Minnesota State Colleges and Universities
Multi-Regional Training Center

ACLS Instructor Profile Form

Instructors:

Please note: the MnSCU 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 MnSCU MRTC, will receive an American Heart Association, Instructor card (and Training Center Faculty card if applicable) and a packet of materials from the Training Center explaining course information, resources, and use of the database.

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 Public Safety and Compliance at 651-201-1920.

***Please note this form is also located on our website at:
http://www.firecenter.mnscu.edu/mrtc/acls/documents/ACLSInstructorProfileForm2016.pdf
(You do not need to submit this cover page to the MRTC)

ACLS Instructor/Experienced Instructor Profile Form

*MnSCU – **Multi-Regional Training Center***
30 7th St. E, Suite 350, Wells Fargo Place, St. Paul, MN 55101-7804
Toll Free*:* 800-311-3143   ***Offic**e*: 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 MnSCU 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: _____

Year you started teaching ACLS: _____

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

Last Date of last Renewal: _____Instructor Name: _____

ACLS Instructor/Experienced Documentation Record

Section B

I certify that this student has successfully completed the ACLS Instructor Course including the ACLS practical and written evaluations in accordance with the standards of the American Heart Association and the Minnesota State Colleges & Universities' Multi-Regional Training Center.

Course Director: _____   _____
                                    Signature   Print Name

Physician Instructor*: _____
                                 Print Name

* If a physican was not in the classroom, then list name of physician available for consult during this course.

Date of Course: _____   Course Location: _____

Section C

Requesting **AHA Card** for: ✓ One   ☐ ACLS Instructor (Initial) -or- ☐ ACLS Experienced Provider Instructor

                     ✓ One   ☐ Initial Course   -or-   ☐ Renewal Course

                (✓ if Yes)   ☐ ACLS Training Center Faculty

ACLS Instructor Written Test Score: _____

Skills (Critical Actions):   ☐ Pass   ☐ Fail   ☐ Remediate

Minimum Teaching Requirements:

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

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-

Training Center Faculty: **If entered online √ 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: _____   _____   _____   _____

To enter more classes online go to http://www.firecenter.mnscu.edu/mrtc/index.html then click "Instructor Database" link on the left navigation column or "Class Reporting" in the Quick Links box on the upper right, then click on "Enter Courses" on the left column once login.

Airway Management
Skills Testing Checklist

American Heart Association®

life is why™

Student Name _____   Date of Test _____

Critical Performance Steps	✓ if done correctly
BLS Assessment and Interventions	
Checks for responsiveness • Taps and shouts, "Are you OK?"	
Activates the emergency response system • Shouts for nearby help/Activates the emergency response system and gets the AED *or* • Directs second rescuer to activate the emergency response system and get the AED	
Checks breathing • Scans chest for movement (5-10 seconds)	
Checks pulse (5-10 seconds) **Breathing and pulse check can be done simultaneously** Notes that pulse is present and does not initiate chest compressions or attach AED	
Inserts oropharyngeal or nasopharyngeal airway	
Administers oxygen	
Performs effective bag-mask ventilation for 1 minute • Gives proper ventilation rate (once every 5-6 seconds) • Gives proper ventilation speed (over 1 second) • Gives proper ventilation volume (~half a bag)	

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 _____

Adult High-Quality BLS Skills Testing Checklist

American Heart Association®
life is why™

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
- ☐ Checks breathing
- ☐ Shouts for help/Activates emergency response system/Sends for AED
- ☐ 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*
  - Second student resumes compressions

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 _____

Megacode Testing Checklist: Scenarios 1/3/8
Bradycardia ➔ Pulseless VT ➔ PEA ➔ PCAC

