

APDS Survey Questionnaire

The APDS Research Committee has been charged by the APDS Board of Director's **facilitate research that is beneficial to the APDS**, its members, and particularly its mission. One way in which this is being accomplished is by evaluating surveys being distributed to program directors on the APDS Listserv and assisting with the quality and response rate of the surveys. All approved surveys will be distributed by the Listserv Master three times with the email stating:

Approved by APDS research committee and all members of the APDS are encouraged to support this survey.

Procedure:

1. Only surveys with **PROGRAM DIRECTORS OR FACULTY** as subjects will be reviewed and considered. We have identified using the listserv for surveys of residents leads to such a low response rate, attaining meaningful data with potential for publication is not possible. (If residents are your subject the committee suggests contacting other program directors individually to develop a purposeful sample.)
2. Complete the survey questionnaire.
3. Submit the survey questionnaire, the survey (in word or PDF format, no links) and your IRB to apds@mindspring.com
Surveys will NOT be reviewed unless ALL 3 documents are submitted with the survey request.
4. Documents will be forwarded to two members of the Survey Review Task Force.
5. The Survey Review Task Force will review the documents using criteria of the survey evaluation tool available here. SURVEY EVALUATION TOOL [Click Here](#)
6. Decision will be made within 6 weeks and you will be notified of the decision.
7. Approved surveys will be posted by the Listserv Master 3 times over a three-week period.
8. Rejected surveys will receive the reasons for rejection. Please do not post these on the listserv, as this may create survey fatigue.

Please type the following information so we can begin the process. All fields are required.

1. The subjects to complete the survey are (please select all that apply):
 - A) Program Directors
 - B) Faculty
 - C) Other

*If other please specify: _____

2. What is the name of your survey? _____

3. Who on your research team is a **member** of the APDS? _____

4. What is the hypothesis of your survey research? ***Please provide a PDF or Word doc of Survey, no links***

5. Please state why you think the answers to this research question will be beneficial to the APDS, its members and/or the APDS mission.

6. What similar papers have you identified in your literature search? (5 maximum, most recent)

7. Describe how your hypothesis and expected findings will be different when compared to these papers.

8. Describe in detail how the survey was developed. Please include:

- a. Question development method
- b. Question piloting data
- c. Calculated/needed response rate
- d. Validity evidence for the questions
- e. Validity evidence for the scales use

9. What is your planned statistical analysis?

10. How will the qualitative results be evaluated?

11. What statistical evidence is there your results will be generalizable to the surgical population?

12. Anticipated method of dissemination of results? (specific conference or journal planned)

13. Does this survey have a commercial sponsor or is it intended to support a commercial interest? YES / NO

14. PI contact name and email

Name: _____

Email: _____

Please send the completed questionnaire, IRB approval/exemption letter and survey to apds@mindspring.com
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