

life is why*

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 na	ame:					
Instructor ID #:		Inst	ructor card	d expira	ation date: _	
Course reviewed: ☐ Heartsaver®	□ BLS	□ ACLS	□ ACLS	EP	□ PALS	□ PEARS®
Purpose of review: Initial appli	cation [☐ Instructor	renewal		Remediation	1
Instructor competencies and indi		ECTION 2: erved by TC	EF or RF i	n a cla	ss setting.	
Course Delivery: Presents AHA co	urse content	as intended	by using A	НА со	ourse curricu	la and
2.1 Delivers all core content co Plans, and agenda						nual, Lesson
Yes	Yes with req		No	No	ot observed	
•	0		\mathbf{O}		0	
Reviewer's comments:	Reviewer's comments:					



Yes O	Yes with req	No O	Not observed • • • • • • • • • • • • • • • • • • •		
Reviewer's comme	nts:				
Allows adequate tir	ne for content delivery, ski	lls practice, and	l debriefing		
Yes O	Yes with req	No O	Not observed •		
Reviewer's commen	nts:				
Promotes retention	by reinforcing key points				
Yes O	Yes with req	No O	Not observed •		
Reviewer's commen	nts:				
Delivers course in a	safe and nonthreatening n	nanner			
Yes O	Yes with req	No O	Not observed O		
Reviewer's commen	nts:				
Relates course mate	erial to audience (prehospit	al or in-facility)		
Yes O	Yes with req	No O	Not observed O		
Reviewer's commen	nts:				
Effectively operates technology used in the course					
Yes O	Yes with req	No O	Not observed		



	Yes Q	Yes with req	No O	Not observed	
Re	viewer's comme	nts:			
— 9 Ac	commodates stu	dents who have disabilities	and other speci	ial needs	
	Yes	Yes with req	No O	Not observed	
Re	viewer's comme	nts:			
— 10 Pr o	vides timely and	l appropriate feedback to s	tudents		
	Yes	Yes with req	No	Not observed	
Re	viewer's comme	nts:		9	
11 Use	Uses principles of effective team dynamics during small group activities				
	Yes	Yes with req	No	Not observed	
Re	viewer's comme	nts:		9	
 12 Fac	ilitates debriefir	ngs after scenarios to impro	ove individual a	nd team performance	
	Yes O	Yes with req	No O	Not observed	
Re	viewer's comme	nts:			
vides re	emediation wher	needed to consolidate lear	rning	against performance guidelines	
	Yes	Yes with req	No	Not observed	
	•				



	Provides feedback to students in a private and confidential manner						
	Yes	Yes with req	No	Not observed			
	9	9	0	J			
	Reviewer's comme	nts:					
2.15	Provides remediation by directing students to reference material and by providing additional practice opportunities						
	Yes	Yes with req	No	Not observed			
	•	•	O	•			
	Reviewer's comme	nts:					
2.16	Retests students when indicated						
	Yes	Yes with req	No	Not observed			
	O	O	•	O			
	Reviewer's comme	nts:					
			1 6	lism when representing the			
	Demonstrates profe	es a high standard of ethics essional behavior in physical commitment, compassion, a	al presentation a	and teaching, including enthu			
	Demonstrates profe	essional behavior in physica	al presentation a				
	Demonstrates profet honesty, integrity, c	essional behavior in physical commitment, compassion, a	al presentation a and respect	and teaching, including enthu			
-	Demonstrates profet honesty, integrity, c	essional behavior in physical commitment, compassion, and Yes with req	al presentation a and respect	and teaching, including enthu			
2.17	Demonstrates profethonesty, integrity, of Yes O Reviewer's comme	essional behavior in physical commitment, compassion, and Yes with req	nl presentation a and respect No O	Not observed			
2.17	Demonstrates profethonesty, integrity, of Yes O Reviewer's comme	essional behavior in physical commitment, compassion, at Yes with req	nl presentation a and respect No O	Not observed			
2.17	Demonstrates profethonesty, integrity, of Yes O Reviewer's comme Follows HIPAA, FI	essional behavior in physical commitment, compassion, at Yes with req Onts:	nl presentation and respect No O nes maintaining	Not observed O confidentiality			



2.19	intered in training				
	Yes	Yes with req	No	Not observed	
	Reviewer's comment	te·	O	9	
2.20	Maintains student co	onfidentiality when approp	riate		
	Yes O	Yes with req	No O	Not observed •	
	Reviewer's comment	ts:			
Overal	l comments from TCl	F or RF observer:			
Review	v completed:				
	Successful				
	Comment:				
	Remediation needed				
	Comment:				,
	Unsuccessful				
	Comment:				
RF/TC	F name:				
RF/TC	F signature:		Date:		



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:					
TC Coordinator name: TC Coordinator signature:	Date:				