**Faculty Development Delivered Workshop: INTEREST FORM**

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| --- | --- |
| Name of Group |  |
| Group Contact Name  Email and/or Phone |  |
| Group Address |  |
| Group Website |  |
| Program/Dept. distance from airport *(if in-person)* |  |
| Program/Dept. can provide on-site admin support and a/v equipment (including internet) |  |
| Facility/Training Venue |  |
| Size of workshop audience |  |
| Will workshop participants be from various sites/programs? |  |
|  | |
| **TOPIC** | **NOTES** |
| Introductions:  “WHO” is the group? |  |
| Departmental/ Institutional background |  |
| Issue(s) the workshop is to address |  |
| Target audience-description and number |  |
| Desired workshop outcomes |  |
| Desired workshop | \_\_ half-day; virtual \_\_ full-day; virtual \_\_ full- day; in-person |
| Desired speaker characteristics |  |
| Options for dates/times |  |
| Other workshop-related issues |  |

Selection of Topics (2-3 for a half day; up to 5 for a full day)

\_\_ Competency-Based Medical Education

\_\_ Resident Feedback and Assessment

\_\_ Scholarly Activity: What It Is and How to Do It

\_\_ Core Outcomes, Competencies, Sub-Competencies, and Milestones

\_\_ Best Practices for Clinical Competency Committees

\_\_ Inpatient Teaching

\_\_ Working With Learners in Difficulty

\_\_ Giving Effective Lectures and Presentations

\_\_ Curriculum Design: Planning, Implementation, and Evaluation

\_\_ Quality Improvement

\_\_ Grant Writing

\_\_ Faculty Wellness and Burnout

\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_