



American Heart Association Emergency Cardiovascular Care Program

Instructor Monitor Tool

Instructions: Training Faculty (TF) 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/TF Renewal Checklist.

Role of the TF Observer:

The role of the TF 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®

ASLS

Purpose of review: Initial application Instructor renewal Remediation



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SECTION 2: Instructor competencies and indicators. Observed by TF 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

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

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

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

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

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:

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2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

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:

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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:



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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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

2.14 Provides feedback to students in a private and confidential manner

Yes	Yes with req	No	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's comments:

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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:

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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:

2.20 Maintains student confidentiality when appropriate

Yes

Yes with req

No

Not observed

Reviewer's comments:

Overall comments from TF observer:

Review completed:

Successful

Comment:



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Remediation needed

Comment:

Unsuccessful

Comment:

TF name: _____

TF signature: _____ Date: _____



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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:

Candidate or instructor name: _____

Candidate or instructor signature: _____ Date: _____

TC Coordinator name: _____

TC Coordinator signature: _____ Date: _____