



APCCMPD Member Survey Distribution Policy

Updated: January 19, 2022

I. Overview

Pulmonary, Critical Care, and Pulmonary Critical Care Medicine Program Directors 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 APCCMPD Member Survey Committee (MSC) and the Board of Directors (BOD) review surveys prior to dissemination to APCCMPD membership. The goals of this survey policy are to:

- improve the quality of survey research involving graduate medical education program leadership.
- prioritize important issues and facilitate the process for important studies.
- respect time constraints of Program Directors and make data collection more efficient.

II. Submission and Review Deadlines

Survey proposal applications (see pp. 5-8 for Survey Proposal Application) will be reviewed on a quarterly basis. Up to four (4) surveys will be approved for dissemination to the membership per year. Deadlines for application submission, review, and survey dissemination can be found below.

Submission Deadline	Approval Date	Dissemination Date
May 1	Last week of May	First week of June
August 1	Last week of August	First week of September
October 1	Last week of October	First week of November
March 1 (of following year)	Last week of March	First week of April <i>(to accommodate Annual Member Benchmarking Survey and Annual Survey of the Fellows)</i>

III. Submission Requirements

Only completed applications will be reviewed. A completed application includes:

- **Final version of the survey instrument.** The applicant may submit a PDF copy of the survey and a link to the online survey.
- **Evidence of IRB Review.** To maintain review anonymity, the MSC will not review an IRB letter.
- **A completed APCCMPD Survey Dissemination Application** (*either PDF or Online version is acceptable*).
- **NOTE:** Surveys submitted by residents or fellows must be co-sponsored by a Program Director (PD), Associate Program Director (APD) or faculty member from an APCCMPD member program.

IV. APCCMPD Membership (Who Receives Approved Surveys?)

APCCMPD membership includes Pulmonary, Critical Care, and Pulmonary Critical Care PD's, APD's, program coordinators, and fellows with an interest in medical education.

Ultimately, this process is designed to leverage APCCMPD resources and expertise in order to facilitate medical education research. Receiving approval for your survey to be disseminated does not mandate participation of members. Each member may choose whether or not to participate.

V. Surveys Intended for Fellows-in-Training

The APCCMPD does not send approved surveys from the membership directly to Fellows-in-Training (FIT). Approved surveys that are intended for distribution to FIT will be sent to their PD, who will be requested to forward the approved survey link to the FIT. Since the PD is requested to forward the approved survey to the FIT, the number of FIT receiving the survey is unknown, making it difficult to establish a denominator.

To establish a denominator, the MSC requests that the Principal Investigator (PI) create a single question survey to accompany the primary survey. This single question survey should request the PD to specify the total number of FIT to whom the primary survey will be sent. This single question survey should be submitted to the MSC, along with the primary survey, for review.

Example Question:

"To better understand the number of Fellows-in-Training that receive this survey and to determine a denominator for the primary survey, please indicate the number of fellows you intend to forward this survey to."

Select 0 - 25

VI. Collection of Demographic Data

If the survey requests the respondent to provide demographic data, the APCCMPD recommends that demographic questions be placed at the end of a survey. The APCCMPD also recommends collecting demographic information that is relevant and necessary for your study. The APCCMPD has provided the following guidance for collecting demographic information in surveys using the Harvard ORARC Tip Sheet: Inclusive Demographic Data Collection:

<https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2102/2020/04/ORARC-Tip-Sheet-Inclusive-Demographic-Data-Collection.pdf>

VII. Collection of Geographic Data

If the survey requests the respondent to provide geographic region information, the APCCMPD recommends that the PI use predefined regions as defined by the US Census Bureau. The APCCMPD has provided the following information on US regions (See Section "*Census Regions and Divisions*"): [Geographic Terms and Definitions](#).

- The APCCMPD requests the question be phrased as: "Which U.S. region is your program located in?"
- Using the regions defined by the *Census Regions and Divisions*. "Puerto Rico" should be added to "South" category. This will provide anonymity to the small number of member programs located in Puerto Rico.
- An "Other" option with a comment box should be included.

VIII. Surveys Approved for Dissemination

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 review must be provided for the revised survey.**

The APCCMPD will not provide email addresses of the APCCMPD membership. Surveys approved for dissemination by the APCCMPD BOD will be labeled as an "Approved APCCMPD Survey" prior to dissemination. APCCMPD staff will circulate the survey request to the APCCMPD membership via blast e-mail or disseminate the survey at an upcoming business meeting or conference, if requested. If the survey is to be disseminated at a live meeting, the PI must provide hard copies of the survey.

A maximum of two (2) survey reminder emails will be sent.

IX. Surveys Not Approved for Dissemination

APCCMPD staff will correspond with the PI on the status of their Survey Dissemination Application. A PI whose survey was not initially approved for dissemination will have the opportunity to have their survey reviewed in the next review cycle. At this time, they may decide to update, withdraw, or leave the application unchanged for the next review cycle

Although we cannot regulate whether others disseminate surveys that are not vetted through this process, we will discourage it and not provide member contact information. Only surveys that are submitted through this process will be eligible for presentation at the APCCMPD Annual Conference.

