



MINNESOTA STATE

Multi-Regional Training Center

ACLS Instructor Check List

- Check that all pages filled out completely, must have an email address
- Enter courses you taught in the MRTC database (4 Minimum)
<http://mymrtc.org/>
- Pay for MRTC biennial membership dues (see last page for instructions)
- Sign last page
- Mail or email completed Profile Form

Instructors:

Please note: the Minnesota State 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 Minnesota State MRTC, will receive an American Heart Association, Instructor card and a packet of materials from the MRTC regarding resources (website/database/online ordering, etc.).

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 x1796

Any missing information will delay the process of updating your instructor status and may lead to suspension of account



MINNESOTA STATE

ACLS Instructor/Experienced Instructor Profile Form

Minnesota State – Multi-Regional Training Center

30 7th St. E, Suite 350, Wells Fargo Place, St. Paul, MN 55101-7804

Toll Free: 800-311-3143 **Office:** 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 Minnesota State 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 Essential Course Completion Date (form attached if new Instructor): _____

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's Multi-Regional Training Center.

Course Director: _____
Signature _____ Print Name _____

Physician Instructor*: _____
Print Name _____

* If a physician 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 -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 four provider classes in two years. MRTC Faculty must teach/assist in four classes and at least one Instructor course.

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):

Instructor: 1) Date: _____	2) _____	3) _____	4) _____
Course: _____	_____	_____	_____
# of Students: _____	_____	_____	_____

To enter classes online login <http://mymrctc.org/> then click "Enter Courses" in the navigation pane on the left.

Airway Management Skills Testing Checklist



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 <i>or</i> • 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 <ul style="list-style-type: none"> 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



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
- Safely delivers a shock
- Correctly attaches pads
- Clears for analysis
- Clears to safely deliver 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



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				
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Immediate Post-Cardiac Arrest Care	<input type="checkbox"/> Megacode Practice

Megacode Testing Checklist: Scenarios 4/7/10

Tachycardia → VF → PEA → PCAC



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				
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Immediate Post-Cardiac Arrest Care	<input type="checkbox"/> Megacode Practice

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:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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:

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

Yes

Yes with req

No

Not observed

Reviewer's comments:

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:

2.7 Effectively operates technology used in the course

Yes

Yes with req

No

Not observed

Reviewer's comments:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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:

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:

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:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

2.14 Provides feedback to students in a private and confidential manner

Yes Yes with req No Not observed

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

Reviewer's comments:

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:

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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 TCF or RF observer:

Review completed:

Successful

Comment: _____

Remediation needed

Comment: _____

Unsuccessful

Comment: _____

RF/TCF name: _____

RF/TCF signature: _____ Date: _____

American Heart Association Emergency Cardiovascular Care Program Instructor Monitor Tool

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: _____
