

## ACLS and PALS New Instructor Course Agenda

### Prerequisites

- The instructor candidates must have a current provider card.
- Instructors will need to have an instructor manual and an Essential Workbook.
- New instructors must register with the AHA but don't align until everything has been completed and turned in.
- New Instructors go to The MRTC homepage to find instructions and profile forms. Google MRTC if you forget the link to get to the homepage.
- New Instructor to take the online essential at <https://shopcpr.heart.org/courses/instructor-essentials>. You can Google AHA online essentials to find this link.
- Pay MRTC biennial dues.

### MRTC website

<https://www.minnstate.edu/system/asa/workforce/mrtc/index.html>.

- 1) For new instructors make sure they register with the AHA, but don't align with a TC.
- 2) They fill out all the paperwork, it is signed by all and legible.
- 3) Make sure the email address they use to sign into the AHA atlas account matches the one they give us on the profile form.
- 4) Send the completed paperwork to [SO-MRTCIPF@minnstate.edu](mailto:SO-MRTCIPF@minnstate.edu) and please make sure that each PDF only has one instructor profile and labeled with the name of that person.
- 5) Pay MRTC biennial dues.
- 6) Send me the Excel template so I can upload the class, close the class and then the eCards get automatically sent to their notifications in Atlas. The Excel template comes directly from the AHA and needs to be uploaded exactly as it was given. Template can be found on the MRTC homepage under
- 7) Once I receive all the packets and process them, Kelli will send a letter via email to instructors with their MRTC database# and their AHA#.
- 8) They should then go into Atlas and open their notifications/profile so they can accept their instructor card.
- 9) They should then go into Atlas and click on Training resources, then training center search, type in Minnesota State—we are the second one down, then click on that to make sure they are aligned with MRTC.

**Use Instructor Essentials in conjunction with this outline. Follow link or look up on AHA Instructor Network.**

**[Classroom Traininghttps://cpr.heart.org/course-materials/instructor-essentials](https://cpr.heart.org/course-materials/instructor-essentials)**

1. Introductions, discuss agenda, go over prerequisites to make sure they were done, and collect the essentials certificate. Go over the Instructor manual, Training Center information, MRTC website and the AHA Instructor Network. Go over blended learning/Heartcode. Requirements to renew a person's instructor status.
2. Hand out current profile packets. This will include skills sheets and course monitoring sheets. Discuss the sheets and help them start filling out the first 3 pages. Use the checklist on the cover sheet to help guide you.
3. Show the Instructor essentials video. This is the practical portion of the videos. Demonstrate how the practical portion of class should go and pass along information that you may have.
4. Have Instructor candidates test one another out on their skills and utilize the skills sheets in the instructor packet. They can also use the instructor manual if needed.
5. Candidates to take the instructor exam and the provider exam is optional but a good idea. The instructor exam goes over the PAM and the provider exam is what instructors give out in their provider classes.
6. Review the tests together and answer any questions. Use the instructor manual to find the right answers.
7. Go over adding BLS certification to class.
8. BLS class monitoring can now be done on the same day if you make time. The candidate has 6 months to complete the course monitoring.
9. **The TCF is responsible** for the profile forms being filled out completely, correctly, signed and the cover sheet list is all checked off. When sending in the profile packets make sure they are in pdf form, a copy is sent to the candidates, and you save the paperwork for 3 years. Send all profile packet to [SO-MRTCIPF@minnstate.edu](mailto:SO-MRTCIPF@minnstate.edu).