X. Survey Review Process

- 1.** Researcher submits a completed application by the quarterly deadline that is updated annually, using the online *APCCMPD Survey Dissemination Application* found on www.apccmpd.org.
- 2.** APCCMPD staff will prepare the application for MSC review during the scheduled quarterly conference call, and will not include an IRB letter to maintain survey anonymity.
- 3.** APCCMPD staff will anonymize each survey submission prior to review by the MSC.
- 4.** MSC members who are listed as Investigators on a submitted survey will be recused from reviewing all surveys under consideration.
- 5.** The MSC will make a recommendation to the BOD on which surveys to approve for dissemination to the membership.
- 6.** APCCMPD staff will communicate survey proposal decisions to the researcher. Researchers for surveys not approved for dissemination can choose to have their survey reconsidered at the next quarterly review period.
- 7.** One year after dissemination of survey, the researcher will submit *1-Year Survey Results Summary* (p.8) to the BOD. Investigators who do not submit a *1-Year Survey Results Summary* may NOT submit subsequent surveys for review and approval to the APCCMPD. Investigators should also inform the APCCMPD of any works of scholarship (including presentations and/or publications) where the disseminated survey design or data was used.
- 8.** The results of all APCCMPD approved surveys must be disseminated to the APCCMPD membership.
 - If the intention is to publish the survey results, the APCCMPD requires that the requestor provide a link or PDF of the manuscript, upon publication. The APCCMPD will post the manuscript on the website.
 - If the intention is not to publish the survey results, the APCCMPD requires that the requestor provide the results to APCCMPD staff to post on the website.

- The APCCMPD may request the Investigator to present the results at an APCCMPD business meeting or conference.

XI. Survey Priorities

The MSC recommends to the BOD in the following priority:

- 1. APCCMPD Leadership Surveys:** Surveys developed by APCCMPD leadership to address key APCCMPD, fellowship, and national policy issues.
- 2. APCCMPD member-sponsored surveys that are approved by the MSC and BOD:** Surveys developed from PD's or members as a PI 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/Un-sponsored 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 or Research Committees. These will be the lowest priority unless in response to an RFP.

XII. Publications that Result from Surveys Initiated by APCCMPD BOD, Committees, Workgroups and Task Forces

As the owner of the survey, survey data, and resulting reports and data tables, all rights to publish, disseminate, and publicly present on the survey belong to the APCCMPD. The PI may publish and present on any of the survey data and resulting reports. Requests to use the survey data and resulting reports, or reproduce Figures or Tables from the survey data in publications or presentations, must be made in writing to the APCCMPD. The APCCMPD must also review the final product prior to submission for publication or presentation. The investigator will have the right to author the initial publication, which must be exercised within five years of submitting the final report.

1. We suggest that the initial publication contain the following in the title of the manuscript:
"Association of Pulmonary and Critical Care Medicine Program Directors"

And must be accompanied by the following acknowledgement:

The [publication/presentation] has been made possible by the Association of Pulmonary and Critical Care Medicine Program Directors.

2. Any publications or presentations made by any party, after the initial publication, on using the data generated by the APCCMPD-initiated survey shall contain and be accompanied by the following acknowledgement:

The [publication/presentation] has been made possible by the Association of Pulmonary and Critical Care Medicine Program Directors.

If you have any questions about the process, feel free to contact Dawn MacGregor at: membership@apccmpd.org

Project Title:
PI:

APCCMPD MEMBER SURVEY PROPOSAL APPLICATION

Project Title:

Principal Investigator (PI) Name, Credentials:

Name:
Institution:
Title:
Email:

Co-Investigator(s): *if none, leave blank*

Name:
Institution:
Title:
Email:

Name:
Institution:
Title:
Email:

Name:
Institution:
Title:
Email:

Name:
Institution:
Title:
Email:

Project Title:
PI:

DESCRIPTION OF STUDY SIGNIFICANCE FELLOWSHIP TRAINING

What is the knowledge gap?

Why is this important to APCCMPD membership?

Specific Aim(s) of Study:

METHODS

Which Subspecialty(ies) would you like to survey? *Choose all that apply*

Pulmonary
Critical Care Medicine (CCM)
Pulmonary Critical Care Medicine (PCCM)

What portion of APCCMPD membership would you like to survey?

*(*Note: The APCCMPD does not send surveys directly to Fellows. The Program Director will be requested to distribute the survey to their fellows. The APCCMPD does not collect information on the fellows who received the survey.)*

Program Directors
Associate Program Directors
Program Coordinators
Fellows *
Other (*Specify below*)

Specify Other Recipients:

Please justify why the portion of the membership you selected should receive the survey.

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

1X
2X

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

As soon as possible
Specific Date: *Specify below*

Describe your analysis plan.

Project Title:
PI:

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

How will survey data be used? *Publication, thesis, etc*

How will results be shared with APCCMPD membership?

ADDITIONAL FILE REQUIREMENTS

- Final Version of the Survey Instrument **Upload File**
- Evidence of IRB Review (To maintain review anonymity, the MSC will not review an IRB letter) **Upload File**
- Email letter to accompany survey to membership **Upload File**

ACKNOWLEDGEMENT

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** _____