WCMS Healthy Healer Survey

To be filled out by Member after last session with therapist/coach and returned directly to WCMS.

Logistical Information

1. WCMS materials provided sufficient information for choosing a therapist/coach
   - Agree
   - Somewhat
   - Disagree

2. I was able to get an appointment in a timely manner
   - Agree
   - Somewhat
   - Disagree

3. I was able to schedule appointments at a convenient time
   - Agree
   - Somewhat
   - Disagree

4. I was satisfied with the privacy of the setting
   - Agree
   - Somewhat
   - Disagree

5. I was satisfied with the anonymity
   - Agree
   - Somewhat
   - Disagree

6. The cost was reasonable for the services provided
   - Agree
   - Somewhat
   - Disagree

Please describe the importance of each aspect in utilizing services from WCMS' Healthy Healer Program

1. Self-referral only to therapist/coach (HHP doesn't engage in mandated treatment)
   - Important
   - Somewhat
   - Not Important

2. Anonymity from WCMS, employer, health system, etc
   - Important
   - Somewhat
   - Not Important

3. 15% discount on services because of WCMS membership
   - Important
   - Somewhat
   - Not Important

4. WCMS' pre-vetting of therapists/coaches
   - Important
   - Somewhat
   - Not Important

Therapy/Coaching Sessions

1. My therapist/coach was knowledgeable about working with physicians
   - Agree
   - Somewhat
   - Disagree

2. My therapist/coach listened carefully to my concerns
   - Agree
   - Somewhat
   - Disagree

3. My therapist/coach was helpful in addressing my concerns
   - Agree
   - Somewhat
   - Disagree

4. As a result of these sessions, I'm better able to cope with my presenting issue(s)
   - Agree
   - Somewhat
   - Disagree

5. I would recommend these services to a colleague, as appropriate
   - Agree
   - Somewhat
   - Disagree

6. Because of the therapy/coaching, I believe I'm better able to serve my patients
   - Agree
   - Somewhat
   - Disagree

7. Because of the therapy/coaching, I believe I have a better work-life balance
   - Agree
   - Somewhat
   - Disagree

Name of Therapist/Coach: ________________________________________________________________

Cont’d on next page
**Burnout Level After Treatment** (choose one)

___ I have no symptoms of burnout.

___ Occasionally, I am under stress, and don't always have as much energy as I once did, but don't feel burned out.

___ I am definitely burning out & have one or more symptoms of burnout, such as physical & emotional exhaustion.

___ The symptoms of burnout that I experience won't go away. I feel frustrated a lot.

___ I feel completely burned out and often wonder if I can go on.

**Comments**

*(comments may be used anonymously to market the HHP unless you opt out)*

1. Any general comments about WCMS' Healthy Healer program and its services?

2. What other recommendations would you have for WCMS in addressing physician burnout? Any other programs,

**Physician Name & Email:** *(entirely optional)*

☐ Do not use my comments, even anonymously, on any marketing materials

---

**Instructions:**

Submit directly to WCMS. DO NOT return survey to coach/therapist. You can send to WCMS via:

1. **Email** to healthyhealer@mywcms.org. *(note that this method does **not** allow you to remain anonymous)*

2. **Fax** to 828-274-2093

3. **Mail** to: Western Carolina Medical Society  
   Attn: Healthy Healer Program  
   304 Summit St  
   Asheville, NC 28803