

## 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:

\_\_\_\_\_  
\_\_\_\_\_

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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:

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

Yes

☐

Yes with req

☐

No

☐

Not observed

☐

Reviewer's comments:

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2.4 Promotes retention by reinforcing key points

Yes

☐

Yes with req

☐

No

☐

Not observed

☐

Reviewer's comments:

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2.5 Delivers course in a safe and nonthreatening manner

Yes

☐

Yes with req

☐

No

☐

Not observed

☐

Reviewer's comments:

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

Yes

☐

Yes with req

☐

No

☐

Not observed

☐

Reviewer's comments:

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2.7 Effectively operates technology used in the course

Yes

☐

Yes with req

☐

No

☐

Not observed

☐

Reviewer's comments:

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2.8 Adapts terminology appropriate to location, audience, and culture

Yes  
☐

Yes with req  
☐

No  
☐

Not observed  
☐

Reviewer's comments:

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2.9 Accommodates students who have disabilities and other special needs

Yes  
☐

Yes with req  
☐

No  
☐

Not observed  
☐

Reviewer's comments:

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2.10 Provides timely and appropriate feedback to students

Yes  
☐

Yes with req  
☐

No  
☐

Not observed  
☐

Reviewer's comments:

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2.11 Uses principles of effective team dynamics during small group activities

Yes  
☐

Yes with req  
☐

No  
☐

Not observed  
☐

Reviewer's comments:

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2.12 Facilitates debriefings after scenarios to improve individual and team performance

Yes  
☐

Yes with req  
☐

No  
☐

Not observed  
☐

Reviewer's comments:

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**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:

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2.14 Provides feedback to students in a private and confidential manner

Yes  
☐

Yes with req  
☐

No  
☐

Not observed  
☐

Reviewer's comments:

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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:

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2.16 Retests students when indicated

Yes  
☐

Yes with req  
☐

No  
☐

Not observed  
☐

Reviewer's comments:

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**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:

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

Yes  
☐

Yes with req  
☐

No  
☐

Not observed  
☐

Reviewer's comments:

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## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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2.19 Recognizes and appropriately responds to ethical issues encountered in training

Yes

☐

Yes with req

☐

No

☐

Not observed

☐

Reviewer's comments:

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2.20 Maintains student confidentiality when appropriate

Yes

☐

Yes with req

☐

No

☐

Not observed

☐

Reviewer's comments:

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Overall comments from TCF or RF observer:

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Review completed:

☐ Successful

Comment: \_\_\_\_\_

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☐ Remediation needed

Comment: \_\_\_\_\_

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☐ Unsuccessful

Comment: \_\_\_\_\_

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RF/TCF name: \_\_\_\_\_

RF/TCF signature: \_\_\_\_\_ Date: \_\_\_\_\_

## American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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### 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:

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Candidate or instructor name: \_\_\_\_\_

Candidate or instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

TC Coordinator name: \_\_\_\_\_

TC Coordinator signature: \_\_\_\_\_ Date: \_\_\_\_\_

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