PERC GUIDELINES FOR SURVEY ADMINISTRATION

GOAL

1. To improve the caliber of survey research being conducted within PERC.
2. To facilitate the process by which surveys are administered to PERC members.
3. To improve the response rates for surveys circulated to the PERC membership.
4. To decrease the burden of survey requests upon the PERC membership.

ELIGIBLE SURVEYS

Surveys that are eligible for submission to use the PERC Survey List must meet the following criteria:

1. Developed and conducted by a PERC member or a team that includes a PERC member;
2. Not for profit;
3. Free from potential corporate influence or undue bias;
4. Funding sources, if corporate, must be in the form of an unconditional education grant; for research grants, the granting agency must be at arm's length with no influence; and
5. Relevant to the practice of pediatric emergency medicine.

** A maximum of 2 surveys per cycle of 4 will be permitted for an individual PERC member

SELECTION PROCESS

Applications to use the PERC Survey List will be accepted throughout the year and peer-reviewed by 2 PERC members. The PERC peer-review process will evaluate all survey submissions using a standardized template. Submissions will be evaluated on the basis of:

1-Goals
2-Survey development methodology
3-Relevance to PERC's mandate
4-Importance to the field of pediatric emergency medicine
5-Quality of the survey including clarity, length, and flow
6-Future plans based on results of survey
7-Justifiable time sensitivity
8- Accessibility of survey to PERC membership (via translation to both official languages)

The process for approving surveys will be based on the above criteria using a standardized form (see appendix I). If all the criteria are not met then the Principal Investigator will be contacted with feedback and invited to re-submit once the comments have been addressed. A study survey will be placed in the queue only once it has been approved by the PERC Executive.

SUBMISSION PROCESS

We require:

1. Submission of a PERC Study Intake Form (https://www.perc-canada.ca/pages/104-perc-project-intake-form).
2. A 2-page summary of the survey protocol (background, objectives, methods, impact) that addresses the criteria described above under Selection Process.
3. The final version of the survey (ie. following the completion of the drafting and revision process).
4. A copy of the ethics approval letter.
5. The PERC Survey Application Form (page 5-9 of this document).

Repeat submission is permitted and encouraged. The review process will focus on survey methodology as described by Burns et al. CMAJ, 2008: 179(3); 245-252 (http://www.cmaj.ca/cgi/reprint/179/3/245). All submissions will require the signing of a conflict of interest disclaimer related to the criteria described under "Eligible Surveys."

Each PERC member approved to use the PERC Survey List will have a 3-month exclusive window to implement their study survey. All pre-notification emails, surveys, and reminders must be sent within that 3-month window. We plan to provide 2-3 months' notice to successful applicants prior to their distribution timeframe. We will encourage the use of a standardized introduction to each survey that will clearly identify to the recipient that the survey has been endorsed by PERC and that it is the only survey that they will be requested to respond to for a 3-month period, in an attempt to optimize response rates.

MAINTENANCE OF ANONYMITY

Since the pediatric emergency medicine community is small, it is extremely important that the anonymity of the respondents be maintained so that individual respondents cannot be linked back to their surveys unless they give their consent for this. As such, all surveys must adhere to the following requirements.

1. Communication with individuals to solicit their participation should only be done with standardized letters or emails, which should mention the following concepts:
    a. Research ethics (IRB, REB) approval for the project has been obtained
    b. Responses will be kept confidential and all data will be securely stored
    c. Only grouped data will be analyzed and published
    d. No attempt will be made to identify individual participants
    e. Research personnel *not* involved in clinical practice (at arm's length from the investigators) will use an ID number linked to individuals only for the purpose of tracking and contacting non-responders or acknowledging respondents
    f. Participants are free to choose whether to participate or not. There are no repercussions for declining participation
    g. Completing and returning the survey implies the respondent's consent to participate

2. Personal solicitation for participation should never come directly from the investigator (phone calls, personal emails, face-to-face requests).

