

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Form

Name of Instructor: _____

Type of Instructor: BLS ACLS ACLS-EP PALS

Instructor's Primary TC for This Discipline: _____

Reason for Monitoring:

Initial Recognition

TC Sponsoring Instructor Course: _____

Instructor Course Date _____

Renewal

Instructor Card Expiration Date: _____

Remediation (for repeat monitoring as needed if previous monitoring is unsuccessful)

Previous Monitoring Date: _____ Previously Monitored by: _____

Name of Reviewer: _____

Reviewer's status (check all that apply):

TCF IT Course Director Lead Instructor

BLS ACLS PALS

Monitoring Date: _____ Monitoring Location (TC and Site): _____

Name of Course Taught (ie, BLS Healthcare Provider Renewal Course) _____

Teaching was monitored during the following part(s) of course:

Lecture Teaching/Skills Stations Evaluation/Skills Stations Remediation

Instructor Monitor Checklist

Instructions: Check appropriate box (E = Excellent, S = Satisfactory, NI = Needs Improvement) for all criteria that apply to the monitoring process. Instructor teaching and student evaluation skills are to be monitored. Please complete all areas. ***Comment on all areas indicated as "Needs Improvement."**

	E	S	NI*	Comments
Teaching Effectiveness				
Organizes physical set-up to facilitate learning by students				
Introduces objectives/outline				
Covers core content following outline consistent with AHA guidelines				
Summarizes key information				
Demonstrates mastery of course content/ability to respond to student questions				
Demonstrates willingness and ability to demonstrate skills (when applicable)				
Allows adequate time for skills practice				
Uses interactive teaching style/encourages student participation				
Manages time effectively (begins/ends on time, avoids digression from key points)				

Provides effective and ongoing feedback to students				
Demonstrates professionalism (appropriate attire, use of terminology, etc)				
Evaluation Effectiveness				
Uses performance checklists (as available)				
Evaluates fairly, using current AHA guidelines and materials				
Provides or recommends appropriate remediation				
Materials/Equipment				
Uses equipment that is clean and in good working order				
Uses appropriate standard (universal) precautions whenever applicable				
Uses current AHA materials (video, tool kit, etc) to deliver content				
All students are using AHA textbook				
Refers to AHA textbook during teaching and/or evaluation feedback				
Demonstrates ability to use and troubleshoot audiovisual equipment				

Signatures/Recommendations

Instructions: Please use the Instructor Monitor Checklist as a basis for recommendations. Reviewer should send completed form to Instructor's primary TC for discipline monitored.

Reviewer's Recommendations/Comments:

Do you recommend new/renewal of Instructor status for this Instructor Candidate/Instructor?
 Yes No If no, please summarize your rationale and provide recommendations for remediation (please attach additional comments as needed).

Signature of Reviewer: _____ **Date:** _____

Instructor's Comments (please attach additional comments as needed):

Signature of Instructor: _____ **Date:** _____