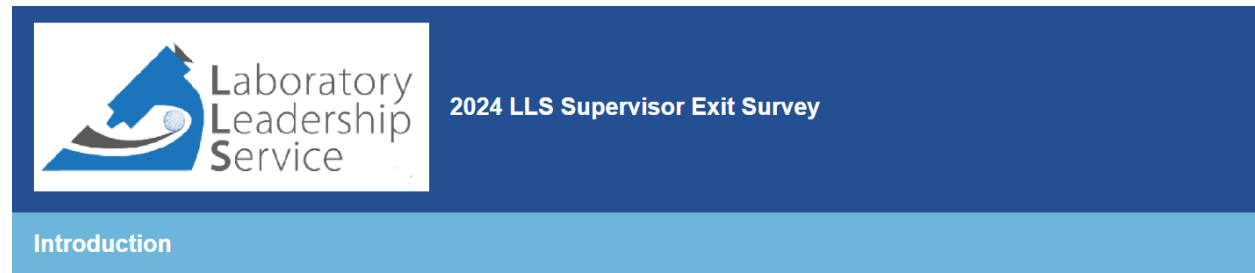


Attachment 4. 2024 LLS Supervisor Exit Survey Screenshots



 Laboratory Leadership Service

2024 LLS Supervisor Exit Survey

Introduction

Form Approved
OMB No. 0920-1163
Expiration Date: 02/28/2026

Thank you for serving as a supervisor for the Laboratory Leadership Service (LLS) 2022 Fellowship Class! This survey will take **approximately 11 minutes** to complete. The LLS Office needs your feedback about your experience as an LLS Supervisor. Your responses will be private, and all data reports will be presented in aggregate. Please be thorough and candid in your responses, as they will be used to assess relevant aspects of the program as well as inform program improvement efforts. You will need to complete the survey in one sitting; you cannot save and complete the survey later.

Please contact elwbeval@cdc.gov with any questions regarding this survey.

Notice: By continuing to the next screen, you consent to complete this survey.

The public reporting burden of this collection of information is estimated to average 11 minutes per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333 ATT: PRA (0920-1163)

Next



2024 LLS Supervisor Exit Survey

Feedback on LLS Program Support

* 1. Please rate your level of satisfaction with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
When I had a question or issue to discuss with the LLS program, the question or issue was resolved within a timely manner.	☐	☐	☐	☐	☐	☐
I am satisfied with the support received from the LLS program.	☐	☐	☐	☐	☐	☐
I am satisfied with the communication between me and LLS program staff.	☐	☐	☐	☐	☐	☐

Other (please specify)

2. If you selected, "disagree" or "strongly disagree" please explain.

* 3. Please indicate the level of support you would like to receive in the future from the LLS office for the following processes:

	Less support	The same level of support	More support	No support needed	N/A
Ensuring the LLS Fellow completes CALs (Core Activities of Learning)	☐	☐	☐	☐	☐
Planning projects for the LLS Fellow	☐	☐	☐	☐	☐
Mentoring the LLS Fellow	☐	☐	☐	☐	☐

4. If you selected, "less support" or "more support" please explain.

* 5. Reflecting back on your experience as a supervisor for the past two years, please identify any support services that you did not receive from the LLS program that would have been beneficial or that you'd wished you had.

Feedback on Fellow Training

* 6. Refer to the list of the LLS Core Activities of Learning (CALs) below for the following question.

- CAL 1 - Conduct applied laboratory research to address a public health or safety-related issue.
- CAL 2 - Conduct a laboratory risk assessment to evaluate the probability and potential consequences of exposure to a given hazard.
- CAL 3 - Evaluate a laboratory quality management system.
- CAL 4 - Incorporate bioinformatics principles into applied public health science.
- CAL 5 - Develop an abstract and brief presentation to communicate findings to a scientific audience.
- CAL 6 - Give an in-depth scientific presentation on the fellow's original LLS work or field of study.
- CAL 7 - Write a first author scientific manuscript for a peer-reviewed journal.
- CAL 8 - Participate in laboratory operations management.
- CAL 9 - Communicate complex scientific concepts to an external lay audience.
- CAL 10 - Provide service to the agency (laboratory or CDC-wide).

