

BLS Instructor Essentials Course Agenda

Part One: Prerequisites

- I. The instructor candidate needs a **current provider card**, in the discipline they want to instruct, TCF should verify this before class;
- II. Instructor candidate to read & bring to class a BLS Instructor Manual & Instructor Essentials Workbook (workbook emailed to student by TCF);
- III. Candidate to register on the www.AHAInstructorNetwork.org and notify training center of alignment or for AHA Instructor Network registration assistance. Instructor candidate to bring 11 digit AHA number to class (found on Dashboard page of Instructor Network site after registration approved by training center).
- IV. Candidate to take the BLS Instructor Essentials on the <https://elearning.heart.org/course/26> site, cost is \$30. Bring the certificate of completion to class. This may be viewed as a group in class.

Part Two: Classroom Training

- I. Introduction: self, students. Discuss agenda of full course (prerequisites, classroom and course monitoring). All must be done to receive certification.
- II. Hand-out BLS Profile forms and go through how to complete.
- III. Show the Instructor Essentials Course DVD, the BLS portion.
- IV. Skills testing: Instructor candidates test out each other using the BLS Skills sheets in the Profile pkt.
- V. Give the BLS Instructor written exam and correct.

BREAK
- VI. Show the BLS Product & Course Orientation on the AHA Instructor Network (under Courses>BLS>P&CO)
- VII. Review, discuss and answer questions about all sections of Instructor manuals (BLS, HS & Heartcode) Spend time on agenda (how to teach the course) and equipment list.
- VIII. Go over the Instructor Update form
This will cover Program Admin. Manual, Instructor Network, MRTC ordering of materials for classes, entering classes online, feedback manikins, eCards and legislative updates.
- IX. Offer mentoring opportunities if possible. Set up plan for monitoring of first class— to be completed within 6 months of your class.
- X. Candidate or TCF to keep BLS Instructor Profile forms until monitoring is done. Then send (address on Profile) or email in Profile form & attach check or pay dues online.
- XI. Answer Questions and have students complete BLS Instructor Evaluation form.

BLS Instructor Update Course Agenda

Pre-requisites:

- I. Must have taught at least 4 courses in the past renewal period and entered in the database.
[Instructors who are Training Center Faculty, must have taught at least one instructor class].
- II. To come to class with Monitoring Form completed from the past renewal period.

Classroom 3-4 hours

- III. Introductions.
- IV. Discuss Profile form contents for the training & check completion at the end of class.
- V. **Test out on the skills**, test each other on skills using the
 - BLS Skills Checklists in the new BLS Instructor Profile packet; and
 - Practice the Compression-Fraction ratio exercise. Be sure to use stopwatches;
 - Discuss the Feedback manikin requirement for 2019
- VI. **Administer the BLS Instructor Test** and correct.
- VII. **AHA Update:**
 - Go over the AHA Training Center Faculty/Instructor Update form.
 - This is located on the MRTC website under BLS>Training Center Faculty>TCF Info.
 - Be sure to review the MRTC website/database-entering classes/online ordering site & eCards.
- VIII. Answer general questions.
- IX. Students complete BLS Instructor Course evaluation form.
- X. Then send in completed Profile form, monitoring form & dues payment to the MnSCU MRTC.
Ok to email Profile form and pay dues online to expedite.
Keep the Profile forms if not complete (ex. Course Monitoring form not done).

BLS Instructor Essentials & Renewal Course Agenda

Part One: Prerequisites

(New Instructors)

- I. The instructor candidate needs a current BLS provider card if new (instructor card if renewing). TCF should verify this before class;
- II. Instructor candidates to read & bring to class a BLS Instructor Manual & BLS Instructor Essentials Workbook (emailed to student by TCF);
- III. TCF or candidate to notify training center of alignment or for AHA Instructor Network registration assistance.
- IV. Candidate to register on the www.AHAInstructorNetwork.org and bring 11 digit AHA number to class (found on Dashboard page of Instructor Network site after registration approved by training center).
- V. Candidates to take the BLS Instructor Essentials on the www.onlineaha.org site, cost is \$30. New students may take as a group. Bring the certificate of completion to class with all names on it.

