

Minnesota state colleges & universities

Minnesota State Colleges and Universities Multi-Regional Training Center

Heartsaver Instructor Profile Form

Instructors:

Please note: the MnSCU MRTC Instructor Profile Form should be used for any Instructor Certification classes. Section A of this form should be resubmitted 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 MnSCU MRTC, will receive an American Heart Association, Instructor card (and Training Center Faculty card if applicable) and a packet of materials from the Training Center explaining course information, resources, and use of the database.

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.

^{***}Please note this form is also located on our website at: <u>http://www.firecenter.mnscu.edu/mrtc/bls/documents/HSInstructorProfileForm2016.pdf</u> (You do not need to submit this cover page to the MRTC)



Minnesota state colleges & universities

Heartsaver Instructor Profile Form

 MnSCU - Multi-Regional Training Center

 30 7th St. E, Suite 350, 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 MnSCU 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:	
County of Residence: Pre	ferred E-mail Address*
Telephone Numbers: Home	Work:
Employers' Name:	
Address:	City:
State: Zip Code:	Fax:
I currently teach: BLS Heartsaver	ACLS PALS
Specialized Health Care Qualifications (R.N., L.I	P.N., EMT, etc.)
Last Date of last Renewal: I	nstructor Name:

Heartsaver Instructor Documentation Record

Section B

INSTRUCTIONS: Submit this entire form as documentation that the applicant has successfully completed the Instructor course. Instructors must retain copies of all provider documents (i.e. roster forms, test scores, skill and evaluation forms checklists) for a minimum of three years.

Instructor who taught this course:	Date(s) of Course:			
Location where course was held:				
Requesting AHA Card for: HS Instructor (Initial)				
HS Instructor (Renew	val)			
Skills Evaluation: Pass Fail (Skills G	Checklist & Monitoring Form attached)			
Written HS Instructor Test Score:				
Minimum Teaching Requirements:				
Note: Instructors must teach a minimum of four provider classes in two years.				

Instructors: Please list minimum requirement of 4 classes taught:

If already entered online $\sqrt{}$ here: \Box or list date/course taught/# of students below:

Provider: 1) Date:	 2)	3)	4)
Course:	 		
# of Students:	 		

To enter more classes online go to <u>http://www.firecenter.mnscu.edu/mrtc/index.html</u> then click "Instructor Database" link on the left navigation column or "Class Reporting" in the Quick Links box on the upper right, then click on "Enter Courses" on the left column once login.

Adult CPR and AED Skills Testing Checklist



Student Name	Date of Test
Scenario: "You arrive on the scene for a suspected the scene and ensure that it is safe. Demonstrate	d cardiac arrest. No bystander CPR has been provided. You approach what you would do next."
Assessment and Activation	Sends someone to phone 9-1-1 and get an AED 🛛 🗌 Checks breathing
Once student shouts for help, instructor says, "Here's	the barrier device. I am going to phone 9-1-1 and get the AED."
Cycle 1 of CPR (30:2) *CPR feedback dev	/ices preferred for accuracy
Adult Compressions Performs high-quality compressions*: • Hand placement on lower half of breastbod • 30 compressions in no less than 15 and no than 18 seconds • Compresses at least 2 inches (5 cm) • Complete recoil after each compression	
	e 1) Only check box if step is successfully performed ves 2 effective breaths
Instructor says, "Here is the AED."	
AED (follows prompts of AED) Powers on AED Correctly attaches pads Presses button to deliver shock Student	☐ Clears for analysis ☐ Clears to safely deliver a shock immediately resumes compressions
AED trainer says, "The shock has been delivered."	
Cycle 3 of CPR (repeats steps in Cycle	e 1) Only check box if step is successfully performed ves 2 effective breaths
	STOP TEST
 Instructor Notes Place a ✓ in the box next to each step the stude If the student does not complete all steps success 	nt completes successfully. fully (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 Initial	Is Instructor Number Date	

Child CPR Skills Testing Checklist



Student Name _____

Date of Test _____

Scenario: "You are home alone with a child, and the child suddenly collapses in front of you. The scene is safe and you have a cell phone with you, but no AED nearby. Demonstrate what you would do next."

 Accle 1 of CPR (30:2) *CPR feedback devices prefer Child Compressions Performs high-quality compressions*: Hand placement on lower half of breastbone 30 compressions in no less than 15 and no more than 18 seconds Compresses at least one third the depth of the chest, about 2 inches (5 cm) Complete recoil after each compression 	Tred for accuracy Child Breaths Gives 2 breaths with a barrier device: • Each breath given over 1 second • Visible chest rise with each breath • Gives 2 breaths in less than 10 seconds		
Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully performed Gives 30 high-quality compressions Gives 2 effective breaths			

Instructor says, "EMS has arrived and is taking over."

