Perhaps it’s because we are in an election year, but there isn’t a day that goes by without someone calling, emailing, or mailing a survey to me, and I suspect it is the same for just about everyone who reads our journal. Sometimes the surveyor wants to know what I think about political issues or candidates. Other times, they want to know what we are teaching students or residents or how things are going at our medical schools. There are so many of these surveys that I have stopped answering my phone and have a quick trigger finger on the delete button when reading emails. It is also easy to become frustrated when reading survey results. As editor of Family Medicine, I read new papers describing survey research every week, and too often it is a disappointing experience. Surveys are numerous; high-quality surveys are rare. Both study subjects and readers are frustrated.

This issue of Family Medicine features five papers reporting results from the first series of CERA surveys. The Council of Academic Family Medicine (CAFM) created CERA—an acronym constructed from another acronym meaning the CAFM Educational Research Alliance—in 2010. The growing alliance is composed of the members of the STFM Research Committee along with other interested educational researchers. In the long term, CERA’s goal is to improve the quality of educational research in family medicine. In the short term, they aim to improve the quality and reduce the number of surveys our faculty and residents are asked to complete. Thus, we all have a stake in making their effort a success.

Perhaps the problem of poor survey quality stems from the easy availability of tools like Survey Monkey. Maybe we read about survey results in newspapers and it seems like they should be easy to carry out. In fact, survey research is far from easy. People spend their entire careers learning to master its complexities. So how can we tell a terrific piece of survey research when we see it? High-quality surveys tend to have the following characteristics:

1. The research question is clearly stated at the start of the project, and a detailed literature review has been done to ensure that the project yields new knowledge.
2. The target population is clearly defined. In the case of the CERA papers in this issue, the target population is family medicine residency directors.
3. The strategy for sampling the target population is defined. In these CERA papers, the sampling technique is to survey all residency directors rather than a random sample of them.
4. The survey’s questions should be carefully developed and pilot tested to ensure they are clear, unambiguous, and easily understood. Ideally, pilot testing should be done with a population similar to but not included in the target population. In surveys of the general public, the literacy level of the questions should be reported in the paper.
5. The project should be approved or waived by an institutional research review process, and the informed consent procedure should meet appropriate ethical standards.
6. The paper should clearly define how and when the survey data were collected and should specify any incentives used to encourage participation.
7. There should be a clear and systematic process of follow-up with initial nonrespondents to maximize the response rate.
(8) The response rate should be reported in both the results section and abstract of the paper, and the results section should detail how the response rate was defined and calculated.

(9) When possible, the characteristics of nonrespondents should be compared with respondents to identify possible biases. For example, when surveying residency directors, were the nonrespondents all of the same gender or all from the same part of the country?

(10) The paper should describe how the data were stored and analyzed and the degree to which they were de-identified to protect subject privacy. This should include specific information about how missing data elements were handled. If any of the completed surveys were excluded from analysis, the number of excluded subjects and the reasons for exclusion should be stated in the paper.

(11) The discussion section of the paper should not overstate the results and should list potential sources of bias.

These criteria might seem like common sense, but it surprising how infrequently they are met. In a 2004 paper, Johnson and Owens reported that only 26.9% of survey research papers in health science journals included an accurate accounting of survey respondents and nonrespondents. A more recent paper by Bennett and colleagues studied 117 survey papers published in 57 top-rated medical and health science journals between January 2008 and February 2009. They found that only 35% of these papers stated the research question, 19% reported the validity or reliability of the survey instrument, 25% defined and reported the response rate, 11% discussed the representativeness of the sample, and 11% reported how missing data were handled.

Survey research is an essential tool for those who want to understand and improve education in family medicine, but poorly done surveys are a plague that can misinform and deceive us while creating a deluge of phone calls and emails to potential subjects. CERA is working to address this problem. All of us can help the effort by responding to their surveys, even if we tend to ignore surveys in general. We can also become more critical and informed readers and end-users of those survey papers that are published in our journals.

References