(Renewing Instructors)

- VI. Renewing instructors must have taught 4 courses in the past 2 yrs and have them entered in the database or written on page 2 of the Profile form and bring completed course monitoring form.

Part Two: Classroom Training—New Instructors

- I. Introduction: self, students. Discuss agenda of full course (prerequisites, classroom and course monitoring). All must be done to receive certification.

- II. Show the Instructor Essentials Course DVD, the BLS (and HS first aid) portion.

- III. Show the BLS Product & Course Orientation on the **AHA Instructor Network** (under Courses>BLS>P&CO)

- IV. Review, discuss and answer questions about all sections of Instructor manuals (BLS CPR/AED & FA) Spend time on agenda (how to teach the course) and equipment list.

New and Renewing Instructors

- V. Intro of renewing instructors
- VI. Go over the AHA Instructor **Update form** (spend time on eCards and how to issue).
- VII. Hand-out BLS Profile forms and go through how to complete.
- VIII. Skills testing: Instructor candidates test out each other using the BLS Skills sheets in the Profile pkt.
- IX. Give the BLS Instructor written exam and correct.
- X. Offer mentoring opportunities if possible. Set up plan for monitoring of first class—to be completed within 6 months of your classroom training.
- XI. Candidate or TCF to keep BLS Instructor Profile forms until monitoring is done. Then send in Profile form & \$25 dues payment to the MnSCU MRTC address on the packet, (or fax/email Profile and pay the dues online).
- XII. Answer Questions and have students complete BLS Instructor Course Evaluation form.

TRAINING CENTER FACULTY/ INSTRUCTOR Update Outline

~for the MnSCU Multi-Regional Training Center~

I. **Introduction** of Instructors and TCF in room--they are your resources

II. AHA Hierarchy

- National- headquartered in Dallas
- 7 US ECC Regional Committees each has 4 voluntary Subcommittees (Advocacy, Communications, Community & Education) that you can apply for, see Gayle.
- MN training centers and the AHA Instructor Network disseminates info to instructors.
- Training Center Coordinator Gayle Steiner is TCC for MnSCU MRTC
Contact info: 651-201-1796 or gayle.steiner@minnstate.edu
- Training Center Faculty are our most experienced instructors who are appointed by Gayle to teach instructor classes and do instructor monitoring on behalf of the MRTC.
Appointed and trained by training center staff.
- Instructors (do provider level classes, key to community training #'s)
(~3,000 Instructors in MRTC) The MRTC on average trains 100,000 students per year.

III. Aligning with TC

- AHA requires all instructors to be aligned with a training center as a base of support.
You do this by registering on the **AHA Instructor Network**.
The MRTC puts your AHA ID# on your instructor card.
This site is an on-going resource (issuing eCards, forms, updates, Program Administration Manual located under Additional Tools, Product & Course Orientations)
- MRTC—is national, we can move with you if you teach around the country.
- Database/web/online ordering is unique to the MRTC.
- **Instructor Re-certification** Must attend a classroom renewal course every 2 years.
See Program Administration Manual pg 54.
Ideally good to renew within the Training Center to get specific MRTC information. If you recert at another TC, bring our Instructor Profile form to stay with MRTC.
Instructor Profile form-use only for those joining the MRTC, other generic AHA forms in PAM for non-MRTC instructors attending an MRTC Instructor course.
Send in Profile form when all completed/+monitoring form+dues+AHA I.N. registration.
If a card has not been received within a week call us.

