


Attachment 6. 2025 LLS Supervisor Exit Survey Screenshots



2025 LLS Supervisor Exit Survey

Introduction

Form Approved
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Thank you for serving as a supervisor for the Laboratory Leadership Service (LLS) 2023 Fellowship Class! The purpose of this survey is to learn how LLS Fellows contribute and add value to their host sites, receive your feedback of LLS, and identify opportunities for improvement. Your responses will help maintain and strengthen Division of Workforce Development (DWD) programs and help to recruit new host sites.

Your participation is voluntary but highly encouraged. Individual responses will be accessible only to CDC's Epidemiology and Laboratory Workforce Branch (including LLS program) staff and DWD evaluation. Results from the survey will be reported in aggregate (e.g., 75% of host site supervisors were satisfied with the program).

We estimate that it will take approximately **17 minutes** to complete this survey. This survey link is unique to you, so please don't forward it to others.

Please contact ELWBEval@cdc.gov if you have 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 17 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)

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2025 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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with the support received from the LLS program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am satisfied with the communication between me and LLS program staff. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Planning projects for the LLS Fellow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Mentoring the LLS Fellow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Administrative support (e.g., leave, travel) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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 to more effectively complete CALs and other host site projects? (please list)

Fellow Leadership Skills

* 8. 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. | <input type="text"/> | <input type="text"/> |
| Helps ensure that everyone is kept informed, and information is shared freely. | <input type="text"/> | <input type="text"/> |
| Leads by setting a positive example for others. | <input type="text"/> | <input type="text"/> |
| Honors other people's boundaries. | <input type="text"/> | <input type="text"/> |
| Is aware of their attitudes, values, biases, and prejudices. | <input type="text"/> | <input type="text"/> |
| Values various perspectives. | <input type="text"/> | <input type="text"/> |
| Values the contribution each person makes to a team. | <input type="text"/> | <input type="text"/> |
| Works to solve problems and not blame others in the face of challenges. | <input type="text"/> | <input type="text"/> |
| Is more proactive than reactive. | <input type="text"/> | <input type="text"/> |
| Is effective at holding people accountable. | <input type="text"/> | <input type="text"/> |
| Builds relationships with others to reach a mutual goal. | <input type="text"/> | <input type="text"/> |
| Does an exceptional job of setting expectations. | <input type="text"/> | <input type="text"/> |
| Adapts leadership style to different situations. | <input type="text"/> | <input type="text"/> |
| Is comfortable managing conflicts of interest or differences of opinions. | <input type="text"/> | <input type="text"/> |
| Takes initiative on projects. | <input type="text"/> | <input type="text"/> |
| Manages time very efficiently. | <input type="text"/> | <input type="text"/> |
| Is comfortable with the uncomfortable. | <input type="text"/> | <input type="text"/> |
| Anticipates future challenges that will create the need for change and communicates these to others. | <input type="text"/> | <input type="text"/> |
| Influences others to use knowledge and evidence to achieve best practices. | <input type="text"/> | <input type="text"/> |

Fellow Contributions

We are interested in learning how your LLS Fellow contributed to your host site. Reflect on the entire duration of your LLS Fellow's participation in the LLS program when answering these questions.

* 9. Select the option that best corresponds to the ways in which your LLS Fellow supported your host site's work.

Over the course of LLS, did your LLS Fellow work on projects or activities that focused on:

| | Yes | No |
|--|-----------------------|-----------------------|
| Supporting accountability efforts (e.g., developing/maintaining infrastructure and systems to manage and track accountability for agency objectives). | <input type="radio"/> | <input type="radio"/> |
| Supporting quality improvement initiatives (e.g., developing, implementing, maintaining or evaluating quality improvement initiatives). | <input type="radio"/> | <input type="radio"/> |
| Supporting program efficiency (e.g., establishing key performance indicators for tracking and monitoring progress, cost assessments). | <input type="radio"/> | <input type="radio"/> |
| Providing subject matter expertise (e.g., expertise in medical or public health topic area). | <input type="radio"/> | <input type="radio"/> |

* 10. 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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your LLS Fellow contributed toward advancing laboratory assessments, protocols, or procedures. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your LLS Fellow supported the development of laboratory safety in the laboratory. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your LLS Fellow supported the development of laboratory quality in the laboratory. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Your LLS Fellow contributed to the advancement of applied health research in the laboratory. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My team valued the LLS Fellow's contributions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My team has gained knowledge or skills as a result of participating in the LLS Program. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hosting my LLS Fellow has changed the way I or team members approach laboratory safety. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hosting my LLS Fellow has changed the way I or team members approach laboratory quality. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LLS Fellow has changed the way I or team members approach laboratory management. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

* 12. Please rate your level of agreement with the following statement: Overall, the contributions of the LLS Fellow will continue to benefit my host site after their time in LLS ended.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

* 13. Please explain your response to the previous question.

* 14. We understand that LLS Fellows contribute to host sites in many ways. We are interested in hearing stories about these contributions.

Describe your LLS Fellow's most valuable contribution AND how that contribution has made a difference for your team or host site.

NOTE: Sharing stories about fellow's contributions can be a compelling way for us to convey fellow's value and impact on host sites. We anticipate using this information to promote the fellowship to prospective host sites and to share with CDC leadership. If you feel comfortable, please include your name and contact information at the conclusion of your story so that we may follow up with you before sharing.

Additional Feedback

* 15. Overall, how satisfied have you been with:

| | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
|-----------------|-----------------------|-----------------------|---------------------------------------|-----------------------|-----------------------|
| Your LLS Fellow | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The LLS Program | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

* 16. Would you be willing to host another LLS fellow in the future?

- ☐ Yes
- ☐ No
- ☐ Undecided

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

* 18. Given your experience with LLS, would you recommend others serve as a host site?

- ☐ I would highly recommend that others serve as a host site
- ☐ I would recommend that others serve as a host site, but with some minor changes to LLS
- ☐ I would recommend that others serve as a host site, but only with major changes to LLS
- ☐ I would not recommend that others serve as a host site
- ☐ I don't know

* 19. Please explain your response to the previous question.

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

Demographics

* 21. For how many years have you served as a host site supervisor with LLS?

- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5 or more years

* 22. How many LLS Fellows in the graduating class (Class of 2023) did you supervise?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

* 23. Select your employer type.

- ☐ CDC/ATSDR
- ☐ Indian Health Service (IHS)
- ☐ Federal Government (Other than CDC or IHS)
- ☐ State government
- ☐ Local government
- ☐ Territorial government or organization
- ☐ Tribal government or organization
- ☐ University or other academia
- ☐ Non-profit organization
- ☐ Other non-governmental organization
- ☐ Other (please specify)

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Agency

* 24. Which of the following best describes the type of agency where you are assigned to work?

- ☐ I am assigned to a city or county government agency
- ☐ I am assigned to a state government agency of public health laboratory
- ☐ I am assigned to a U.S. territorial or freely associated state government agency
- ☐ I am assigned to a tribal government equivalent organization/coalition
- ☐ I am assigned to a CDC headquarters location
- ☐ I am assigned to a different setting (please specify)

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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.

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Done