Listening Session Evaluation

*This evaluation can be handed out for participants to write in responses, or you could pose these questions in an online survey tool.*

Thank you for participating in a recent Listening Session. We value your feedback to help improve future Listening Sessions.

Listening Session date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mark 1 | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| I personally benefited from participating in this Listening Session. |  |  |  |  |  |
| I would recommend a Listening Session to other physician groups. |  |  |  |  |  |

 What did you enjoy most about this Listening Session?

What could we do to improve future Listening Sessions?

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*Source: AMA. Practice transformation series: Listening campaign: engage physicians to uncover and address sources of burnout. 2022.*