|  |  |
| --- | --- |
| **WORKSHOP TITLE** |  |
| **PREFERRED MAXIMUM WORKSHOP ATTENDANCE**(Workshops are limited to 30 participants): |  |
| **Equipment NEEDS** (flip charts, projector, etc.)SEA does NOT guarantee AV equipment for workshops. Flip charts, markers and internet access are available. |  |
| **PEER COACHING**The goal for the SEA Peer Coaching Program is to promote faculty development in an informal and comfortable setting. Peer coaching is more than just a formative evaluation. Peer coaching is a confidential and constructive mentoring process that includes discussion of formative information; this information is not discussed nor shared with anyone. Additional information on the SEA Peer Coaching Program can be found [here](https://www.seahq.org/page/PeerCoaching). | Would you like your workshop to be assigned a peer coach?[ ]  Yes[ ]  No |
| **NEEDS ASSESSMENT “GAPS IN KNOWLEDGE”**Have you conducted a needs assessment in relation to this workshop? Do you have any information about gaps in knowledge, competence or performance in your target audience?For example, you may have identified a deficiency in faculty competence in providing feedback in a Dept. survey and this workshop is intended to address that need). | Please describe any knowledge gap or needs assessment: |
| **EDUCATIONAL NEEDS**Consider what kind of educational needs might be contributing to the gap(s) described above. KNOWLEDGE – having information (knowing about adult learning theory)COMPETENCE – knowing how to do something (e.g. skills, abilities, strategies), which has not yet been put into practice (e.g. being able to write educational goals and objectives)PERFORMANCE – the skills, abilities, and strategies one implements in practice (e.g. communicating bad news in a compassionate manner) | Please list educational needs you have identified:**Knowledge****Competence****Performance** |
| **EDUCATIONAL GOALS**Please list the educational Goals for this workshop (between 3 and 5 maximum)Remember the SMART acronym for writing educational goals:* Specific
* Measurable
* Achievable
* Relevant
* Time-bound

AND use action verbs to describe your goals for example “discuss”, “describe”, “compare”, “demonstrate”, “distinguish” etc. | Educational Goals (3 – 5): After attending this workshop participants will;1.2.3.4.5. |
| **EDUCATIONAL TOOLS AND RESOURCES**Please include any tools, worksheets or other resources you will provide for your participants. ***The SEA office cannot guarantee e-mailing any advanced reading materials to attendees.*** Please take this into consideration when planning your workshop. |  |
| **FACULTY EXPERIENCE**Please describe workshop faculty members’ experience in delivering workshops.(At least one faculty member must have experience in giving workshops (e.g. attended the SEA Workshop on Teaching (SWOT), / attended a session on giving workshops at SEA or other meeting –give meeting and venue / other higher-level educational degree or experience). |  |
| **WORKSHOP FLOW**Time management is critical for your workshop; please describe a detailed plan of how your workshop will flow – see workshop flow planner. Please describe what the participants will be doing and how long they will spend on each activity – be realistic in your time allocation for each session (e.g. small group discussion, reporting back to big group, role playing etc.). Our evaluators require a detailed plan so they can determine if your activity is indeed a workshop (not a mini-lecture). |

**WORKSHOP FLOW PLANNER (THIS SECTION MUST BE COMPLETED) (add more rows as required) (An example is available)**

[***https://sea.memberclicks.net/workshop-submission-resources***](https://sea.memberclicks.net/workshop-submission-resources)

|  |  |  |
| --- | --- | --- |
| Allotted Time (Total 90 mins) | Activity – Please describe what the participants will be doing - e.g:* Participants will work in small groups in breakout rooms describing the attributes of good feedback (10 minutes).
* Large group debrief and discussion on attributes of good feedback (10 mins).
* Small group discussion on what the barriers to feedback are …etc..
 | Facilitator |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**WORKSHOP FACULTY INFORMATION**

***Workshop faculty not listed will not be included in the program.*** *Please include affiliations and degrees as you would like listed in the program.*

|  |  |
| --- | --- |
| Workshop Leader Name |  |
| Number of Workshops previously led | [ ]  0-5 [ ]  5-10 [ ]  10 or more |
| Academic Title & Institution: |  |  |
| Full Address (City, State, Zip): |  |
| Business Phone / Cell Phone / Fax: |   |  |  |
| Email Address: |  |
| Department Chair Name & Email: |  |  |
| Faculty 1: Name: |  |
| Academic Title & Institution: |  |  |
| Full Address (City, State, Zip): |  |
| Business Phone / Cell Phone / Fax: |  |  |  |
| Email Address: |  |
| Department Chair Name & Email: |  |  |
| Faculty 2: Name: |  |
| Academic Title & Institution: |  |  |
| Full Address (City, State, Zip): |  |
| Business Phone / Cell Phone / Fax: |   |  |  |
| Email Address: |  |
| Department Chair Name & Email: |  |  |
| Faculty 3: Name: |  |
| Academic Title & Institution: |  |  |
| Full Address (City, State, Zip): |  |
| Business Phone / Cell Phone / Fax: |   |  |  |
| Email Address: |  |
| Department Chair Name & Email: |  |  |
| Faculty 4: Name: |  |
| Academic Title & Institution: |  |  |
| Full Address (City, State, Zip): |  |
| Business Phone / Cell Phone / Fax: |   |  |  |
| Email Address: |  |
| Department Chair Name & Email: |  |  |
| Faculty 5: Name: |  |
| Academic Title & Institution: |  |  |
| Full Address (City, State, Zip): |  |
| Business Phone / Cell Phone / Fax: |   |  |  |
| Email Address: |  |
| Department Chair Name & Email: |  |  |