialty

C. The location of the hospital

D. The patient's age

The key factor in coding a debridement is how the tissue was removed. If the procedure involves sharp removal of dead tissue with a scalpel or scissors down to viable tissue, that is excisional debridement, and it uses codes that reflect the depth and area of tissue actually removed. If instead the tissue is removed by non-cutting methods—such as mechanical scrubbing, wet-to-dry dressings, enzymatic agents, or other non-sharp techniques—the debridement is non-excisional and is coded with a different set of codes that correspond to those methods and the wound's surface area. You'll look for documentation in the note that clearly states the method and depth reached. Phrases indicating sharp, targeted removal to viable tissue point to excisional debridement, while language describing non-sharp methods or enzymatic/mechanical approaches points to non-excisional debridement. The correct coding hinges on this distinction because it drives which code range is used and, for excisional debridement, how depth and area are documented. Other factors like the surgeon's specialty, the hospital's location, or the patient's age don't determine the debridement code; the technique and depth documented in the operative note do. If the note specifies excisional removal to viable tissue, you choose the excisional path; if it describes non-excisional methods, you select the non-excisional path.

8. In a 72-year-old patient with congestive heart failure, ventricular dysfunction, ejection fraction less than 28%, and a BNP of 1089, what diagnosis should the CDI professional consider?

A. Right-sided heart failure

B. Acute and chronic systolic heart failure

C. Diastolic heart failure

D. Unspecified heart failure

The key idea is that a very low ejection fraction signals systolic, or pump, dysfunction. An ejection fraction under 28% means the left ventricle isn't contracting effectively, which is the hallmark of systolic heart failure. The markedly elevated BNP (1089) further supports heart failure, since BNP rises in response to ventricular stretch and pressure overload. In heart failure, you can have a chronic baseline dysfunction with episodes of acute decompensation. Documenting it as acute and chronic systolic heart failure captures both the long standing reduced pump function and the current decompensation. Diastolic heart failure typically shows preserved ejection fraction, so the severely reduced EF makes diastolic failure less likely here. Right sided heart failure focuses on systemic venous congestion and can occur with left sided failure, but the data point strongest to a left sided systolic problem. Unspecified heart failure isn't appropriate given clear objective findings. So the diagnosis to consider is acute and chronic systolic heart failure.

9. Which action best reflects the CDI approach when a chart indicates active surveillance for a condition that may be mischaracterized as cancer?

- A. Recommend clarification rather than assuming a cancer diagnosis**
- B. Accept the chart as written to avoid delays
- C. Update the diagnosis to cancer without documentation
- D. Defer to patient report for diagnosis

When a chart shows active surveillance for a condition that could be misread as cancer, the key idea is to verify the actual diagnosis before coding. The CDI approach is to seek clarification from the treating physician or review documentation to determine whether cancer is confirmed, ruled out, or only suspected. This ensures the code reflects the true clinical situation—if cancer is not established, coding should not state cancer; if there is suspicion or a plan to monitor, that intention should be documented and coded appropriately. By recommending clarification, you prevent mislabeling and potential inaccuracies that could affect patient care, reporting, and compliance. Accepting the chart as written would risk coding a cancer diagnosis without definitive documentation, which can lead to inappropriate treatment claims and downstream problems. Updating the diagnosis to cancer without documented confirmation similarly bypasses proper verification. Deferring to patient report ignores physician documentation and diagnostic work, which are the proper sources for coding decisions. The right move is to obtain precise, physician-authenticated clarification about whether cancer is diagnosed, suspected, or under surveillance, and to code accordingly.

10. How might population health concepts be integrated into dental informatics research?

- A. Use aggregated data to study oral health disparities and track population-level outcomes**
- B. Use aggregated data to study clinical issues only
- C. Focus only on single patient data
- D. Ignore disparities

Population health concepts in dental informatics research focus on how oral health varies across groups and what drives those differences. Integrating this into research means using aggregated, de-identified data to study disparities and track outcomes at the population level. This approach helps identify who is disproportionately affected, how social determinants influence oral health, and whether interventions are working across communities. For example, by pooling data from multiple clinics or public health records, researchers can map disparities in untreated decay between neighborhoods, monitor trends over time, and assess the impact of policies like community water fluoridation or school-based sealant programs. This broader view turns data into actionable public health insight, guiding where to target resources, tailor programs, and evaluate success. Limiting analysis to clinical issues or single-patient data misses important population patterns, while ignoring disparities overlooks a central goal of population health.

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://cdipdomain3.examzify.com>

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

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