
PERC PHYSICIAN DATABASE SURVEY PROCESS & GUIDELINES

PURPOSE

These guidelines aim to streamline the evaluation and selection process for the benefit of all invested parties. By adhering to these evaluation guidelines, PERC aims to prioritize surveys that align with its mandate and are clinically relevant to the practice of pediatric emergency medicine. This process is intended to facilitate the development of high-quality, meaningful, and impactful surveys, ultimately contributing to the advancement of future collaborative research within our network.

Beginning in 2025, access to the PERC survey distribution list will be a competitive process. The scoring of survey applications outlined below will support the PERC Executive and reviewers in evaluating and ranking applications in accordance with PERC's mandate. There will be two competitions per year. Please consult the PERC website for key competition-related deadlines.

GOALS

1. To ensure that survey research being conducted within the PERC network is of high quality
2. To facilitate the process by which surveys are administered to PERC membership
3. To maximize the response rates for surveys circulated to the PERC membership
4. To manage the burden of PERC-endorsed survey requests upon the PERC membership

ELIGIBLE SURVEYS

Surveys that are eligible for submission to use the PERC survey database must meet the following criteria:

1. Developed and conducted by an active PERC member or a team that includes an active 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 educational grant; for research grants, the granting agency must be at arm's length
5. Relevant to the practice of pediatric emergency medicine
6. Survey tool must be available in both English and French

A maximum of 5 surveys will be distributed per calendar year. Two survey competition cycles will be run per year. The top two surveys per cycle will be invited to use the PERC Survey Database for a pre-determined period of time. One additional distribution time frame will be reserved for surveys with exceptional circumstances or high urgency, as determined by the PERC Executive. A maximum of 2 surveys per year will be permitted for an individual PERC member to lead/co-lead. The opening and closing dates for each biannual competition will be posted on the PERC website and shared via the PERC newsletter.

SUBMISSION PROCESS

We require the completion of the [PERC Database Survey Study Intake Form](#) which includes uploading the following forms:

1. A 2-page summary of the survey protocol (background, objectives, methods, and impact) that addresses the criteria outlined in the PERC Database Survey Protocol Template (See Appendix A)
2. The final version of the survey (*i.e.*, following the completion of the drafting and revision process), including all branching logic in English and French
3. Research Ethics Board (REB) approval letter, if received. A copy of the REB approval certificate must be provided to PERC prior to initiating the survey data collection. Failure to do so in a timely manner may result in a delay or forfeiting of the designated survey distribution period.
4. Agreement to:
 - a. Conflict of interest disclaimers related to the criteria described under “Eligible Surveys”
 - b. Terms of survey process
 - c. Authorship and methods requirements regarding use of PERC Physician Survey Database
 - d. Presentation expectations for PERC Annual Scientific Meeting

SELECTION PROCESS

Beginning in 2025, access to the PERC survey distribution list will be a competitive process. The scoring of survey applications, as described below, will support the PERC Executive and reviewers in evaluating and ranking applications, in keeping with PERC’s mandate. There will be two competitions per year.

Applications will be peer-reviewed by at least one PERC Executive member and a minimum of 1 additional PERC members (or designated alternate identified by the PERC Executive). All PERC Executive members will have the opportunity to review and provide feedback on the complete study submission as well. Survey submissions will be evaluated based on the criteria in the following table:

CATEGORY & ADJUDICATION CRITERIA			SCORING	WEIGHT	WEIGHTED SCORE
Relevance and Impact					
	Significance	Topic is congruent with PERC's mandate	1-10, low to high	0.25	2.5
	Clinical Relevance	Survey focus has importance to PEM clinical practice	1-10, low to high	0.25	2.5
	Potential Impact	Survey likely to inform/influence current practice and/or lead to future research/grants	1-10, low to high	0.5	5
Methodological Design *					
	Overall Survey Tool Development	Utilize a framework to develop survey/ use previously validated tool	1-10, weak to strong	0.5	5
	Item Generation	Pre-testing, sensibility testing, pilot testing	1-10, weak to strong	0.5	5
	Item Design	Questions only address one issue or concept at a time. Response choices are mutually exclusive and exhaustive	1-10, weak to strong	0.25	2.5
	Reliability & Validity	Survey questions measure what they are intended to; Methodology demonstrates validity assessment	1-10, weak to strong	0.25	2.5
	Analysis Plan	Describes an appropriate analysis plan, including statistical tests to be used, potential engagement of statistician	1-10, weak to strong	0.5	5
	Overall Design & Flow	Easy to navigate layout with logical flow and clear instructions for respondents	1-10, weak to strong	0.5	5
	Feasibility	Appropriate length & time for survey completion (~10-15 min max); Proof of pre-testing for length provided	1-10, weak to strong	0.5	5
Equity, Diversity, Inclusion, and Indigeneity (EDII)					
	EDII Considerations	Thoughtful considerations of equity, diversity, inclusion, and Indigeneity, as it pertains to the survey subject matter and respondents	1-10, weak to strong	0.5	5
	Accessibility of Survey	States that survey is, at minimum, translated to both official Canadian languages (English & French) using proper translation tools/techniques	1-10, weak to strong	0.5	5
TOTAL			Max points 120		Max score 50

