

# Criteria for surveys: from the European Association of Cardiovascular Imaging Scientific Initiatives Committee

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The European Association of Cardiovascular Imaging (EACVI) is committed to maintaining the highest standards of professional excellence in all aspects of cardiovascular imaging. The mission of the EACVI is to promote excellence in clinical diagnosis, research, technical development, and education in cardiovascular imaging with a particular focus on education, training, scientific initiatives, and research. The EACVI established the Scientific Initiatives Committee (SIC) in December 2018. This committee has responsibility for surveys among imagers, patients' surveys and surveys including data from clinical practice. The current document describes the aims of the EACVI SIC and the creation of the international EACVI survey network. This document summarizes the EACVI's standards for the survey questions and standards for writing the papers with the results of the surveys. These are in accordance with previous recommendations and were approved by the EACVI SIC and the EACVI Board in 2019.

## Keywords

survey • EACVI network • patient survey

## Introduction

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technical development, and education in cardiovascular imaging with a particular focus on education, training, scientific initiatives, and research. The EACVI established the Scientific Initiatives Committee (SIC) in December 2018. This committee has responsibility for surveys among imagers, patients' surveys and surveys including data from clinical practice.

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**Table 1** Writing a paper based on a survey

The title must contain EACVI, the title of the survey and the word 'survey'.
The document should be kept short, maximum 2500 words.
The start of the abstract should be identical to the text launched with the survey and must reflect the main intention of the paper. Additionally, the main results and conclusion should be included. It should be short and concise.
The paper may include educational content about the disease, but this should be restricted to a minimum.
Inclusion of educational content about the imaging method may be included but should again be restricted to a minimum.
Repetition should be avoided
The content should fit with the EACVI core syllabus. <sup>3–6</sup>
Chair responsibility: writing style must be homogenous.
The number of references should be limited to a maximum of 10.
EACVI recommendations and ESC guidelines should be cited if appropriate.
One or two figures should be included highlighting the most interesting results from the survey.
Acknowledgement section should include the members of the SIC committee and acknowledge the respondents in the EACVI network.
Instruction for authors and formatting for EHJ CVI must be followed.

The current document describes the aims of the EACVI SIC and the creation of the international EACVI survey network. This document summarizes the EACVI's standards for the survey questions and standards for writing the papers with the results of the surveys (Table 1). These are in accordance with previous recommendations<sup>1,2</sup> and were approved by the EACVI SIC and the EACVI Board in 2019.

Aims

The overall aims of the EACVI SIC are to:

- Connect national societies with the EACVI and to establish and develop good collaboration between the EACVI network centres with the help of the national societies.
- Establish and develop good collaboration with other ESC Associations and Working Groups, and with other international sister organizations and societies.
- Explore strategies, diagnostic methods, and management of patients across all member countries and imaging centres within EACVI.
- Unify imaging procedures, image interpretation, and patient management across member countries.
- Enhance EACVI visibility.

The committee will explore different diagnostic imaging strategies and approaches to patient management used across all member countries with the help of online surveys prompted by email invitation.

The documents produced by the SIC aim to summarize consensus and clinical practice in the field of cardiovascular imaging and to identify where practice may differ between centres across Europe and across countries outside Europe. The documents will highlight differences and similarities in clinical imaging practice among centres to optimize future guidance and recommendations to practicing physicians.

The EACVI surveys will focus on multimodality imaging in the majority of cases, but single modality surveys will also be performed. Examples of different surveys and documents are:

- (1) surveys among imagers;
- (2) surveys exploring translation of guidelines into clinical practice;

- (3) snapshot surveys; and
- (4) patient surveys.

The reports will be published in *European Heart Journal (EHJ) Cardiovascular Imaging*.

Network of centres

To establish the survey network, all committee members have contacted labs from their country with invitations to participate in the network. Centres who agreed to participate were forwarded to the EACVI and registered as network members. Furthermore, the EACVI informed all national societies about the possibility of participating in the network and registered those who would volunteer. Online registration to join the network is available at [www.escardio.org/eacvi/surveys](http://www.escardio.org/eacvi/surveys). All registered networks centres will receive invitations to participate in the online surveys.

Outline of surveys

Surveys will start with a short introduction explaining the existing gaps in knowledge and the aim of the survey. This introduction will be included in the invitation email to each participating centre with the aim of raising interest in the survey.

The committee will always keep in mind a fundamental objective when preparing the survey questions: Which questions are of greatest interest to the imaging community?

The surveys itself will consist of 17–20 multiple choice questions comprising both single and multiple answer formats.