3. All study investigators should be kept blinded to individual responses. Tracking of responses and creation of non-responder correspondence (reminder cards, emails, phone calls) should be carried out by a research assistant at arm's length from the investigator and study.

4. Investigators should never review survey responses that may contain information that would identify the respondent.

5. Databases containing identifying information should be kept separate from databases containing survey responses. A unique responder ID number may exist in each database for tracking purposes only.

6. Contact with respondents to clarify or expand responses should only occur if this was presented as a possible component of the research protocol in the initial correspondence AND the respondent has specifically consented to being contacted.

7. Once data entry and validation is complete, the unique responder ID number should be removed from both databases to prevent further linkages.

REPORTING OF RESULTS

In order to promote the process we suggest that all surveys distributed through the PERC Survey List be presented within 2 years of administration at the PERC Annual Scientific Meeting. The presenter will be given up to 10 minutes to report the results from their survey to the PERC membership and answer any questions.

All successful applicants will be required to report the survey response rate, once the survey has been completed, in order to allow for future analyses that will enable the PERC Executive to determine the optimal survey spacing. This data should include information regarding the timing of repeat mailings. A maximum of 3 survey emails and 2 reminder emails can be sent within the 3-month interval.

All PERC approved surveys **must** include the PERC logo on presentation slides and posters as well as including PERC in the main list of authors and methods section of all manuscripts.

AUTHORSHIP

Definition of Authorship:

Author is an individual who "participated sufficiently in the conception and design of the study and the analysis of the data (when applicable), as well as the writing of the manuscript, to take public responsibility for it." (Instructions for Authors. JAMA 1992; 268:41) Sufficient participation means the individual made "substantial contributions to:

(a) conception and design, or analysis and interpretation of data: and to
(b) drafting the article or revising it critically for important intellectual content; and on
(c) final approval of the version to be published.

Conditions (a), (b), (c) must all be met,"[2] (International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals. NEJM 1991; 324: 424-428.) Other individuals, who contributed to the work, but not substantially to justify authorship, may be named in the acknowledgement. Their function or contribution maybe described for example, "scientific advisor," "critical review of study proposal," "data collection," or "participation in clinical trial." Acknowledgements may be placed in the article as a title page footnote or as an appendix to the text. The selection of a survey for distribution to members of PERC does not require the inclusion of authors from the PERC Executive committee or the PERC membership.

The principal investigators and collaborators are to mutually decide on the journal and future use of the study data. This decision will be made independent of the PERC executive committee and organization.

Pediatric Emergency Research Canada

Survey Application Form

With the application form below also submit the following via email (rebecca.emerton@ahs.ca) to the PERC Coordinator Becky Emerton:

1) 2 page summary of the survey protocol along with this application form (including the following headings: background, objectives/goals, methodology, steps in survey development, relevance to PERC mandate, timeline and time sensitivity, expected impact).
2) Copy of ethics approval letter.
3) Copy of the final survey tool.

Applicant Information

Applicant: _____

Institution: _____

Mailing Address: _____

_____

_____

_____

Email: _____

Phone: (___) _____

FAX: (___) _____

Co-Applicant(s)	Institution
_____	_____
_____	_____
_____	_____
_____	_____

Date application submitted:	
Have you attached the ethics approval from your institution?	☐ **Yes** ☐ **No**

Is there a time sensitive nature to this request? If yes, please explain the time-sensitive nature of your request.	**☐ Yes** **☐ No**

General Survey Information

Proposed dates of distribution:	**___/___/____ to ___/___/____**
Funding source:	**_____**
Method of survey distribution **(if web-based, provide program and link):**	**☐ Mail** **☐ Web-based (link):_____**
Has the survey been tested or piloted prior to submission?	**☐ Yes → Number of individuals:** **☐ No**
Total number of items in survey:	**_____**
Estimated time for respondents to complete survey based on pilot data:	**_____minutes +/-**

Please provide the rationale for use of the PERC Survey List for conducting the submitted study:
Has this survey been previously circulated or do you plan to circulate to other national/international organizations? If yes, please explain.