* If the submission utilizes a previously validated tool, then full marks should be awarded for Item generation, Item design, reliability and validity.

The Principal Investigator will be provided with reviewer and executive feedback and encouraged to resubmit their application, if required. Responses to reviewer feedback must be submitted using the standardized Response to Reviewer Feedback Form (see Appendix B). A survey will be placed in the distribution queue only once it has received final approval by the PERC Executive.

Repeat submission is permitted and encouraged. The review process will emphasize the use of published survey methodology. Examples of acceptable methodological frameworks for survey tool creation and reporting include:

- A guide for the design and conduct of self-administered surveys of clinicians
 - o Burns KE, Duffett M, Kho ME, Meade MO, Adhikari NK, Sinuff T, Cook DJ; ACCADEMY Group. CMAJ. 2008 Jul 29;179(3):245-52. doi: 10.1503/cmaj.080372. PMID: 18663204
- Developing questionnaires for educational research
 - o AMEE Guide No. 87. Artino AR Jr, La Rochelle JS, Dezee KJ, Gehlbach H. Med Teach. 2014 Jun;36(6):463-74. doi: 10.3109/0142159X.2014.889814. Epub 2014 Mar 24. PMID: 24661014
- Selecting, designing, and developing your questionnaire
 - o Boynton PM, Greenhalgh T. BMJ. 2004 May 29;328(7451):1312-5. doi: 10.1136/bmj.328.7451.1312. PMID: 15166072

Additional resources for reporting surveys and improving response rates include:

- Methods to increase response to postal and electronic questionnaires
 - o Edwards PJ, Roberts I, Clarke MJ, DiGuseppi C, Woolf B, Perkins C. Cochrane Database Syst Rev. 2023 Nov 30;11(11):MR000008. doi: 10.1002/14651858.MR000008.pub5. PMID: 38032037
- Administering, analysing, and reporting your questionnaire
 - o Boynton PM. BMJ. 2004 Jun 5;328(7452):1372-5. doi: 10.1136/bmj.328.7452.1372. PMID: 15178620
- Reporting guidelines for allergy and immunology survey research
 - o Moore-Clingenpeel M, Greenhawt M, Shaker M. Ann Allergy Asthma Immunol. 2023 May;130(5):674-680.e1. doi: 10.1016/j.anai.2023.02.005. Epub 2023 Feb 16. PMID: 36804464

<https://www.equator-network.org/reporting-guidelines/improving-the-quality-of-web-surveys-the-checklist-for-reporting-results-of-internet-e-surveys-cherries/>

<https://pubmed.ncbi.nlm.nih.gov/15471760/>

PERC aims to provide 2-3 months' notice to successful applicants prior to their distribution timeframe. Survey distribution windows are typically 6-8 weeks.

MAINTENANCE OF ANONYMITY

As the pediatric emergency medicine community is modest in size, it is critical that the anonymity of the respondents be maintained such that individual respondents cannot be linked back to their survey responses unless they give their explicit consent for this. Therefore, 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:
 - a. Research ethics board 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 and independent 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 OR explicit written consent is collected.
2. Personal solicitation for participation should never come directly from the investigator or their research team (e.g., phone calls, personal emails, face-to-face requests).
3. All study investigators should be kept blinded to individual responses. Tracking of responses and creating non-responder follow-up correspondence (e.g., reminder cards, emails, phone calls) should be carried out by research staff independent from the investigator and study.
4. Investigators should never review survey responses that may contain information that would directly 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 if the respondent has specifically consented to being contacted.
7. Once data entry and validation are complete, the unique responder ID number should be removed from both databases to prevent further linkages.
8. All emails being sent using the PERC database must be sent using the BCC feature (or equivalent) to hide all the email addresses of other recipients.