American Heart Association®

life is why™

Student Name _____ Date of Test _____

Critical Performance Steps	✓ if done correctly
Team Leader	
Ensures high-quality CPR at all times	
Assigns team member roles	
Ensures that team members perform well	
Bradycardia Management	
Starts oxygen if needed, places monitor, starts IV	
Places monitor leads in proper position	
Recognizes symptomatic bradycardia	
Administers correct dose of atropine	
Prepares for second-line treatment	
Pulseless VT Management	
Recognizes pVT	
Clears before analyze and shock	
Immediately resumes CPR after shocks	
Appropriate airway management	
Appropriate cycles of drug–rhythm check/shock–CPR	
Administers appropriate drug(s) and doses	
PEA Management	
Recognizes PEA	
Verbalizes potential reversible causes of PEA (H's and T's)	
Administers appropriate drug(s) and doses	
Immediately resumes CPR after rhythm checks	
Post–Cardiac Arrest Care	
Identifies ROSC	
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests	
Considers targeted temperature management	

STOP TEST

Test Results	Check **PASS** or **NR** to indicate pass or needs remediation:	PASS	NR
Instructor Initials _____ Instructor Number _____ Date _____			

Learning Station Competency
☐ Cardiac Arrest   ☐ Bradycardia   ☐ Tachycardia   ☐ Immediate Post–Cardiac Arrest Care   ☐ Megacode Practice

Megacode Testing Checklist: Scenarios 4/7/10
Tachycardia → VF → PEA → PCAC

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Student Name _____ Date of Test _____

Critical Performance Steps	✓ if done correctly
Team Leader	
Ensures high-quality CPR at all times	
Assigns team member roles	
Ensures that team members perform well	
Tachycardia Management	
Starts oxygen if needed, places monitor, starts IV	
Places monitor leads in proper position	
Recognizes unstable tachycardia	
Recognizes symptoms due to tachycardia	
Performs immediate synchronized cardioversion	
VF Management	
Recognizes VF	
Clears before analyze and shock	
Immediately resumes CPR after shocks	
Appropriate airway management	
Appropriate cycles of drug–rhythm check/shock–CPR	
Administers appropriate drug(s) and doses	
PEA Management	
Recognizes PEA	
Verbalizes potential reversible causes of PEA (H's and T's)	
Administers appropriate drug(s) and doses	
Immediately resumes CPR after rhythm checks	
Post–Cardiac Arrest Care	
Identifies ROSC	
Ensures BP and 12-lead ECG are performed, O_2 saturation is monitored, verbalizes need for endotracheal intubation and waveform capnography, and orders laboratory tests	
Considers targeted temperature management	

STOP TEST

Test Results	Check **PASS** or **NR** to indicate pass or needs remediation:	PASS	NR
Instructor Initials _____	Instructor Number _____	Date _____	

Learning Station Competency

☐ Cardiac Arrest   ☐ Bradycardia   ☐ Tachycardia   ☐ Immediate Post–Cardiac Arrest Care   ☐ Megacode Practice

American Heart Association Emergency Cardiovascular Care Programs
Instructor Monitoring Tool

Name of Instructor or Instructor Candidate: _____

Instructor ID#: _____

Type of Course Monitored: ☐ Heartsaver®   ☐ BLS   ☐ ACLS   ☐ ACLS EP   ☐ PALS   ☐ PEARS®

Instructions: Training Center Faculty (TCF) will 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.

Key:
   Successful = Observed successful demonstration of this behavior
   Needs Remediation = Observed the instructor fail to effectively or consistently demonstrate behavior
   Bold Items = Must be successfully demonstrated during monitoring
   Nonbold Items = Marked if observed during monitoring
   Shaded Items = Best assessed by TC Coordinator or others outside the course monitoring

