

POLICIES AND PROCEDURES

Society of Academic Associations of Anesthesiology and Perioperative Medicine (SAAAPM)

Reference Code: 505

Topic: Survey Endorsement and Distribution – Initiated by Membership

Adopted by Council: September 2, 2025

PURPOSE STATEMENT: To outline the procedure used to determine if a survey will be distributed by the SAAAPM and to ensure the specific distribution procedure is uniformly followed for all surveys distributed to SAAAPM, AAAC, AACPD, AASPD, or AAPAE members.

POLICY: The SAAAPM will occasionally receive requests to disseminate surveys to the membership. Distribution of surveys will happen no more than once per quarter – evaluated on a first come, first served basis. The Survey Request Form will be made available electronically to SAAAPM members.

At least one member of the investigating team must be a member of SAAAPM.

PROCEDURE:

1. The following information must be clearly documented on the Survey Request Form:
 - A title which appropriately describes the survey and indicates to whom the survey is targeted towards (i.e., Chairs, AACPDs, AASPDs, AAPAEs, all SAAAPM Members)
 - Listing of the survey investigators, including their contact information and affiliations.
 - Up to 150-word summary describing how the results of the survey will advance academic anesthesia.
 - A copy of all questions being asked in the survey.
 - Identification of the IRB that approved the survey (if applicable).
 - Contact name(s) for recipients to address any questions or concerns.
 - An estimate of the time it will take to complete the survey.
 - The deadline to complete the survey.
 - Desired/preferred date(s) of distribution and follow-up reminder, which are subject to final review by SAAAPM staff.
 - There will be a disclosure with distribution of the survey it is not endorsed by SAAAPM.
 - Draft of proposed email solicitation that includes a summary paragraph describing the survey, link to the survey, when the survey will begin and end and contact name(s) for recipients to address any questions or concerns.
2. SAAAPM staff will review the information contained on the form and submitted attachments for completeness before sending the survey request on to the appropriate President for approval before distribution.
3. All surveys will be sent through the monthly newsletter, after obtaining approval of the SAAAPM President. Surveys that are time sensitive or deemed important can be sent as a separate email if approved by the President of the targeted association (SAAAPM, AAAC, AACPD, AASPD, AAPAE). No names or contact information of members will be released to investigators.
4. SAAAPM staff will communicate to the requestor as to whether their request has been approved and the date of when the survey will be sent to the targeted members, if approved.

SAAAPM SURVEY REQUEST FORM

Title of Survey:
Survey Investigators (Including Contact Information and Affiliations):
Up to 150-Word Summary Describing How the Results of the Survey will Advance Academic Anesthesia:
IRB that Approved Survey (if applicable):
Link to the Survey:
Estimated Time to Complete Survey:
Beginning Date of the Survey:
End Date of the Survey:
If approved, to whom should the survey be sent?
☐ All SAAAPM Members
☐ AAAC (Chairs) ☐ AACPD (Program Directors)
☐ AASPD (Subspecialty Program Directors) ☐ AAPAE (Program Administrators/Educators)

Please include the following attachments with this form:

- A copy of all questions being asked in the survey.
- Draft of proposed email solicitation in a Word document that includes a summary paragraph describing the survey, link to the survey, when the survey will begin and end and contact name(s) for recipients to address any questions or concerns.

Please send the completed SAAAPM Survey Request Form and requested attachments to:

Society of Academic Associations of Anesthesiology and Perioperative Medicine

6737 W. Washington Street, Suite 4210

Milwaukee, WI 53214

Email: andrew@saaapm.org