

Protocol for the Spring 2025 CERA Program Director Survey

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PRiMER. 2025;9:45.

Published: 9/11/2025 | DOI: 10.22454/PRiMER.2025.639725

Abstract

Introduction: The Council of Academic Family Medicine (CAFM) Educational Research Alliance (CERA) is a collaboration of family medicine education organizations that supports medical educational survey research. CERA regularly conducts surveys of department chairs, clerkship directors, residency program directors, and other members of academic family medicine organizations. This article describes the methodology and demographic results of the spring 2025 CERA Residency Program Director Survey.

Methods: CERA received 18 module proposals in response to its call for submissions. After a competitive peer-review process, five proposals were accepted and included in the spring 2025 CERA Residency Program Director Survey. The survey included questions from these five research teams as well as standard demographic questions. The sample included all family medicine residency program directors identified through the CAFM member database and previous CERA surveys. CERA administered the survey from April 22, 2025 through May 23, 2025.

Results: Of 726 eligible program directors, 321 responded, resulting in a 44.2% response rate. The demographics of survey respondents did not significantly differ by gender, race/ethnicity, or self-identification as underrepresented in medicine compared to the sample of potential respondents.

Conclusions: This paper describes the methods and generalizability of the spring 2025 CERA Residency Program Director Survey. The demographics between survey respondents and potential respondents were not statistically significantly.

Introduction

The Council of Academic Family Medicine Educational Research Alliance (CERA) is a collaboration of family medicine education organizations that aims to advance family medicine educational research.¹ CERA regularly surveys department chairs, clerkship directors, residency program directors, and members of academic family medicine organizations. Members of each organization associated with the Council of Academic Family Medicine (CAFM) are eligible to submit proposals to contribute questions to these targeted surveys. CAFM organizations include the Society of Teachers of Family Medicine (STFM), the North American Primary Care Research Group (NAPCRG), the Association of Departments of Family Medicine (ADFM), and the Association of Family Medicine Residency Directors (AFMRD).

CERA subjects proposals to a competitive, peer-reviewed acceptance process. Authors of accepted module proposals are assigned mentors from CERA, identified as experienced researchers with prior CERA involvement. The CERA mentors assist with question revision of the proposed survey, data analysis, and dissemination through presentations or publications. CERA administers the Institutional Review Board (IRB) approval process (through the American Academy of Family Physicians), manages survey distribution to targeted audiences, and conducts data collection.² This article describes the methodology and demographic results of the spring 2025 CERA Program Director Survey.

Methods

CERA administered the omnibus survey from April 22 to May 23, 2025. The survey included five modules selected from 18 submitted proposals (Table 1) and recurring standardized demographic questions. The methodology of a previous CERA Residency Program Director Surveys has previously been described in detail.¹ The Residency Program Director Survey is conducted twice a year, in the spring and fall. The CERA Residency Program Director Survey Director reviewed all questions to ensure alignment with the subproject aims, clarity, and existing evidence of reliability and validity. A group of family medicine educators not included in the target sample pretested the questions. The research team revised questions for flow, timing, and readability based on the pretesting results. The American Academy of Family Physicians IRB approved the project in March 2025.

Sample

The sampling frame for the survey included all directors of Accreditation Council for Graduate Medical Education (ACGME)-accredited United States family medicine residency programs as identified by the AFMRD. CERA delivered email invitations to participate through the online program SurveyMonkey (Symphony Technology Group, Menlo Park, CA). Nonrespondents received up to four weekly follow-up emails and a final reminder 1 day before the survey closed. AFMRD provided summary demographic data for the full sample of potential respondents to enable statistical comparison with actual survey respondents.

Analysis

We calculated descriptive statistics, including frequencies and percentages, for the following demographic variables: education/training/degrees, gender, race/ethnicity, and self-identification as underrepresented in medicine. For education, the survey limited response options to “MD” or “DO,” and AFMRD combined these degrees into one category, thus, we could not perform comparative analysis for this variable. For the remaining variables, we used χ^2 tests to compare the potential versus actual respondents, excluding the options of “No Response” and “Choose not to disclose” categories. We set the significance threshold of 0.05 for all two-sided tests. All analyses used Stata SE18 software (STATA Corp, College Station, TX).

Results

The initial pool of potential respondents included 799 residency program directors. Of these, 15 emails were undeliverable. The survey began with a qualifying question to exclude programs that had not yet graduated a resident class. After excluding 58 residency program directors, the potential respondent sample included 726 program directors. A total of 389 responses were received, including the 58 disqualifying respondents. Ten residency program directors answered only the qualifying question; they were removed and treated as nonrespondents. The final sample included 321 completed responses, yielding a response rate of 44.2% (321/726; Table 2).

No significant differences were found in gender, race/ethnicity, or self-identification as underrepresented in medicine between the potential survey respondents and the actual survey respondents (Table 2). After survey

administration, CERA provided each module team with the deidentified data specific to their survey module.

Discussion

The spring 2025 CERA Program Director Survey had an acceptable response rate. We found no significant demographic differences between actual and potential survey respondents.

Tables and Figures

Table 1. Proposals Accepted for the Spring 2025 CERA Residency Program Director Survey

Topic
Assessing readiness for food is medicine competency
Patient feedback evaluations of residents
Family medicine resident quality improvement training, project logistics, characteristics, outcomes
Pregnancy care training in FM residency
Curricular impact of resource investments in POCUS education among FM residency programs

Abbreviations: CERA, Council of Academic Family Medicine (CAFM) Educational Research Alliance; FM, family medicine; POCUS, point-of-care ultrasound.

Table 2. Demographics of the April 2025 PD27 Residency Program Directors Sample Versus Respondents

Demographic variable	Potential respondents (n=472)	Actual respondents (n=321)	P value
Education/training/degrees			*
MD/DO or equivalent	469 (99.4)	319 (99.4)	
MD		248 (77.3)	
DO		71 (22.1)	
PhD	3 (0.6)	-	
MD/DO and PhD	3 (0.6)	-	
Other degree	6 (1.27)	-	
No response	0 (0%)	2 (0.6)	
Gender			.191
Female/woman	240 (50.8)	183 (57.0)	
Male/man	208 (44.1)	135 (42.1)	
Other	3 (0.6)	-	
Choose not to disclose	7 (1.5)	2 (0.6)	
No response	14 (3.0)	1 (0.3)	
Race/ethnicity (the total is greater than 100% due to the option to select all that apply)			.336
American Indian/Alaska Native/Indigenous	1 (0.2)	1 (0.3)	
Asian	50 (10.6)	26 (8.1)	
Black or African American	33 (7.0)	14 (4.4)	
Hispanic/Latino/of Spanish origin	23 (4.9)	16 (5)	
Middle Eastern/North African	8 (1.7)	3 (0.9)	
White	327 (69.3)	246 (76.6)	
Choose not to disclose	21 (4.4)	14 (4.4)	
No response	15 (3.2)	1 (0.3)	
Do you self-identify as underrepresented in medicine?			.215
No response	380 (80.5)	277 (86.3)	
Yes	73 (15.5)	41 (12.8)	
No response	19 (4.0)	3 (0.9)	

Abbreviation: PD, program director.

Percentage in parenthesis. P value for χ^2 test for two samples not including the nonresponse options

* The survey responses are limited to MD or DO; thus, we did not conduct a χ^2 test for this demographic variable.

Acknowledgments

Conflict of Interest Statement: The authors have no conflicts of interest to disclose.

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