Please provide any comments or recommendations you have regarding the LLS CALs.

* 7. In what topics did your fellow need additional training? (please list)

8. Please share any suggestions that you have to help LLS Fellows obtain public health positions after graduation.

Fellowship Leadership Skills

* 9. The LLS program wants to know more about your fellow's growth as a leader during the fellowship. Please provide a rating of your fellow at the beginning of the LLS fellowship and now, after the fellowship.

	Beginning of LLS	End of LLS
Can express a view that differs from others in effective ways.		
Helps ensure that everyone is kept informed, and information is shared freely.		
Demonstrates principles of ethics, diversity, equity, inclusion, and justice in all interactions with individuals, organizations, and communities.		
Leads by setting a positive example for others.		
Honors other people's boundaries.		
Is aware of their attitudes, values, biases, and prejudices.		
Values diversity of perspectives.		
Values the contribution each person makes to a team.		
Works to solve problems and not blame others in the face of challenges.		
Is more proactive than reactive.		
Is effective at holding people accountable.		
Builds relationships with others to reach a mutual goal.		
Does an exceptional job of setting expectations.		
Adapts leadership style to different situations.		
Is comfortable managing conflicts of interest or differences of opinions.		
Takes initiative on projects.		
Manages time very efficiently.		
Is comfortable with the uncomfortable.		
Anticipates future challenges that will create the need for change and communicates these to others.		
Influences others to use knowledge and evidence to achieve best practices.		

Fellow Contributions

10. If applicable, please provide feedback regarding your LLS Fellow's accomplishments.

* 11. Describe your LLS fellow's most meaningful contribution to your host site.

* 12. Thinking about the LLS Fellow you supervised, please indicate to what extent you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
Your LLS Fellow served as an active member of the laboratory team.	☐	☐	☐	☐
Your LLS Fellow contributed toward advancing laboratory assessments, protocols, or procedures.	☐	☐	☐	☐
Your LLS Fellow supported the development of laboratory safety in the laboratory.	☐	☐	☐	☐
Your LLS Fellow supported the development of laboratory quality in the laboratory.	☐	☐	☐	☐
Your LLS Fellow contributed to the advancement of applied health research in the laboratory.	☐	☐	☐	☐
My team valued the LLS Fellow's contributions.	☐	☐	☐	☐
My team has gained knowledge or skills as a result of participating in the LLS Program.	☐	☐	☐	☐
Hosting my LLS Fellow has changed the way I or team members approach laboratory safety.	☐	☐	☐	☐
Hosting my LLS Fellow has changed the way I or team members approach laboratory quality.	☐	☐	☐	☐
LLS Fellow has changed the way I or team members approach laboratory management.	☐	☐	☐	☐

13. Please share some examples that will support the responses that you provided to the question above.

Additional Feedback

* 14. Would you be willing to host another LLS fellow?

- ☐ Yes
- ☐ No
- ☐ Undecided

15. If you selected "no" or "undecided," please explain.

* 16. Would you recommend participation as a host laboratory in the LLS Fellowship Program to other CDC or state public health laboratories?

- ☐ Yes
- ☐ No
- ☐ Undecided

17. If you selected "no" or "undecided," please explain.

Demographics

The following questions are optional. These data will be used to better understand the diversity of our host site supervisors. Responses will only be presented in aggregate, and no identifying information will be linked to individual responses.

18. What is your race and/or ethnicity? Select all that apply.

- ☐ **American Indian or Alaska Native**
For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.
- ☐ **Asian**
For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
- ☐ **Black or African American**
For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- ☐ **Hispanic or Latino**
For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
- ☐ **Middle Eastern or North African**
For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
- ☐ **Native Hawaiian or Pacific Islander**
For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
- ☐ **White**
For example, English, German, Irish, Italian, Polish, Scottish, etc.

19. Are you: Select all that apply.

- ☐ Female
- ☐ Male
- ☐ Transgender, non-binary, or other gender

Conclusion

You have reached the end of the survey. **Please click "Done" to submit your responses.** Thank you for taking the time to provide your feedback. We value your feedback. If you have any questions about this survey, please email elwbeval@cdc.gov.

Prev

Done