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 Initial	s Instructor Number	Date		

Infant CPR Skills Testing Checklist



Student Name _____

Date of Test ____

Scenario: "While you are pushing a baby in a stroller at the park, you notice something is wrong with the baby. You do not have a phone nearby. You ensure that the scene is safe and take the baby out of the stroller. Demonstrate what you would do next."

Assessment and Activation	
nce student shouts for help, instructor says, "No one is around to help."	
Cycle 1 of CPR (30:2) *CPR feedback devices preferred for accuracy	
 Infant Compressions Performs high-quality compressions*: Placement of 2 fingers in the center of the chest, just below the nipple line 30 compressions in no less than 15 and no more than 18 seconds Compresses at least one third the depth of the chest, about 1½ inches (4 cm) Complete recoil after each compression 	second h breath
Cycle 2 of CPR (repeats steps in Cycle 1) Only check box if step is successfully per Gives 30 high-quality compressions Gives 2 effective breaths Cycle 3 of CPR (repeats steps in Cycle 1) Only check box if step is successfully per Gives 30 high-quality compressions Gives 2 effective breaths	
tructor says, "You have just completed 5 sets of 30 compressions and 2 breaths."	
Activates Emergency Response System (9-1-1) Verbalizes the need to leave to phone 9-1-1	
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 remediation. Make a note here of which skills require remediation (refer to Instructor Manual for information) 	
Test Results Check PASS or NR to indicate pass or needs remediation:	PASS NR

First Aid Skills Testing Checklist



Student Name

Date of Test

Scenario: "EMS has arrived and takes over. You may now remove your gloves. Demonstrate what you would do next."

Removing Gloves

Grips one glove on the outside, near the cuff, to peel it off Grups the inside-out glove with the gloved hand

□ Places 2 fingers of the bare hand inside the cuff to peel the second glove off, with the first glove inside it

Verbalizes the need to dispose of gloves properly

Scenario: "You find a coworker lying on the floor in the break room. There are a phone, first aid kit, and AED on the wall. Demonstrate how you would find the problem."

Finding the Problem
🗌 Verbalizes that the scene is safe 🛛 Taps and shouts* 🔲 Shouts for help/Phones 9-1-1/Gets first aid kit and AED
□ Checks breathing [†] □ Looks for injury and medical information jewelry [‡]
Verbalizes that he or she will stay with the person until EMS arrives

*After the student taps and shouts, the instructor says, "The person is unresponsive."

[†]After the student verbalizes that he or she has checked for breathing, the instructor says, "The person is breathing normally."

[‡]After the student checks for injury and medical information jewelry, the instructor says, "The person is not injured, and there is no medical information jewelry."

Scenario: "A coworker has a severe allergic reaction, has an epinephrine pen, and needs help using it. You have completed all previous steps and are now ready to use the epinephrine pen. Demonstrate what you would do next."

Using an Epinephrine Pen

Holds epinephrine pen in fist Takes off safety cap Presses epinephrine pen firmly against outer side of thigh for 10 seconds Removes epinephrine pen Rubs injection site for 10 seconds

Scenario: "You will demonstrate stopping bleeding and then bandaging a small cut on the person's forearm. You have the first aid kit and are now ready to begin."

(Stopping Bleeding and Bandaging
---	---------------------------------

Tells person to place pressure over cut with clean dressing to bleeding area* Adds more dressings and presses harder[†]

□ Verbalizes putting on gloves Applies pressure Applies more bandages over the dressing

*Instructor says, "The bleeding is not stopping." [†]Instructor says, "The bleeding has stopped."