# ACLS and PALS Instructor Renewal Course Agenda

## Prerequisites

- Renewal instructor must have taught 4 classes and entered their classes into the MRTC database.
- If renewing instructor has been monitored, they should bring that paperwork to class.
- Pay MRTC biennial dues at <https://www.minnstate.edu/system/asa/workforce/mrtc/index.html>

## Classroom

1. Introductions, discuss agenda, go over prerequisites to make sure they were done. Go over the Instructor manual, Training Center information, MRTC website and the AHA Instructor Network.
2. Hand out current profile packets. This will include skills sheets and course monitoring sheets. Use the checklist on the cover sheet to help guide you.
3. Review any guidelines changes or updates made by the AHA.
4. Have Instructor candidates test one another out on their skills and utilize the skills sheets in the instructor packet. They can also use the instructor manual if needed. Make sure the CCF ratio is being utilized for BLS skills.
5. Candidates to take the instructor exam and the provider exam is optional but a good idea. The instructor exam goes over the PAM and the provider exam is what they will be giving out in their provider classes.
6. Review the tests and together and answer any questions. Use the instructor manual to find the right answers.
7. Go over adding BLS certification to class.
8. BLS class monitoring can now be done on the same day if you make time. The candidate has 6 months to complete the course monitoring portion.
9. **The TCF is responsible** for the profile forms being filled out completely, correctly, signed and the cover sheet list is all checked off. When sending in the profile packets make sure they are in pdf form, a copy is sent to the candidates, and you save the paperwork for 3 years.

**If you are teaching new instructors and renewing instructors in the same class, please use both agendas to complete the class.**

# AHA and MRTC Information

## The American Heart Association (AHA)

- The AHA is in Dallas Texas and is a worldwide organization.
- The AHA Instructor Network has great information and is the central resource for all questions. You can call the AHA at 1-877-242-4277.
- Every Instructor **must** align with a Training Center and purchase their E-Cards from that Training Center.
- Use the Program Administration Manual (PAM) to guide you as an instructor.
- Online learning can be found at <https://elearning.heart.org> . HeartCode/Blended Learning.
- Make sure you follow and get the AHA ECC Beat. A monthly newsletter from the AHA.
- Look for any updates before class on the AHA Instructor Network. Updates usually occur every 5 years but the AHA does update disciplines periodically.
- Materials can be ordered at <https://shopcpr.heart.org>. They will give you a discount if you are affiliated with MRTC.
- **Course Materials** on the AHA Instructor Network is a great resource for class materials, course outlines and class handouts.

## Multi Regional Training Center (MRTC)

- MRTC is an AHA Training Center and is part of the Minnesota State Colleges and Universities.
- MRTC is the largest Training Center in the Midwest.
- MRTC has full time staff—The TCC is **Ric Chiodo** (MRTC Manager) 651-724-9701 [ric.chiodo@minnstate.edu](mailto:ric.chiodo@minnstate.edu). **Kelli Lyng** (MRTC Assistant) 651-605-0796 [kelli.lyng@minnstate.edu](mailto:kelli.lyng@minnstate.edu).
- MRTC has website that can be found at: <https://www.minnstate.edu/system/asa/workforce/mrtc/index.html>. If you forget this website link then Google MRTC and you will want to click on the Multi Regional Training Center. **Use the MRTC website to enter the Instructor Network, enter the MRTC database and order E-cards.**
- **Use the MRTC website to find the current instructor profile packets.** Once on the MRTC website click on the appropriate discipline on the right side of the page. Use the cover page checklist to guide you. Please make sure all fields are filled out and everyone has signed the proper areas before sending the profile packet. Pay MRTC dues.
- **You must request provider and instructor exams via email to Ric or Kelli.**
- Training Center Faculty are experienced instructors who are given that title by the TC. The TCF designation does not supersede nor take the place of renewing your instructor status. TCF's train new instructors and renew instructors. They are responsible for all paperwork, assisting those they teach and are a vital part of the Training Center. TCF's renew every 2 years and need to teach at least 2 instructors in 2 years.

