



1. Form Approved

Project Title: Clinical Laboratory Focus Group Feedback on CDC Division of Laboratory Systems Professional Development Service Offerings

Pre-Focus Group Questionnaire

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Dear Colleague:

Thank you for volunteering to participate in a focus group discussion regarding CDC's laboratory training and professional development offerings. By sharing your thoughts and experiences, you will help us improve CDC's portfolio of laboratory training and other professional development resources.

We are hosting in-person and virtual focus group sessions between April - June 2019. The sessions will be recorded with the permission of all participants to verify the accuracy of our project team's notes. Once the notes are deemed accurate, the audio recording will be destroyed. The notes will be de-identified as an additional confidentiality measure. Your responses will be grouped with those from other focus group participants, and your name and other identifying information will not be linked to your responses. To further protect your confidentiality, all focus group participants will be asked not to repeat what was said in the focus group to others after the session.

Please complete the attached pre-focus group questionnaire and email your responses by [MONTH, DAY] to Amy Hoying at AHoying@cdc.gov. Once we receive your responses, we will let you know whether you have been selected to participate in a focus group and we will reach out to you for scheduling. Please feel free to contact Amy with any questions you may have about the focus group or the questionnaire.

Thank you,

Renee Ned-Sykes, MMSc, PhD
Team Lead, Training and Workforce Development Branch
Division of Laboratory Systems (DLS)
Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)
Centers for Disease Control and Prevention (CDC)



Laboratory Focus Group Feedback on DLS Professional Development Service Offerings:
Survey

Please fill out the questions below to the best of your ability and return the completed questionnaire to Amy Hoying at AHoying@cdc.gov. Thank you for your participation.

1. What best describes your current place of employment?
 State Public Health Laboratory
 Local/City/US Territory Public Health Laboratory
 Other Governmental Laboratory
 Hospital/Clinic Laboratory
 Physician Office Laboratory
 Independent Reference Laboratory
 Other (please describe) _____
2. How many years have you been employed by one or more laboratories that fall into the categories above?
3. In which city and state (or territory) does your current laboratory reside?
4. What is the approximate number of laboratory personnel who work at your current laboratory?
5. Please indicate your highest level of education.
 High school diploma/GED
 Associate degree, including Medical Laboratory Technician (MLT) degree
 Bachelor's degree (BS, BA, etc.)
 Master's degree (MS, MPH, MBA, MPA, MPP, etc.)
 Doctoral degree (PhD, DrPH, DSc, ScD, MD, DVM, DDS, etc.)
6. Do you supervise personnel? (Yes or No)
7. Do you have direct responsibilities managing or leading critical support activities for the laboratory or subset of the laboratory? If yes, please specify your role below. If no, please select "Not applicable."
 Quality Assurance Officer/Manager
 Training Coordinator
 Safety Officer
 Other (please describe) _____
 Not applicable
8. Do you have a role in deciding how the knowledge, skills, and abilities of laboratory staff are assessed? (Yes or No)
9. To what extent do you consider yourself knowledgeable about the availability, accessibility, or use of trainings and professional development opportunities that your organization's laboratory staff engage in (other than yourself)?
 1 Not Knowledgeable
 2 Somewhat Knowledgeable
 3 Knowledgeable
 4 Very Knowledgeable



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10. What is the best number and email to contact you to set up a focus group?

Phone: _____ Email: _____

11. Can you recommend other colleagues who may be interested in speaking with us? If so, please provide their name(s) and as much contact information as possible.

Name: _____ Phone: _____

Email: _____