

Instructor Candidate/Instructor Monitoring Form

Course No. TP:

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Instructor Candidate/Instructor Name: _____ **Last 4 digits of IC's Social Security Number:** _____

Evaluator Name: _____ **Date of IC's Instructor Course:** _____

Course Dates: _____ **Date of IC's Original Provider Course:** _____

Instructor Candidate Monitoring Experience 1st 2nd 3rd (Circle one)

Enter the appropriate letter for each criterion in the Lecture, Psychomotor Skill Station Teaching and Testing, and Course Organization using the following scale:

Ratings: **E = Excellent:** No recommendation for improvement
A = Acceptable: Acceptable performance, but criteria could be further developed
I = Needs Improvement: Unacceptable performance; needs further development
NA = Not Applicable

Lecture

Evaluation Criteria for Lecture

1. Introduced self
2. Identified topic and objectives and asked learners to follow along in the *Provider Manual*
3. Restated core content; did not read content verbatim
4. Presented content accurately, emphasizing all major concepts, not just those tested
5. Presented content confidently, moved purposefully, and appeared relaxed
6. Pronounced words correctly and defined terms appropriately
7. Presented content in a concise, logical, and sequential format
8. Used appropriate real-life examples to enhance adult learning
9. Varied voice inflection and pace of presentation
10. Summarized major points at end of presentation
11. Answered questions in a supportive manner
12. Coordinated content presentation with slides, identified tables or figures in the *Provider Manual*
13. Managed any challenging learners appropriately
14. Demonstrated familiarity with audiovisual equipment
15. Maintained appropriate eye contact; avoided turning back to classroom
16. Completed lecture on time, but did not rush

Rating

Comments

Psychomotor Skill Stations

(*Not Required)

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Evaluation Criteria for Psychomotor Skill Station TEACHING

1. Explained purpose of station
2. Asked learners to follow TNCC *Provider Manual* during station
3. Provided accurate instructor responses
4. Demonstrated confidence in facilitating learner performance
5. Demonstrated familiarity with equipment
6. Used appropriate examples to illustrate teaching points
7. Monitored learners' times to complete the assessment
8. Assisted learners in completing the assessment in a timely manner
9. Provided constructive feedback regarding learner performance
10. Answered questions in a supportive manner
11. Conducted debriefing with constructive feedback

Trauma Nursing Process (TNP)

* Airway & Ventilation

* Trauma Interventions

Evaluation Criteria for Psychomotor Skill Station TESTING

1. Organized skill station testing as outlined in TNCC *Instructor Guide*
2. Provided appropriate verbal or nonverbal feedback to the learner during testing period
3. Redirected the learner when appropriate
4. Provided accurate instructor responses to the learner during testing period
5. Coordinated the instructor's script and learner's demonstration and description of the assessment and interventions
6. Completed evaluation forms accurately at end of learners' demonstrations

Course Organization/Administration

1. Participated in precourse Instructor meeting
2. Participated in postcourse review/meeting
3. Completed all postcourse forms

Comments

Evaluation

1. All criteria were demonstrated with a minimal rating of acceptable
2. Met all expectations for successful verification as an Instructor Candidate or monitoring as an Instructor
 - a. If yes, ENA will distribute the Instructor Card
 - b. If additional Monitoring is indicated, describe the needs in the comment section above and make a copy of this form for the Instructor Candidate to take to the next course for the Monitor to review

YES

NO

(Circle one)

YES

NO

(Circle one)

Signature of Evaluator

Date

I, _____ (print IC name), have reviewed the information and am aware of the outcome of being monitored.

Signature of Instructor Candidate

Date