Our contact info:

Gayle 651-201-1796 for AHA questions/ course issues

Kelli, MRTC Asst. at 651-201-1795 for website support/ordering/billings

Ric Chiodo

IV. Resources:

- www.heart.org & <https://elearning.heart.org/course/26> & www.AHAInstructorNetwork.org
- Various AHA apps/YouTube for Hands Only courses and FAST stroke assessment info
- Program Administration Manual—rule book for instructors and Training Centers.
- **MRTC Website:** Google “MnSCU MRTC”, forms, database for entering classes, ordering materials online <http://tinyurl.com/MRTC-OnlineOrderingSite>
- **ECC Provider Course Matrix—lists classes that you can teach with your certification,** see MRTC website: <http://minnstate.edu/system/asa/workforce/mrtc/updates/index.html> under Resources
- **Instructor Manuals for specific courses w/lesson maps & Skills Checklists** must have at all classes you teach, lots of new info in the most current manuals.
Most helpful are the agendas, equipment lists, skills checklists and lesson maps.

V. Courses

- AHA lowered the price on **HS books to \$2.50, cards \$19, (K-12 HS cards are \$4) and Online HS courses lowered to \$15-20 (w/bk).**
- **BLS Provider** New BLS renewal course DVD and there are lesson maps on the AHA I.N.
- **HeartCode** Part 1, online and Part 2 in the classroom—new requirements for practice. Accelerated versions (less practice) for ACLS and BLS available. Agendas on AHA I.N.

VI. Miscellaneous

- **Manikins** –discuss cleaning, have Safety Data Sheet for bleach solution for OSHA. **1/31/2019 Feedback Manikin/Device requirement** to measure rate/depth. Peds coming. **New pricing** of AHA cards/materials, no changes to HS cards.
- **HS in K-12 Schools course** for students & staff, use same HS curriculum, cards \$4.
- **Instructors keep:** roster-w/test scores, skills checklists & evals. x 3yrs for possible audit
- **CEUs:** you can give certificates of attendance date/course/hrs/instructor & credentials, course objectives are in the instructor and student manuals. Up to student to see if course meets CEU criteria. EMS CEUs available on the AHA I.N. for ACLS and PALS, not BLS.
- **Cards:** you must give a card for any certification course (ACLS, BLS, HS, PALS, PEARS).
 - E-cards will be required as we run out of our paper card supply. You can use up your hard copy cards. If paper cards not on the ordering site we are out.
 - My Card User Guide on MRTC website on Ordering Materials page/eCard Section (and on AHA Instructor Network). The same directions are on each page of the eCard site (video & written).
 - Hardcopy cards & eCards discounted if purchased by the 96-pack. Must print hardcopy cards. No handwriting. Tips on website on Ordering Materials page.
- **Monitoring of Instructors** New Instructors (monitored before teaching on their own) and renewing (within the 2 year certification period). Come to renewal class with this completed. New monitoring form on website under ACLS/BLS or PALS then Printable Forms.
- **Heart Safe Community Project** Promotes CPR training for bystanders. If meet all the criteria, signage under city or town name to say “Heart Safe City”. Google or here is the link: <http://www.health.state.mn.us/divs/healthimprovement/programs-initiatives/in-communities/heartsafe.html>
- **MN Resuscitation Consortium** grant \$\$ available for training projects. www.mrc.umn.edu great resource for AED registration questions also (see below).
- **You’re the Cure** all AHA members to join. Keeps you in the loop on MN heart related political nationally and locally issues. No obligation, just join at: <http://yourethecure.org/aha/advocacy/default.aspx> . Bill passed to have an AED maintenance plan, including registering.
- **Heart Walks** around the state. Looking for volunteers to staff AED or CPR demos, etc. http://www2.heart.org/site/TR/HeartWalk/MWA-MidWestAffiliate?pg=entry&fr_id=3161
- **MN Sudden Cardiac Arrest Survivor’s Network** a good resource to enhance your classes.

