

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

Name of Instructor:						
<b>J</b> 1	_S		l ACI		□ ACLS-EP	
Instructor's Primary TC for This Disc	ipline:					
Reason for Monitoring:						
☐ Initial Recognition						
TC Sponsoring Instru						
Instructor Course Dat	e					
☐ Renewal						
Instructor Card Expire	ation <b>E</b>	Date:				
☐ Remediation (for repeat mo	onitorii	ng as	s need	led	if previous monitorin	g is unsuccessful)
	Date:_		Pr	evi	ously Monitored by:_	
Name of Reviewer:						
Reviewer's status (check all that apply						
☐ TCF ☐ BLS IT				rect	or	uctor
□ BLS □ ACLS		PAL				
Monitoring Date: Monit						
Name of Course Taught (ie, BLS Hea						
Teaching was monitored during the fo	llowin	g pa	rt(s)	of c	ourse:	
☐ Teaching/Skills Stations	□ I	Evalı	uation	ı/Sk	tills Stations	emediation
Instructor Monitor Checklist						
to be monitored. Please complete all area	s. *Co					eeds Improvement.''
	E	S	NI* N	NA (	Comments	
<b>Teaching Effectiveness</b>						
Organizes physical set-up to facilitate						
learning by students						
Introduces objectives/outline						
Covers core content following outline	;					
consistent with AHA guidelines						
Summarizes key information						
Demonstrates mastery of course						
content/ability to respond to student						
questions						
Demonstrates willingness and ability	to					
demonstrate skills (when applicable)						
Allows adequate time for skills practic	ce					
Uses interactive teaching						
style/encourages student participation						
Manages time effectively (begins/end	s					
on time, avoids digression from key						
points)						

Signatures/Recommendations Instructions: Please use the Instructor Moshould send completed form to Instructor's Reviewer's Recommendations/Commen Do you recommend new/renewal of Instructor  Yes \( \subseteq \text{No} \) If no, please summarize yo	prim  ts: etor s our rat led).	tatus	for le a	or discipline monitored.  this Instructor Candidate/Instructor deprovide recommendations for research	? mediatio 
Signatures/Recommendations Instructions: Please use the Instructor Moshould send completed form to Instructor's Reviewer's Recommendations/Commendo you recommend new/renewal of Instruction  Yes \( \subseteq \text{No} \) If no, please summarize you	prim  ts: ctor s our rat	ary T	ΓC f	or discipline monitored.  this Instructor Candidate/Instructor	?
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Demonstrates ability to use and troubleshoot audiovisual equipment  Signatures/Recommendations Instructions: Please use the Instructor Mo should send completed form to Instructor's  Reviewer's Recommendations/Commend po you recommend new/renewal of Instructor's Yes \(\Boxed{\text{No}}\) No If no, please summarize you (please attach additional comments as need)	prim  ts: ctor s our rat	ary T	ΓC f	or discipline monitored.  this Instructor Candidate/Instructor	?
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troubleshoot audiovisual equipment  Signatures/Recommendations  Instructions: Please use the Instructor Mo					Reviewei
troubleshoot audiovisual equipment					
	1	1			
teaching and/or evaluation feedback		1	1		
Refers to AHA textbook during					
textbook		1	1		
All students are using appropriate AHA					
tool kit, etc) to deliver content					
Uses current AHA materials (video,					
precautions whenever applicable					
Uses appropriate standard (universal)			l		
good working order					
Uses equipment that is clean and in					
Materials/Equipment					
remediation					
Provides or recommends appropriate					
guidelines and materials					
Evaluates fairly, using current AHA					
available)					
Uses performance checklists (as					
etc) Evaluation Effectiveness					