

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. <u>Self</u> -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: _____

