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
- [ ] Renewal

TC Sponsoring Instructor Course: _________________________________

Instructor Course Date___________________________

Instructor Card Expiration Date: __________________________

Reason for Monitoring (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."

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

*Comment on all areas indicated as "Needs Improvement."
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: __________