



APCCMPD Survey Distribution Policy

Approved August 31, 2017

Revised and approved February 5, 2018

P/CCM Program Directors (PDs) are key leaders in pulmonary and critical care fellowship education. Along with the APCCMPD they can provide valuable information and insights into graduate medical education, training, and other aspects of Pulmonary and Critical Care Medicine.

The goals of this survey policy are: (1) to improve the quality of survey research involving graduate medical education program leadership; (2) to prioritize important issues and facilitate the process for important studies; and (3) to respect time constraints of Program Directors and make data collection more efficient.

The APCCMPD Board of Directors (BOD) reviews surveys prior to distribution to APCCMPD membership. APCCMPD membership includes P/CCM PDs, associate program directors (APD), coordinators, and fellows with an interest in medical education. The APCCMPD BOD will review surveys of residents or fellows, if the survey is co-sponsored by a PD, APD or faculty member from an APCCMPD Member Program.

Survey proposal applications (see page 4-7 for Survey Proposal Application) will be reviewed rolling basis. Only completed applications will be reviewed. *Incomplete survey proposal applications – including those with no IRB approval attached – will NOT be reviewed.* We anticipate that requests will be reviewed on an upcoming BOD call, usually held at the end of every month.

Any changes made to the survey by the PI after APCCMPD approval and prior to dissemination will require the survey to be resubmitted for review and evidence of IRB approval must be provided for the revised survey.

Surveys approved for distribution by the APCCMPD BOD will be labeled as an “Approved APCCMPD Survey” prior to distribution. APCCMPD staff will circulate the survey request to the APCCMPD membership via blast e-mail or distribute the survey at an upcoming business meeting or conference, if requested. The PI must provide hard copies of the survey. The requestor can notify APCCMPD staff that reminder e-mail is required due to a low response. A maximum of two reminder emails will be sent. The APCCMPD will not provide email addresses of the APCCMPD membership.

Ultimately, this process is designed to leverage APCCMPD resources and expertise in order to facilitate research. Receiving approval does not mandate participation of members. Each member may choose whether or not to participate. Although, we cannot regulate whether others distribute surveys not vetted through this process, we will discourage it and not provide member contact information.

Survey Review Process

1. Researcher submits a complete application using the on-line request for survey distribution form.
2. APCCMPD staff will prepare the application for BOD review at an upcoming meeting.

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3. The APCCMPD BOD will review the survey application form. The goal of the review is to triage, focusing on appropriateness of content, number/type of programs needed to survey, survey length, and identifying any significant limitations of the survey. Methodology used in survey design will be included in the review.

4. APCCMPD staff will communicate survey proposal decisions.
5. 1-year after distribution of survey, the researcher will submit *1-Year Survey Results Summary* (p.7) to APCCMPD BOD. Investigators who do not submit a *1-Year Survey Results Summary* may NOT submit subsequent surveys for review and approval to the APCCMPD BOD. Investigators should also inform the APCCMPD BOD of any works of scholarship (including presentations and/or publications) where survey design or data was used.
6. The results of all APCCMPD approved surveys must be disseminated to the APCCMPD membership.
 - o If the intention is to publish the survey results the APCCMPD requires that the requestor provide a link or a PDF of the manuscript upon publication. The APCCMPD will post the manuscript on the Web site.
 - o If the intention is not to publish the survey results the APCCMPD requires that the requestor provide the results to the APCCMPD staff to post on the Web site.
 - o The BOD may request the investigator to present the results at an APCCMPD business meeting or conference.

Survey Priorities will disseminate surveys in the following order of priority:

1. APCCMPD Leadership Surveys – Surveys developed by leadership to address key APCCMPD and Fellowship issues.
2. APCCMPD member-sponsored surveys – Surveys developed from PDs or members as a principal investigator or co-investigator. APCCMPD members may generate such surveys in response to a Request For Proposals call to stimulate research in a particular topic area as requested by the APCCMPD.
3. External Partners Organizations – Organizations that are APCCMPD Stakeholder organizations.
4. External/unsponsored surveys – Surveys developed without any PD input or participation. These may be generated by individuals, or potentially in response to a Request for Proposals call to stimulate research in a particular topic area as requested by the Leadership of Research committees. These will be the lowest priority unless in response to a RFP.
5. Only surveys that are submitted through this process will be eligible for presentation at the APCCMPD Annual Conference.

If you have any questions about the process, feel free to contact the Joyce Reitzner (joycereitzner@apccmpd.org).

Project Title:
PI:

APCCMPD Survey Proposal Application

Project Title:

Principal Investigator:

Name: Email address:
Institution: Phone number:
Title:
Member: YES NO

Co-Investigator(s):

Name: Email address:
Institution: Phone number:
Title:
Member: YES NO

Name: Email address:
Institution: Phone number:
Title:
Member: YES NO

Name: Email address:
Institution: Phone number:
Title:
Member: YES NO

Name: Email address:
Institution: Phone number:
Title:
Member: YES NO

Project Title:

PI:

Describe the significance of your study for P/CCM fellowship training:

What is the knowledge gap?

Why is this important to APCCMPD membership?

Specific Aim(s) of Study:

Methods:

1. What portion of APCCMPD membership would you like to survey?

Program Directors

Associate program directors

Coordinators

Fellows

Other (Specify: _____)

Please

justify

WHY:

2. How many times would you like us to send out an electronic link to your survey?

1x

2x

3. Once approved, when would you like us to send out the initial survey link?

As soon as possible

Specific date: _____

4. Describe your analysis plan.

5. Describe how identities of respondents/programs will be kept confidential.

6. How will survey data be used? (Publication, thesis, etc.)

7. How will results be shared with APCCMPD membership?

Project Title:

PI:

8. By Signing this Application you agree to the following:

- I agree to report to the APCCMPD BOD plans for dissemination of the survey results (e.g. presentations, publications).
- I agree to report a summary of the survey results to the APCCMPD BOD within 1 year of the survey being distributed to APCCMPD membership. Please see attached *1-Year Survey Results Summary* form. Investigators who do not submit a summary of the survey results to the APCCMPD BOD within 1 year of the survey being distributed to APCCMPD membership will not have future surveys reviewed by the APCCMPD BOD.
- I agree to have my survey questions available to APCCMPD members 1 year after survey distribution.
 - If the intention is to publish the survey results the APCCMPD requires that the requestor provide a link or a PDF of the manuscript upon publication. The APCCMPD will post the manuscript on the Web site.
 - If the intention is not to publish the survey results the APCCMPD requires that the requestor provide the results to the APCCMPD staff to post on the Web site.
 - The BOD may request the investigator to present the results at an APCCMPD business meeting or conference
 - Interested APCCMPD members would contact the PI directly for a copy of the survey.

PI Signature: _____ **Date** _____

Required files:

IRB Approval Letter

Survey Instrument

Email letter to accompany survey to membership

Project Title:

PI:

1-Year Survey Results Summary

PI:

Survey Title:

Date surveyed distributed to APCCMPD membership (*e.g.* 3/2015):

Portion of APCCMPD membership surveyed (*e.g.* Program Directors and Associate Program Directors):

Response rate (*e.g.* 50%; 99/198):

Summary of main findings

Presentations:

Publications:

PI Signature: _____ **Date** _____