VII. Cover Questions

Basic Life Support Course Roster

Emergency Cardiovascular Care Programs



Course Information

- BLS Course (instructor-led)
- HeartCode® BLS
- BLS Instructor

Lead Instructor _____
Lead Instructor ID# _____
Card Expiration Date _____
Training Center _____
Training Center ID# _____
Training Site Name (if applicable) _____
Address _____
City, State ZIP _____
Course Location _____

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Cards Issued _____	Student-Manikin Ratio _____	Issue Date of Cards _____

Assisting Instructor *(Attach copy of instructor aligned with a TC other than the primary TC)*

<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Signature of Lead Instructor

Date

Course Participants



Date _____ Course _____ Lead Instructor _____ Lead Instr. ID# _____

<i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.	<i>Mailing Address/Telephone</i>	<i>Complete/Incomplete</i>	<i>Remediation/Date Completed (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

BLS Instructor Course Evaluation



Please answer the following questions about the **course content**.

1. The course learning objectives were clear.
 - a. Yes
 - b. No
2. The overall level of difficulty of the course was
 - a. Too hard
 - b. Too easy
 - c. Appropriate
3. The content was presented clearly.
 - a. Yes
 - b. No
4. The quality of videos and written materials was
 - a. Excellent
 - b. Good
 - c. Fair
 - d. Poor

Please answer the following questions about your **skill mastery**.

1. I am confident I can use the skills the course taught me.
 - a. Yes
 - b. No
 - c. Not sure
2. I feel confident I can assess students' skills performance and manage a class effectively.
 - a. Yes
 - b. No
 - c. Not sure
3. I took this course to obtain professional education credit or continuing education credit.
 - a. Yes
 - b. No
 - c. Not applicable

Optional questions:

Were there any strengths or weaknesses of the course that you would like to comment on?

What would you like to see in future courses developed by the AHA?

After Completing This Evaluation

Please return this evaluation to your Faculty member before you leave the class.

Alternatively, you can send the evaluation to your Training Center. Ask your Faculty member for the contact information.

If you have significant problems or concerns with your course, please contact the AHA at 877-AHA-4CPR.



MINNESOTA STATE

Multi-Regional Training Center

BLS Instructor Check List

- Check that all pages filled out completely, must have an email address
- Enter courses you taught in the MRTC database (4 Minimum)
<http://mymrtc.org/>
- Pay for MRTC biennial membership dues (see last page for instructions)
- Sign last page
- Mail or email completed Profile Form

Instructors:

Please note: the Minnesota State MRTC Instructor Profile Form should be used for any Instructor Certification classes. Section A of this form should be re-submitted whenever any personal information in Section A changes or you may access your information and change online yourself.

The completion of this form confirms that you have successfully completed your Instructor Course (initial or renewal) per the AHA standards.

Members of the Minnesota State MRTC, will receive an American Heart Association, Instructor card and a packet of materials from the MRTC regarding resources (website/database/online ordering, etc.).

If you are not currently a member but would like to join our Multi-Regional Training Center, please see the “Joining the MRTC” page in this form, or call 651-201-1795 or x1796

Any missing information will delay the process of updating your instructor status and may lead to suspension of account



MINNESOTA STATE

BLS Instructor/MRTC Faculty Profile Form

Minnesota State - Multi-Regional Training Center

30 7th St. E, Suite 350, St. Paul, MN 55101-7804

Toll Free: 800-311-3143

Office: 651-201-1795

Fax: 651-649-5409

Section A: Instructor Profile Information-- This section is for information on instructors applying for membership or who are renewing their membership with the Minnesota State MRTC. **Please complete and return Section A any time this information changes or update on your database information page.**

Applicants' Name: _____ MRTC Member # _____

Home Address: _____ AHA ID # _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Preferred E-mail Address* _____

*Must have an email address

Telephone Numbers: *Home* _____ *Work* _____

Employers' Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Fax: _____

I currently teach: BLS Heartsaver ACLS PALS

Specialized Health Care Qualifications (R.N., L.P.N., EMT, etc.) _____

Last Date of last Renewal: _____ Instructor Name: _____

BLS Essential Course Completion Date (form attached if new Instructor): _____

Instructor/MRTC Faculty Documentation Record

Section B

INSTRUCTIONS: Submit this entire form as documentation that the applicant has successfully completed the Instructor course. Instructors must retain copies of all provider documents (i.e. roster forms, test scores, skill and evaluation forms checklists) for a minimum of three years.