AHA Instructor Competencies and Indicators		
1. ECC/AHA Cognitive and Psychomotor Skills Definition (Goal): Maintains proficiency in provider-level cognitive and psychomotor skills; fulfills requirements for initial or renewal instructor certification	Successful	Needs Remediation
a. Demonstrates proficiency in provider-level skills	☐	☐
b. Teaches at least the minimum number of classes per cycle	☐	☐
c. Is aligned on the Instructor Network	☐	☐
d. Completes the required provider and instructor updates	☐	☐
e. Achieves satisfactory rating during instructor monitoring	*Overall recommendation at end of form*	
2. Course Delivery Definition (Goal): Presents AHA course content as intended by using AHA course curricula and materials	Successful	Needs Remediation
a. Delivers content that is consistent with Lesson Maps and agenda	☐	☐
b. Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual	☐	☐
c. Allows adequate time for content delivery, skills practice, and debriefing	☐	☐
d. Promotes retention by reinforcing key points	☐	☐
e. Delivers course in a safe and nonthreatening manner	☐	☐
f. Uses student and Faculty feedback to improve teaching performance	☐	☐
g. Provides precourse instructions and resources to students before the course	☐	☐
h. Ensures equipment is in working order and available in sufficient quantity as recommended	☐	☐
i. Relates course material to practical events	☐	☐
j. Effectively operates technology used in the course	☐	☐
k. Adapts terminology appropriate to location, audience, and culture	☐	☐
l. Accommodates students who have disabilities and other special needs	☐	☐
m. Provides timely and appropriate feedback to students	☐	☐
n. Uses principles of effective team dynamics during small group activities	☐	☐
o. Secures and protects testing materials	☐	☐
p. Decontaminates/cleans equipment according to the manufacturer's instructions	☐	☐

3. Testing and Remediation Definition (Goal): Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning	Successful	Needs Remediation
a. Tests students by using AHA course materials according to instructions in the Instructor Manual	☐	☐
b. Provides feedback to students in a private and confidential manner (observation and review of students' course evaluation forms)	☐	☐
c. Remediates by directing students to reference material and by providing additional practice opportunities	☐	☐
d. Retests students when indicated	☐	☐
e. Facilitates debriefings after scenarios to improve individual and team performance	☐	☐
4. Professionalism Definition (Goal): Maintains a high standard of ethics and professionalism when representing the AHA	Successful	Needs Remediation
a. Endorses the ECC Leadership Code of Conduct	☐	☐
b. Acknowledges the AHA Statement of Conflict of Interest	☐	☐
c. Demonstrates professional behavior in physical presentation and teaching, including enthusiasm, honesty, integrity, commitment, compassion, and respect	☐	☐
d. Follows HIPAA, FERPA, and/or local guidelines maintaining confidentiality	☐	☐
e. Recognizes and appropriately responds to ethical issues encountered in training	☐	☐
f. Appropriately manages conflicts of interest	☐	☐
g. Maintains student confidentiality when appropriate (observation and review of students' course evaluation forms)	☐	☐
5. Program Administration Definition (Goal): Successfully manages available resources, including time, materials, space, and budget, to deliver high quality training in accordance with AHA guidelines	Successful	Needs Remediation
a. Completes postcourse records, including an accurate roster, grade report, and summary evaluation	☐	☐
b. Complies with the current, appropriate version of the *Program Administration Manual* (PAM)	☐	☐
c. Ensures that AHA course completion cards are issued in a timely manner	☐	☐

Comments:

_____

_____

_____

Recommend Instructor Status: ☐ Yes ☐ No   Date: _____

TCF Name: _____

TCF Signature: _____

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1) <u>New/Renewing Instructors</u>: Mail this completed Instructor Profile Packet—<u>all pages</u>, 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 $25.00 membership dues by one of three ways:
   a. **<u>Check</u>** (please make checks payable to MnSCU MRTC)

   b. **<u>Purchase Order</u>** (include PO # here: _____)

   (Must have Credit Application for invoicing/PO if not a state agency—call 651-201-1795 for application).

   c. **<u>Credit Cards</u>** pay dues online at: <u>MRTC Online</u> (**No S/H or Sales Tax**)

http://store360.collegestoreonline.com/ePOS?this_category=26&store=360&form=shared3%2fgm%2fmain%2ehtml&design=360

PER CREDIT CARD REGULATIONS WE CAN ONLY ACCEPT TRANSACTIONS THRU OUR 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 Colleges and Universities/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:_____

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