I warrant that the proposed survey has been/is:

- ☐ Developed and conducted by a healthcare group or institution;
- ☐ Not for profit;
- ☐ Free from potential corporate influence or undue bias;
- ☐ Funding sources, if corporate, must be in the form of an unconditional education grant; for research grant, the granting agency must be at arm's length with no influence; and
- ☐ Relevant to the practice of pediatric emergency medicine.

Further, in terms of the process of the survey, I warrant that:

- ☐ Communication with individuals to solicit their participation should only be done with standardized letters or emails, and mention the following concepts:

    1. Research ethics (IRB, REB) approval for the project has been obtained
    2. Responses will be kept confidential and all data will be securely stored
    3. Only grouped data will be analyzed and published
    4. No attempt will be made to identify individual participants
    5. Research personnel not involved in clinical practice (at arm's length from the investigators) will use an ID number linked to individuals only for the purpose of tracking and contacting non-responders or acknowledging responders
    6. Participants are free to choose whether to participate or not. There are no repercussions from not participating
    7. Completing and returning the survey implies the respondent's consent to participate

- ☐ Personal solicitation for participation should never come directly from the investigator(s) (phone calls, personal emails, face-to-face requests).

- ☐ Tracking of responses and creation of non-responder correspondence (reminder cards, emails, phone calls) should be carried out by an individual at arm's length from the investigators (e.g., a research assistant).

- ☐ Investigators should never review survey responses that may contain information that would identify the respondent.

- ☐ Databases containing identifying information should be kept separate from databases containing survey responses. A unique responder ID number may exist in each database for tracking purposes only.

- ☐ Once data entry and validation are complete, the unique responder ID number should be removed from both databases to prevent further linkages.

- ☐ Contact with respondents to clarify or expand responses should only occur if this was presented as a possible component of the research protocol in the initial correspondence AND the respondent has specifically consented.

Declaration: I hereby request access to the PERC *Survey List of Physicians Practicing Pediatric Emergency Medicine in Canada* for the sole purpose of completing the research project described in this application and the accompanying research proposal. I acknowledge that my access to the PERC Survey List is for this project only.

All identifying personal information I receive from PERC about physicians listed in the PERC Survey List will be kept secure and strictly confidential for use by myself and others authorized by myself to carry out this research project. At the end of the survey protocol, I will delete or destroy all identifying physician information.

I acknowledge and will respect the guidelines set out in this application with respect to maintaining the anonymity of all individuals contacted during the survey process. This includes processes and practices to ensure that investigators are unable to link responses to individual responders and that survey recipients, whether choosing to respond or not, will not be personally contacted in any way without their consent.

I acknowledge that the PERC Survey List is not to be used for any commercial purposes, nor released to anyone else.

_____

Principal Investigator Signature

Date Signed: _____

APPENDIX I: PERC SURVEY REVIEW FORM

Survey Name: _____ Principal Investigator: _____

1. Are the goals of the study clearly defined?
   ☐ YES ☐ NO ☐ UNCLEAR

2. Does the questionnaire address the study objective(s)?
   ☐ YES ☐ NO ☐ UNCLEAR

3. Is the generation of the survey items methodologically rigorous? (i.e. item generation/reduction, pilot testing as outlined in Burns et al article.)
   ☐ YES ☐ NO ☐ UNCLEAR

4. Will the study lead to/support a larger body of research or have immediately relevant results?
   ☐ YES ☐ NO ☐ UNCLEAR

5. Is the study relevant to the practice of PEM?
   ☐ YES ☐ NO ☐ UNCLEAR

6. Is it clear and easy to understand the survey items?
   ☐ YES ☐ NO ☐ UNCLEAR

7. Is the survey an appropriate length?
   ☐ YES ☐ NO ☐ UNCLEAR

8. Has the survey been translated into both official languages?
   ☐ YES ☐ NO ☐ UNCLEAR

HAS THE STUDY MET ALL THE CRITERIA

☐ YES ☐ NO ☐ UNCLEAR