Instructors' Name for this course: _____ Date(s) of Course: _____

Location where course was held: _____

Requesting **AHA Card** for: BLS Instructor (Initial) -or- BLS Instructor (Renewal)

Training Center Faculty

Skills Evaluation: Pass Fail (Skills Checklist & Monitoring Form attached)

Written BLS Instructor Test Score: _____

Minimum Teaching Requirements:

Note: Re-Certifying Instructors must teach/assist in a minimum of four provider classes in two years. MRTC Faculty must teach/assist in four classes and at least one Instructor course.

Instructors: If entered on line here: then you do not need to list below.

Otherwise please list minimum required dates taught (if not online):

Provider: 1) Date: _____	2) _____	3) _____	4) _____
Course: _____	_____	_____	_____
# of Students: _____	_____	_____	_____

-OR-

MRTC Faculty: If entered online here: then you do not need to list below.

Otherwise please list minimum required dates taught (if not online):

Instructor: 1) Date: _____	2) _____	3) _____	4) _____
Course: _____	_____	_____	_____
# of Students: _____	_____	_____	_____

To enter classes online login <http://mymrtc.org/> then click "Enter Courses" in the navigation pane on the left.

Joining/Re-aligning with the MnSCU Multi-Regional Training Center

- 1) New/Renewing Instructors: Mail this completed Instructor Profile Packet—all pages, along with the bi-annual membership dues. Your card and materials will be mailed upon receiving this AHA required information.
- 2) Payment of the biennial \$50.00 membership dues by one of three ways:
 - a. Check (please make checks payable to Minnesota State-MRTC)
 - b. Purchase Order (include PO # here: _____)
(Must have Credit Application for invoicing/PO if not a state agency—call 651-201-1795 for application).
 - c. Credit Cards pay dues online at: [MRTC Online](#) (No S/H or Sales Tax)

PER PAYMENT CARD REGULATIONS WE CAN ONLY ACCEPT CREDIT CARD TRANSACTIONS THRU OUR SECURED ONLINE ORDERING SYSTEM.



You will receive an email receipt.

The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of the fees for materials, do not represent income to the AHA.

I agree to adhere to American Heart Association and Minnesota State/Multi-Regional Training Center policies, using appropriate AHA materials and issuing certification cards.

Print Name

Signature

Date

MRTC Office Use Only:

Form of Payment: Check # _____ Name on Check _____
 Cash
 Credit Card (Type): _____

Date routed to MRTC Support: _____ Initials: _____ Date Receipt sent: _____

Minnesota State
Multi-Regional Training Center
 30 7th St., E., Suite 350, St. Paul, MN 55101-7804
 Toll Free: 800-311-3143 ▪ Office: 651-201-1795 ▪ Fax: 651-649-5409

Adult CPR and AED Skills Testing Checklist



Student Name _____ Date of Test _____

Hospital Scenario: "You are working in a hospital or clinic, and you see a person who has suddenly collapsed in the hallway. You check that the scene is safe and then approach the patient. Demonstrate what you would do next."

Prehospital Scenario: "You arrive on the scene for a suspected cardiac arrest. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next."

Assessment and Activation

Checks responsiveness Shouts for help/Activates emergency response system/Sends for AED
 Checks breathing Checks pulse

Once student shouts for help, instructor says, "Here's the barrier device. I am going to get the AED."

Cycle 1 of CPR (30:2) *CPR feedback devices preferred for accuracy

Adult Compressions

Performs high-quality compressions*:

- Hand placement on lower half of sternum
- 30 compressions in no less than 15 and no more than 18 seconds
- Compresses at least 2 inches (5 cm)
- Complete recoil after each compression

Adult Breaths

Gives 2 breaths with a barrier device:

- Each breath given over 1 second
- Visible chest rise with each breath
- Resumes compressions in less than 10 seconds

Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

Compressions Breaths Resumes compressions in less than 10 seconds

Rescuer 2 says, "Here is the AED. I'll take over compressions, and you use the AED."