DATA COLLECTION & REPORTING OF RESULTS

Each PERC member approved to use the PERC Survey List will have a 6-8 week exclusive window to implement their study survey. All pre-notification emails, surveys, and reminders must be sent within this window. A maximum of 4 emails can be sent within the interval.

The use of a standardized introduction to each survey is encouraged, clearly identifying 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 6-8 week period. All surveys must be created to ensure there cannot be repeat responses from one person and any reminder emails are to be sent to those who have not completed the survey.

All surveys distributed through the PERC Survey List must be presented within 2 years of data collection at the PERC Annual Scientific Meeting. The presenter at the PERC Annual Scientific Meeting will be offered protected time to report the results from their survey to the PERC membership and answer any questions.

All successful applicants are required to complete the PERC Database Survey Result Reporting Form (see Appendix C). This form will require successful applicants to report the survey response rate, once the survey has been completed. This is to allow for future analyses that will enable the PERC Executive to determine the optimal survey spacing and engagement in the survey process. Information regarding the timing of repeat mailings will also be reported in the

All PERC approved surveys **must** include the PERC logo on presentation slides and posters as well as including the PERC Network in the main list of authors and methods section of all manuscripts (see Appendix D for example).

AUTHORSHIP

The International Committee of Medical Journal Editors (ICMJE) recommends that authorship be based on the following 4 criteria:

- *Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND*
- *Drafting the work or reviewing it critically for important intellectual content; AND*
- *Final approval of the version to be published; AND*
- *Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.*

(Ref: <https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>)

Other individuals who contributed to the work, but not substantially to justify authorship, may be named in the acknowledgements. Their function or contribution may be 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.

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.

APPENDIX A: PERC DATABASE SURVEY PROTOCOL TEMPLATE

BACKGROUND:

OBJECTIVES:

METHODS:

STEPS IN SURVEY DEVELOPMENT:

TIMELINE AND TIME SENSITIVITY:

EXPECTED IMPACT/ KNOWLEDGE TRANSLATION PLAN:

RELEVANCE TO PERC MANDATE:

LIMITATIONS:

REFERENCES: (do not count towards 2 page limit)



RESPONSE TO REVIEWER FEEDBACK FORM

REVIEWER COMMENT	INVESTIGATOR RESPONSE	PAGE #



PERC DATABASE SURVEY RESULT REPORTING FORM

Study Name: _____

Principal Investigator: _____

Site: _____

1. Total number of responses received for survey _____

2. Total number of PERC members contacted for this survey _____

3. Did you obtain your target recruitment number for this study? Yes No

4. What are the next steps for these results?



PERC DATABASE SURVEY - EXEMPLAR LANGUAGE

Authorship

Examples:

Gaucher N, Trottier ED, Côté AJ, Ali H, Lavoie B, Bourque CJ, Ali S; for Pediatric Emergency Research Canada. A survey of Canadian emergency physicians' experiences and perspectives during the COVID-19 pandemic. CJEM. 2021 Jul;23(4):466-474. doi: 10.1007/s43678-021-00129-4. Epub 2021 May 17. PMID: 33999397; PMCID: PMC8127493.

Ma K, Rahimi A, Rajagopal M, Yaskina M, Goldman RD, Jones A, Erickson T, Poonai N, McGahern C, Weingarten L, Lerman B, Auclair MC, Wong H, Hartling L, Schreiner K, Scott S, Ali S; Pediatric Emergency Research Canada Family Needs Study Team. [A national survey of children's experiences and needs when attending Canadian pediatric emergency departments](#). PLoS One. 2024 Jun 25;19(6):e0305562. doi: 10.1371/journal.pone.0305562. eCollection 2024. PMID: 38917134

Methods

Example:

This was a cross-sectional, electronic survey of a convenience sample of Canadian pediatric and general emergency physicians during the first wave of the COVID-19 pandemic. Potential participants were contacted through Pediatric Emergency Research Canada group (PERC) and Canadian Association of Emergency Physicians (CAEP) databases. PERC is a network of health care providers, from pediatric emergency departments (EDs) across Canada; their database includes physicians who have consented to have their email addresses distributed for research purposes [21].