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 Initial	s Instructor Number Date		



American Heart Association Emergency Cardiovascular Care Programs Instructor Monitoring Tool			
Name of Instructor or Instructor Candidate:			
Instructor ID#:			
Type of Course Monitored: \Box Heartsaver [®] \Box BLS \Box ACLS \Box ACLS EP \Box	PALS DPEA	ARS [®]	
Instructions : Training Center Faculty (TCF) will 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.			
 Key: Successful = Observed successful demonstration of this behavior Needs Remediation = Observed the instructor fail to effectively or consistently demonstrate behavior Bold Items = Must be successfully demonstrated during monitoring Nonbold Items = Marked if observed during monitoring Shaded Items = Best assessed by TC Coordinator or others outside the course monitoring 			
AHA Instructor Competencies and Indicators 1. ECC/AHA Cognitive and Psychomotor Skills			
Definition (Goal): Maintains proficiency in provider-level cognitive and psychomotor skills; fulfills requirements for initial or renewal instructor certification	Successful	Needs Remediation	
a. Demonstrates proficiency in provider-level skills			
b. Teaches at least the minimum number of classes per cycle			
c. Is aligned on the Instructor Network			
d. Completes the required provider and instructor updates			
e. Achieves satisfactory rating during instructor monitoring Overall recommendation at end of form			
2. Course Delivery Definition (Goal): Presents AHA course content as intended by using AHA courseSuccessfulNeed Remediantcurricula and materialsSuccessfulNeed Remediant			
a. Delivers content that is consistent with Lesson Maps and agenda			
b. Uses videos, checklists, equipment, and other tools as directed in the Instructor Manual			
c. Allows adequate time for content delivery, skills practice, and debriefing			
d. Promotes retention by reinforcing key points			
e. Delivers course in a safe and nonthreatening manner			
f. Uses student and Faculty feedback to improve teaching performance			
g. Provides precourse instructions and resources to students before the course			
h. Ensures equipment is in working order and available in sufficient quantity as recommended			
i. Relates course material to practical events			
j. Effectively operates technology used in the course			
k. Adapts terminology appropriate to location, audience, and culture			
l. Accommodates students who have disabilities and other special needs			
m. Provides timely and appropriate feedback to students			
n. Uses principles of effective team dynamics during small group activities			
o. Secures and protects testing materials			
p. Decontaminates/cleans equipment according to the manufacturer's instructions			

3. Testing and Remediation Needs Definition (Goal): Measures students' skills and knowledge against performance Successful Needs guidelines and provides remediation when needed to consolidate learning Image: Consolidate learning Image: Consolidate learning Image: Consolidate learning a. Tests students by using AHA course materials according to instructions in the Instructor Manual Image: Consolidate learning Image			
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	Manual (PAM)		
c. Ensures that AHA course completion cards are issued in a timely manner \Box	c. Ensures that AHA course completion cards are issued in a timely manner		

Comments:

Recommend Instructor Status: 🗖 Ye	es 🗖 No	Date:	
TCF Name:			
TCF Signature:			
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Joining/Re-aligning with the MnSCU Multi-Regional Training Center

- 1) <u>New/Renewing Instructors</u>: Mail this completed Instructor Profile Packet—<u>all pages</u>, along with the bi-annual membership dues. Your card and materials will be mailed upon receiving this AHA required information.
- 2) Payment of the biennial \$25.00 membership dues by one of three ways:
 - a. <u>Check</u> (please make checks payable to MnSCU MRTC)

b. <u>Purchase Order</u> (include PO # here: _____)

(Must have Credit Application for invoicing/PO if not a state agency-call 651-201-1795 for application).

c. <u>Credit Cards</u> pay dues online at: <u>MRTC Online</u> (No S/H or Sales Tax)

http://store360.collegestoreonline.com/ePOS?this_category=26&store=360&form=shared3%2fgm%2fmain%2ehtml&design=360

PER CREDIT CARD REGULATIONS WE CAN ONLY ACCEPT TRANSACTIONS THRU OUR ONLINE ORDERING SYSTEM.

M	RTC	C ONLIN Heart Associ	Ξ			
ACLS	BLS	COURSE CARD	DUES	PALS	RENTALS	
			YDO NOT	INDICATE	HIPPING ON CHECKOUT	

You will receive an email receipt.

The American Heart Association strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees charged for such a course, except for a portion of the fees for materials, do not represent income to the AHA.

I agree to adhere to American Heart Association and Minnesota State Colleges and Universities/Multi-Regional Training Center policies, using appropriate AHA materials and issuing certification cards.

Print Name	Signature	Date
*****	*****	*******
MRTC Office Use Only:		
Form of Payment: Check #	Name on Check_	
Cash		
Credit Card (Ty	pe):	
Date routed to MRTC Support:	Initials:	Date Receipt sent:
	Minus esta Clata Callera	
	Minnesota State Colleges	
	Multi-Regional Train	0
	30 7 th St., E., Suite 350, St. Pau	ıl, MN 55101-7804
Toll Free: 8	00-311-3143 • Office: 651-2	01-1795 • Fax: 651-649-5409