AED (follows prompts of AED)

Powers on AED Correctly attaches pads Clears for analysis Clears to safely deliver a shock
 Safely delivers a shock

Resumes Compressions

Ensures compressions are resumed immediately after shock delivery

- Student directs instructor to resume compressions or
- Student resumes compressions

STOP TEST

Instructor Notes		
<ul style="list-style-type: none"> • Place a ✓ in the box next to each step the student completes successfully. • If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to Instructor Manual for information about remediation). 		
Test Results	Check PASS or NR to indicate pass or needs remediation:	PASS NR
Instructor Initials _____	Instructor Number _____	Date _____

Infant CPR Skills Testing Checklist (1 of 2)



Student Name _____

Date of Test _____

Hospital Scenario: “You are working in a hospital or clinic when a woman runs through the door, carrying an infant. She shouts, ‘Help me! My baby’s not breathing.’ You have gloves and a pocket mask. You send your coworker to activate the emergency response system and to get the emergency equipment.”

Prehospital Scenario: “You arrive on the scene for an infant who is not breathing. No bystander CPR has been provided. You approach the scene and ensure that it is safe. Demonstrate what you would do next.”

Assessment and Activation

- Checks responsiveness
- Shouts for help/Activates emergency response system
- Checks breathing
- Checks pulse

Once student shouts for help, instructor says, “Here’s the barrier device.”

Cycle 1 of CPR (30:2) *CPR feedback devices preferred for accuracy

Infant Compressions

- Performs high-quality compressions*:
 - Placement of 2 fingers in the center of the chest, just below the nipple line
 - 30 compressions in no less than 15 and no more than 18 seconds
 - Compresses at least one third the depth of the chest, about 1½ inches (4 cm)
 - Complete recoil after each compression

Infant Breaths

- Gives 2 breaths with a barrier device:
 - Each breath given over 1 second
 - Visible chest rise with each breath
 - Resumes compressions in less than 10 seconds

Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed

- Compressions
- Breaths
- Resumes compressions in less than 10 seconds

Rescuer 2 arrives with bag-mask device and begins ventilation while Rescuer 1 continues compressions with 2 thumb-encircling hands technique.

Cycle 3 of CPR

Rescuer 1: Infant Compressions

- Performs high-quality compressions*:
 - 15 compressions with 2 thumb-encircling hands technique
 - 15 compressions in no less than 7 and no more than 9 seconds
 - Compresses at least one third the depth of the chest, about 1½ inches (4 cm)
 - Complete recoil after each compression

Rescuer 2: Infant Breaths

This rescuer is not evaluated.

(continued)

Infant CPR Skills Testing Checklist (2 of 2)



Student Name _____ Date of Test _____

Cycle 4 of CPR

Rescuer 2: Infant Compressions

This rescuer is not evaluated.

Rescuer 1: Infant Breaths

- Gives 2 breaths with a bag-mask device:
 - Each breath given over 1 second
 - Visible chest rise with each breath
 - Resumes compressions in less than 10 seconds

STOP TEST

Instructor Notes

- Place a ✓ in the box next to each step the student completes successfully.
- If the student does not complete all steps successfully (as indicated by at least 1 blank check box), the student must receive remediation. Make a note here of which skills require remediation (refer to Instructor Manual for information about remediation).

Test Results Check **PASS** or **NR** to indicate pass or needs remediation:

PASS **NR**

Instructor Initials _____ Instructor Number _____ Date _____

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

Instructions: Training Center Faculty (TCF) or Regional Faculty (RF) should use this form to assess the competencies of instructor candidates and renewing instructors. For each competency, there are several indicators or behaviors that the instructor may exhibit to demonstrate competency.

