



## Fellowship Council Application for Survey Distribution

The Fellowship Council (FC) supports the use of surveys for research purposes and does make an effort to screen each request for quality. The FC acts as a conduit for these efforts and if there are questions about the content, please contact [info@fellowshipcouncil.org](mailto:info@fellowshipcouncil.org) with your inquiries and comments.

### Application Process:

Surveys to be sent out via the FC must be submitted to the FC Research Committee, with final approval by the FC Executive Committee. The survey application should be sent with a nonrefundable check for a \$100 fee for the application review. The application fee may also be paid via the online form. The submitted applications will be reviewed, and then an approval or denial should be rendered within thirty (30) business days. After final approval and payment, the FC will send out an e-mail notification to participating members of the FC; this e-mail notification can be sent out two times.

### Process of Review:

The FC understands that well-developed survey research can be important, but poorly designed surveys will not be well received. Thus, we want to ensure that questionnaire research will be well designed and meaningful to The FC and its oversight as well as the subjects taking their time to respond to the questionnaire, and thus the importance for this review process.

Requests for survey distribution from FC Committees and non-FC entities will undergo the following process of review. Once the application is submitted, the request will be reviewed by the Research Committee and then the Executive Committee. If approved, the survey can then be distributed.

### Request for Publication Process:

- Fellowship Council Committee Projects-** The FC Committee must submit abstracts to the Research Committee for review and approval. The final draft of any resulting manuscripts must be submitted to both the Research Committee and Board of Directors for review and approval prior to submission to a journal and then also the final edit after journal acceptance before submission for publication. If approved, the Committee overseeing the project will provide updates to the Research Committee.
- Non-Fellowship Council Projects/Entities-** Any resulting manuscript or abstract will need to be reviewed by both the FC Research Committee and then the Board of Directors for review and approval prior to submission. If approved, the non-FC entity can then submit the manuscript to journals with an endorsement from the FC. The final edit after journal acceptance before submission for publication must be submitted to both the Research Committee and Board of Directors for review and approval and if approved, must include the FC endorsement language. If it is not approved by the FC, the manuscript may be sent back for editing or, at the authors' discretion, submitted to the journal without the use of the FC endorsement language in the manuscript. The FC reserves the right to submit an editorial or manuscript addressing the findings and claims from the non-FC entity.

### Guidelines for Surveys:

The hypothesis that your survey has been designed to test should be stated clearly and should be of importance to the field of surgery. If at all possible, questionnaires should be validated for the proposed research question prior to the survey being sent out. Please specify briefly the statistical support, rationale, methods, and sample size calculations and include a time estimate to complete the survey. A well-designed and well thought out survey will improve the impact, response rate, and completion rate. We would suggest strongly that you get advice from an experienced survey researcher before sending us

the survey to be evaluated. The Principal Investigator of the survey needs to be aware of and comply with human subject research requirements of their institution. Institutional Review Board (IRB) approval or a letter of exemption from the IRB

must be included with this application form. Please note that our review does not substitute for or constitute the equivalent of IRB approval. Please be sure that when you send in the survey application that you have IRB approval from your institution in the survey application. If you don't, it will be sent back.

**Results of Survey:**

The FC requests a written report of the survey results or the status of the study within 12 months of distribution of the survey.

The FC is trying to maximize the impact of the surveys and minimize the time constraints placed on those people in The FC who are taking the time to fill out your survey. We expect full compliance with our survey application process.

**Principal Investigator:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

If the Investigator is a medical student, resident, or fellow, add the name of the supervising faculty member and email below.

Supervising Faculty Member Name: \_\_\_\_\_

Supervising Faculty Member Title: \_\_\_\_\_

Project Title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Description (hypothesis being tested):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statistical support, rationale, power calculations, and methodology justifying the sample size to address the proposed hypothesis (be brief):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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IRB approval and number: \_\_\_\_\_

Is this an e-mail or website-based survey: \_\_\_\_\_

Estimated time required to complete survey in minutes: \_\_\_\_\_

This survey should be sent out to (check all):

Only the Program Directors/Associate Program Directors of the Fellowships (PDs and APDs)

All PDs/APDs

Only PDs/APDs of Specific Fellowship Types

List type here: \_\_\_\_\_

Only the Fellows in Fellowship Council Fellowships

All Fellows

Only Fellows in Specific Types of Fellowships

List type here: \_\_\_\_\_

I have read and agree to abide by the Fellowship Council's Survey Policies and Guidelines.

Signature: \_\_\_\_\_

PI Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Department Chair: \_\_\_\_\_

Date: \_\_\_\_\_

### Application Checklist

1. Completed Fellowship Council Application Form
2. Signature of PI and Department Chair
3. Attach copy of Survey to end of completed form
4. A nonrefundable check for \$100 made out to Fellowship Council or completed online payment

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Fellowship Council Research Committee  
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