- (1) *Surveys among imagers.* These surveys will include 17–20 questions about a specific topic and will be answered by physicians at all levels of training, e.g. how do you image patients pre-, peri-, and post-intervention? The questions should be a mix of general questions of facts and personal opinions.
- (2) *Surveys exploring translation of guidelines into clinical practice.* Questions will be answered by imagers and focus upon a specific

guideline to explore how it is being followed in clinical practice. Timely guidelines or recommendation papers of wide interest will be addressed. Questions exploring personal opinions and local practices will be emphasized and examples of specific patient cases may be requested.

- (3) *Snapshot surveys.* These surveys will reflect current clinical practice at participating centres. Imagers at the centres will be asked to include patients in the survey during a defined time interval, e.g. 1 month. These surveys may focus on a specific procedure, e.g. all patients undergoing stress echo during 1 month. This type of surveys will require ethical approval in most countries and will, therefore, require longer planning. Alternatively, anonymized data may be collected and administered. Regulations around data sharing for each participating country will be respected and will be the responsibility of the national coordinator (most often the SIC member). The two centres with highest recruitment will be offered one co-authorship each on the paper.
- (4) *Patient surveys.* These surveys will ask patients with certain conditions 15–20 multiple choice questions. These surveys will require that responding centres contact patients during clinical practice. The surveys will be anonymous (electronically or on paper). Legislation for each participating country will be respected and will be the responsibility of the national coordinator (most often the SIC member). The questions for the survey should be phrased in easily understandable language and drafted in English, although ultimately the survey will be translated into the local language of each participating country. This will again be the responsibility of the national coordinator, most often the SIC member. The two centres with highest recruitment will be offered one co-authorship each on the paper.

## Outline of papers

Each paper will start with a short free text abstract explaining the aim of the survey. The abstract will be followed by introduction, methods, results, discussion, and conclusions.

The papers will pay attention to EACVI recommendations and ESC guidelines and be in concordance with these. The papers will aim to interest a wide clinical audience and to enhance the visibility of the EACVI and the EHJ Cardiovascular Imaging.

## Appointment of members and chair to the Scientific Initiatives Committee

The committee members and the chair of the committee are appointed by the EACVI President. The term as a committee member is normally 2 years and this can be prolonged for a second 2-year period. The chair of the committee should ideally have been acting as a committee member for at least one term before being appointed as chair.

## SIC members tasks description

All committee members should be coherent with the EACVI strategic plan and priorities and the committee's responsibilities and workload. The committee members shall work in close collaboration with the committee chair, the EACVI president and EACVI staff to achieve the committee's goals and annual objectives. Committee members are expected to enhance the EACVI's visibility in their countries and to involve their networks whenever possible.

## Administrative management

All SIC members and EACVI Board members are invited to propose subjects for upcoming surveys. The topics will be discussed in the committee. Topics approved by the President and by the Editor of the EHJ CVI are circulated to all SIC members.

The writing process is described in *Table 2*.

**Table 2** Tasks and estimated response time for authors in the SIC and EACVI staff

Task	Estimated response time
1 The first author of the survey drafts the questionnaire and circulates it among SIC co-authors, EACVI staff, and committee chair.	Co-authors: maximum 2 weeks
2 The first author circulates the commented questionnaire to the rest of the SIC committee for final comments.	SIC committee: maximum 5 days
3 The EACVI staff publishes the survey online as a test for SIC members.	SIC committee: maximum 3 days
4 When approved and tested, the EACVI staff publishes the survey online and invites all network centres for participation.	Network centres: 4 weeks, 1–2 reminders according to response
5 The EACVI staff collects the results of the survey after the deadline and forwards them to the first author.	EACVI staff: maximum 3 days after survey closure
6 The first author drafts the manuscript within 1–2 weeks and circulates it among SIC co-authors, EACVI staff, and committee chair.	Co-authors: maximum 2 weeks
7 The first author circulates the commented manuscript to the rest of the SIC committee for final comments.	SIC committee: maximum 5 days
8 The EACVI staff or first author submits the final manuscript to EHJ CVI.	

## Summary

The EACVI is dedicated to maintaining the highest scientific and professional standards in all its activities. The SIC documents published by the EACVI will present relevant information on important clinical topics to guide physicians and other healthcare professionals working with cardiovascular imaging. These documents are meant to be informative and helpful in harmonizing everyday clinical practice among countries and imaging centres across Europe.

The recommendations given in this document are intended as a guide for the authors during the planning and writing of questionnaires and documents with the aim of harmonizing the style of EACVI SIC documents. They provide clear instructions, and each point should be considered and respected by the writing groups.

**Conflict of interest:** none declared.

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