

# A Model for Educational Survey Research

**W**e appreciate the focus on survey methodology in the *Journal of Graduate Medical Education* (JGME) editorial by Phillips and Artino,<sup>1</sup> and agree that researchers and journal editors should strive to publish high-quality survey research. The validity of research surveys can vary, and researchers should be aware of certain precepts, such as wording and sample size, that will improve the design of their survey-based research. We would like to bring the Council of Academic Family Medicine Educational Research Alliance (CERA) survey methodology to the attention of JGME readers, as a resource for educational research in family medicine and as a potential model for survey research in other specialties.<sup>2</sup>

Many medical education researchers distribute surveys to specific groups, such as program directors, inundating them with requests. The resulting "survey fatigue" contributes to low response rates, as mentioned in Phillips' and Artino's editorial.<sup>1</sup> In addition, survey creators often have limited research experience, and fail to use standardized questions or conduct cognitive interviews or pilot tests, which may reduce survey validity. The CERA program was developed and is supported by the Council of Academic Family Medicine to improve the quality of educational survey research.<sup>3</sup>

Prospective researchers may apply to be part of an annual or biannual survey. Applications undergo a standardized peer-review process addressing the importance of the topic to family medicine and the appropriateness of survey methodology to answer the research question. CERA leaders assign an experienced research mentor to each accepted application to help the team clarify their research question and refine survey questions. Survey questions are then pilot tested, and the final omnibus survey (usually including topics from 3 to 5 research groups as well as standard demographic questions) is distributed to target groups on a set schedule. Through CERA, researchers currently conduct surveys of family medicine residency directors, clerkship directors, department chairs, and other members of academic family medicine programs. Representatives of each target group are members of the CERA Steering Committee, and work with their organizations to increase the response rate of each survey, which generally is above 50%.<sup>4</sup>

The CERA Steering Committee will continue to explore ways to improve the quality of educational survey research, including holding sessions at conferences and faculty development for mentors. We appreciate the editorial authors' focus on this important issue.

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