# Basic Life Support Course Roster

## Emergency Cardiovascular Care Programs



### Course Information

- BLS Course
- BLS Renewal Course
- HeartCode® BLS
- BLS Instructor Course

Lead Instructor \_\_\_\_\_  
 Lead Instructor ID# \_\_\_\_\_  
 Card Expiration Date \_\_\_\_\_  
 Training Center \_\_\_\_\_  
 Training Center ID# \_\_\_\_\_  
 Training Site Name (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_  
 Course Location \_\_\_\_\_

Course Start Date/Time _____	Course End Date/Time _____	Total Hours of Instruction _____
No. of Cards Issued _____	Student-Manikin Ratio _____	Issue Date of Cards _____

### Assisting Instructors

<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>	<i>Name and Instructor ID#</i>	<i>Card Exp. Date</i>
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

\_\_\_\_\_  
 Signature of Lead Instructor

\_\_\_\_\_  
 Date

# Course Participants



Date \_\_\_\_\_ Course \_\_\_\_\_ Lead Instructor \_\_\_\_\_ Lead Instr. ID# \_\_\_\_\_

<p><i>Name and Email</i> Please PRINT as you wish your name to appear on your card. Please print email address legibly.</p>	<p><i>Mailing Address/Telephone</i></p>	<p><i>Complete/ Incomplete</i></p>	<p><i>Remediation/Date Completed (if applicable)</i></p>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

# BLS Classroom Course Evaluation



Date \_\_\_\_\_ Instructor(s) \_\_\_\_\_

Training Center \_\_\_\_\_ Location \_\_\_\_\_

Please answer the following questions about your **Instructor**.

My Instructor:

1. Provided instruction and help during my skills practice session  
 Yes  
 No
2. Answered all of my questions before my skills test  
 Yes  
 No
3. Was professional and courteous to the students  
 Yes  
 No

Please answer the following questions about the **course content**.

1. The course learning objectives were clear.  
 Yes  
 No
2. The overall level of difficulty of the course was  
 Too hard  
 Too easy  
 Appropriate
3. The content was presented clearly.  
 Yes  
 No
4. The quality of videos and written materials was  
 Excellent  
 Good  
 Fair  
 Poor
5. The equipment was clean and in good working condition.  
 Yes  
 No

Please answer the following questions about your **skill mastery**.

1. The course prepared me to successfully pass the skills session.  
 Yes  
 No
2. I am confident I can use the skills the course taught me.  
 Yes  
 No  
 Not sure

3. I will respond in an emergency because of the skills I learned in this course.  
a. Yes  
b. No  
c. Not sure
4. I took this course to obtain professional education credit or continuing education credit.  
a. Yes  
b. No

### Optional questions:

Have you previously taken this course via another method, such as in a classroom or online? Which learning method do you prefer and why?

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Were there any strengths or weaknesses of the course that you would like to comment on?

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What would you like to see in future courses developed by the AHA?

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### After Completing This Evaluation

Please return this evaluation to your Instructor before you leave the class.

Alternatively, you can send the evaluation to your Instructor's Training Center. Ask your Instructor for the contact information.

If you have significant problems or concerns with your course, please contact the AHA at 877-AHA-4CPR.



# MINNESOTA STATE

## Multi-Regional Training Center

### BLS Instructor Profile Check List

**All boxes must be checked in order for your profile to be completed**

- Check that all pages filled out completely, must have an email address
- Enter courses you taught in the **MRTC database** (4 Minimum)
- Pay for MRTC biennial membership **dues**
- Sign and date last page
- Email completed Profile Form to: **[SO-MRTCIPF@minnstate.edu](mailto:SO-MRTCIPF@minnstate.edu)**

### 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 651-724-9701

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





# MINNESOTA STATE

## **BLS Instructor Profile Form**

***Minnesota State - Multi-Regional Training Center***

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

***Office:*** 651-201-1795 ***Email IPFs to:*** [SO-MRTCIPF@minnstate.edu](mailto:SO-MRTCIPF@minnstate.edu)

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**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: \_\_\_\_\_