To be used in conjunction with the Instructor/TCF Renewal Checklist.

Role of the RF/TCF Observer:

The role of the RF/TCF observer for this monitoring is to observe only. Debriefing or correcting the instructor during the course should be avoided. If critical components are not being completed, contact the TC Coordinator or Course Director outside the classroom setting immediately.

Evaluating the Critical Actions:

The following questions are critical actions required for a successful course. Each item is written to maximize the objectivity and minimize the subjectivity of the evaluator. For each item, mark one of the following:

- Yes** for items present or completed if there are no required changes for improvement. There may be recommendations for improvement and comments but no required changes.
- Yes with req.** (Yes with requirements) for items that were completed but *changes are required* for full compliance. Fill in the comment box with the required change and rationale.
- No** if the required action was not done or was done incorrectly.
- Not Observed** for items the observer did not witness during monitoring.

SECTION 1:

General information for the individual and course being observed.

Instructor or instructor candidate name: _____

Instructor ID #: _____ Instructor card expiration date: _____

Course reviewed: Heartsaver® BLS ACLS ACLS EP PALS PEARS®

Purpose of review: Initial application Instructor renewal Remediation

SECTION 2:

Instructor competencies and indicators. Observed by TCF or RF in a class setting.

Course Delivery: Presents AHA course content as intended by using AHA course curricula and materials

- 2.1 Delivers all core content consistent with AHA published guidelines, Instructor Manual, Lesson Plans, and agenda

Yes

Yes with req.

No

Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.2 Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.3 Allows adequate time for content delivery, skills practice, and debriefing

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.4 Promotes retention by reinforcing key points

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.5 Delivers course in a safe and nonthreatening manner

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.6 Relates course material to audience (prehospital or in-facility)

Yes

Yes with req

No

Not observed

Reviewer's comments:

2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.8 Adapts terminology appropriate to location, audience, and culture

Yes Yes with req No Not observed

Reviewer's comments:

2.9 Accommodates students who have disabilities and other special needs

Yes Yes with req No Not observed

Reviewer's comments:

2.10 Provides timely and appropriate feedback to students

Yes Yes with req No Not observed

Reviewer's comments:

2.11 Uses principles of effective team dynamics during small group activities

Yes Yes with req No Not observed

Reviewer's comments:

2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes Yes with req No Not observed

Reviewer's comments:

Testing and Remediation: Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning

2.13 Tests students by using AHA course materials according to instructions in the Instructor Manual

Yes Yes with req No Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.14 Provides feedback to students in a private and confidential manner

Yes Yes with req No Not observed

Reviewer's comments:

2.15 Provides remediation by directing students to reference material and by providing additional practice opportunities

Yes Yes with req No Not observed

Reviewer's comments:

2.16 Retests students when indicated

Yes Yes with req No Not observed

Reviewer's comments:

Professionalism: Maintains a high standard of ethics and professionalism when representing the AHA
 2.17 Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect

Yes Yes with req No Not observed

Reviewer's comments:

2.18 Follows HIPAA, FERPA, and/or local guidelines maintaining confidentiality

Yes Yes with req No Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes Yes with req No Not observed

Reviewer's comments:

2.20 Maintains student confidentiality when appropriate

Yes Yes with req No Not observed

Reviewer's comments:

Overall comments from TCF or RF observer:

Review completed:

Successful

Comment: _____

Remediation needed

Comment: _____

Unsuccessful

Comment: _____

RF/TCF name: _____

RF/TCF signature: _____ Date: _____

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

SECTION 3:

Review of candidate or instructor. To be completed by TC Coordinator.

I have reviewed the Instructor Monitor Tool with my TC Coordinator, and my instructor status has been reviewed with me. Overall comments from monitored candidate or instructor:

Candidate or instructor name: _____

Candidate or instructor signature: _____ Date: _____

TC Coordinator name: _____

TC Coordinator signature: _____ Date: _____
