



FETP Mentorship Activities Assessment: Mentee (Resident/Trainee) Survey

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Thank you for taking the time to complete this survey!

The purpose of this survey is to assess the strengths and gaps of mentorship activities in the Field Epidemiology Training Program (FETP) that you trained in previously, are currently training in, or have worked with closely. Your responses will help us learn how the structure of mentorship activities in your FETP are succeeding, as well as reveal areas where we can improve mentorship and support future mentors in their roles. Ultimately, we will use the survey results to design and implement a sustainable and effective mentoring solution that mentors, residents/trainees, and the program as a whole can benefit from.

Your responses will remain private and all data will be deidentified prior to analysis. Any contact information collected will not be shared outside of the research team.

Instructions:

Please complete the survey describing your experiences receiving mentorship as an FETP resident/trainee in the role of a mentee. Select only one option unless otherwise noted in the question. The survey should take approximately 15-20 minutes to complete.

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the 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 D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1163). The Privacy Act applies to this information collection. The requested information is used toward assessment and continuous quality improvement of CDC fellowship activities and services. CDC will treat data/information in a secure manner and will not disclose, unless otherwise compelled by law.

*** 1. What is your full name?**

*** 2. What is your email address?**

Please provide an email address that can be used to contact you if any follow up is needed.

*** 3. Which FETP course did you graduate from?**

- ☐ Intermediate
- ☐ Advanced
- ☐ Other (please specify)

*** 4. When did you complete the FETP course? Enter in MM/DD/YYYY.**

Date / Time

Date

* 5. Were you a full-time or part-time FETP resident/trainee?

☐ Full-time

☐ Part-time

* 6. What is your current job?

Please provide institution/organization and unit/division if you can.

* 7. What is your educational background? *(Select all that apply.)*

☐ Baccalaureate

☐ MPH

☐ Master's degree other than MPH

☐ Medical degree/Doctorate degree

☐ Dental degree

☐ Nursing degree

☐ None of the above

Other (please specify)

*** 8. What were your expectations/goals for the mentorship aspects of the FETP program before receiving mentorship?**

(Select all that apply.)

- ☐ Help fulfilling program competencies
- ☐ Help with field assignment deliverables
- ☐ Help with final presentation and report
- ☐ Overall improvement in technical skills and knowledge
(Technical skills: Designing, conducting, and evaluating epidemiologic studies using analytic epidemiology principles and methods)
- ☐ Receive assistance developing adaptive skills
(Adaptive skills: Practical skills needed to support the everyday work of FETPs and enable the individual to interact effectively and harmoniously with other people. Examples include teamwork, adaptability, conflict resolution, problem-solving, interpersonal skills)
- ☐ Receive career guidance and development support
- ☐ Networking assistance
- ☐ None of the above

Other (please specify)

*** 9. To what extent did the overall mentorship experience fulfill your expectations/goals?**

- ☐ Much more than expected
- ☐ More than expected
- ☐ As I expected
- ☐ Less than expected
- ☐ Much less than expected

*** 10. Please state your level of agreement with the following statements related to your experience after participating in mentorship activities, compared to before participating in mentorship activities.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
The amount of time I spent with my mentor was sufficient to fulfill mentorship needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mentor was available to me when I needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was motivated by my mentor to perform well in my role as an FETP trainee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I was satisfied with the mentorship activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be interested in being an FETP mentor in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 11. How many hours per week did you spend on receiving mentoring?**

This includes all activities related to supporting your mentee such as reviewing their work, assisting with field work, meetings, virtual communications.

- ☐ Less than 1 hour per week
- ☐ 1-3 hours per week
- ☐ 4-6 hours per week
- ☐ 7-9 hours per week
- ☐ 10-12 hours per week
- ☐ >12 hours per week

*** 12. How frequently did you communicate with your mentor outside of required meetings/visits?**

This can be communication through in-person visits, video conferencing, phone, messaging, email, or any other means.

- ☐ Daily
- ☐ Weekly
- ☐ Every 2 weeks
- ☐ Every month
- ☐ Did not communicate outside required visits at all

*** 13. What did you improve on through receiving mentorship?**
(Select all that apply.)

- ☐ Fulfilling program competencies
- ☐ Field assignment deliverables
- ☐ Final presentation or report
- ☐ Overall improvement in technical skills and/or knowledge
(Technical knowledge/skills: Designing, conducting, and evaluating epidemiologic studies using analytic epidemiology principles and methods)
- ☐ Adaptive skills
(Adaptive skills: Practical skills needed to support the everyday work of FETPs and enable the individual to interact effectively and harmoniously with other people. Examples include teamwork, adaptability, conflict resolution, problem-solving, interpersonal skills)
- ☐ Knowledge of career pathways and networking
- ☐ None of the above

Other (please specify)

*** 14. In what ways has your mentor assisted you after completion of mentorship?**
(Select all that apply.)

- ☐ Networking
- ☐ Job recommendation
- ☐ Career advice
- ☐ To re-teach a concept
- ☐ Personal matter
- ☐ None of the above

Other (please specify)

*** 15. If provided to you, which orientation/training resources were helpful in preparing you for your role as a mentee?**
(Select all that apply.)

- ☐ Live training sessions
- ☐ Recordings, video resources
- ☐ Handbook
- ☐ Other written resources
- ☐ None of these were helpful
- ☐ These resources were not provided to me.

Other (please specify)

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*** 16. Please state your level of agreement with the following statements related to your experience after participating in mentorship activities, compared to before participating in mentorship activities.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
I am more confident in my ability to carry out public health projects on my own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more certain of my career path.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentorship activities helped me perform better in the FETP training course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mentor challenged me to think critically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mentor pushed my curiosity around relevant topics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 17. Which communication method was most productive for you and your mentor?**

- ☐ In person visits/meetings
- ☐ Video conferencing
- ☐ Email
- ☐ Phone calls
- ☐ SMS, messaging apps (WhatsApp, Telegram, etc)
- ☐ None

Other (please specify)

*** 18. Which statement best describes goal-setting practices you had with your mentor?**

- ☐ My mentor set goals and communicated them to me.
- ☐ I set goals and communicated them to my mentor.
- ☐ My mentor and I set goals together.
- ☐ We did not set goals.

19. If yes to previous question, can you describe the goals that were set?

*** 20. How would you describe your overall relationship with your mentor?**

- ☐ Excellent ☐ Above average ☐ Average ☐ Below Average ☐ Poor
- ☐ Not sure

*** 21. Please state your level of agreement with the following statements related to your experience with mentorship activities.**

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	N/A
I had conversations with my mentor that were meaningful to my progress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mentor was invested in my growth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There were opportunities to raise issues or concerns with mentorship activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mentor played a role in helping me understand the values and mission of the FETP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 22. What preferences (if any) would have been helpful in pairing you with a mentor?**

(Select all that apply.)

- ☐ Similar educational background
- ☐ Same field of interest
- ☐ Same gender
- ☐ Same area/location
- ☐ Same language
- ☐ None

Other (please specify)

*** 23. What limitations to receiving mentorship did you encounter?**

(Select all that apply.)

- ☐ Lack of incentive
- ☐ Lack of time
- ☐ Lack of transportation
- ☐ Lack of training
- ☐ Lack of communication means
- ☐ Lack of resources needed to fulfill the role of a mentee
- ☐ Lack of understanding the role
- ☐ None of the above

Other (please specify)

24. Please further describe the details of the limitations you selected in the previous question. (*optional*)

25. What suggestions do you have to improve the mentorship activities in the FETP course?



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Thank you for your participation! We will contact you if any follow up is needed.