I currently teach:  BLS  Heartsaver  ACLS  PALS

Specialized Health Care Qualifications (R.N., L.P.N., EMT, etc.) \_\_\_\_\_

Last Date of last Renewal: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

**BLS Essential Course Completion Date** (form attached if new Instructor): \_\_\_\_\_

# Instructor/MRTC Faculty 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.

Instructors' Name for this course: \_\_\_\_\_ Date(s) of Course: \_\_\_\_\_

Location where course was held: \_\_\_\_\_ Course Monitoring: \_\_\_\_\_

Requesting AHA Card for:  BLS Instructor (Initial) -or-  BLS Instructor (Renewal)

Training Center Faculty

**Skills Evaluation:**  Pass  Fail (Skills Checklist & Monitoring Form attached)

**Written BLS Instructor Test Score:** \_\_\_\_\_

## 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-**

**MRTC 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://mymrtc.org/> then click "Enter Courses" in the navigation pane on the left.



Basic Life Support  
**Adult CPR and AED**  
**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       Shouts for help/Activates emergency response system/Sends for AED

Checks breathing               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 are required 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       Correctly attaches pads       Clears for analysis

Clears to safely deliver a shock                       Safely delivers 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 check 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).

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**Test Results**      Check **PASS** or **NR** to indicate pass or needs remediation:       **PASS**       **NR**

Instructor Initials \_\_\_\_\_ Instructor Number \_\_\_\_\_ Date \_\_\_\_\_

Basic Life Support  
**Infant CPR**  
**Skills Testing Checklist (1 of 2)**



Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

Hospital Scenario: "You are working in a hospital or clinic when a woman runs through the door, carrying an infant. She shouts, 'Help me! My baby's not breathing.' You have gloves and a pocket mask. You send your coworker to activate the emergency response system and to get the emergency equipment."

Prehospital Scenario: "You arrive on the scene for an infant who is not breathing. 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**

- D Checks responsiveness      D Shouts for help/Activates emergency response system
- D Checks breathing          D Checks pulse

*Once student shouts for help, instructor says, 'Here's the barrier device.'*

Cycle 1 of CPR (30:2) **"CPR feedback devices are required for accuracy"**

**Infant Compressions**

- D Performs high-quality compressions\*:
  - Placement of **2** fingers or **2** thumbs 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, approximately 1½ inches (4 cm)
  - Complete recoil after each compression

**Infant Breaths**

- D 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 checkbox if step is successfully performed**

- D Compressions    D Breaths    D Resumes compressions in less than 10 seconds

*Rescuer 2 arrives with bag-mask device and begins ventilation while Rescuer 1 continues compressions with 2 thumb-encircling hands technique.*

**Cycle 3 of CPR**

**Rescuer 1: Infant Compressions**

- D Performs high-quality compressions\*:
  - 15 compressions with 2 thumb-encircling hands technique
  - 15 compressions in no less than 7 and no more than 9 seconds
  - Compresses at least one third the depth of the chest, approximately 1½ Inches (4 cm)
  - Complete recoil after each compression

**Rescuer 2: Infant Breaths**

*This rescuer is not evaluated.*

*(continued)*

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Basic Life Support  
**Infant CPR**  
**Skills Testing Checklist (2 of 2)**



Student Name \_\_\_\_\_ Date of Test \_\_\_\_\_

(continued)

**Cycle 4 of CPR**  
**Rescuer 2: Infant Compressions**  
*This rescuer is not evaluated.*  
**Rescuer 1: Infant Breaths**  
 Gives 2 breaths with a bag-mask device:  
• Each breath given over 1 second  
• Visible chest rise with each breath  
• Resumes compressions in less than 10 seconds

**STOPTEST**

**Instructor Notes**

- Place a check 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 |  p?R

Instructor Initials \_\_\_\_\_ Instructor Number \_\_\_\_\_ Date \_\_\_\_\_

## 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®

Purpose of review:  Initial application  Instructor renewal  Remediation

### 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

Reviewer's comments:

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

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

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

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

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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 TF 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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TF name: \_\_\_\_\_

TF 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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