

INTERIOR REGION EMERGENCY INTERIOR REGION EMERGENCY MEDICAL SERVICES COUNCIL, INC.

2503 18th Avenue • Fairbanks, Alaska 99709 Phone (907) 456-3978 • Fax (907) 456-3970

Instructor Renewal Checklist

Instructor's Name:		Date:
Please select the discipling (Select 1 only)	ne you are renewing:	
ACLS	BLS Heartsaver	PALS
Attach the signed and o	completed AHA Monitoring	g Form
*All paperwork and payment **You must contact IREMSC	t must be received before new eCo to arrange payment	ards are issued
IREMSC Office Info:		
Receive the complete	ed AHA Monitoring Form	
Process Payment		
Issue new instructor of	eCard	
Issue new provider e	Card	
Scan and file renewal	l paperwork to Enrollware ar	nd instructor file
Update expiration date	tes in Enrollware	
Update Monitored In.	structors Tracking Spreadsho	eet



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	n 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®
□ ASLS		
Purpose of review: Initial application	☐ Instructor renewal ☐ Remediation	



Instructor Monitor Tool

SECTION 2: Instructor competencies and indicators. Observed by TF in a class setting.

Cours	e Delivery: Presents AH	IA course content as intende	ed by using AHA	course curricula and materi	als	
2.1	Delivers all core conte	Delivers all core content consistent with AHA published guidelines, Instructor Manual, Lesson Plans, and agenda				
	Yes	Yes with req	No	Not observed		
	Reviewer's comment	ts:				
2.2	Uses videos, checklists	s, equipment, and other tool	ls as directed in th	ne Instructor Manual		
	Yes	Yes with req	No	Not observed		
	Reviewer's comment	ts:				
			- <u></u> ,			
2.3	Allows adequate time	for content delivery, skills p	practice, and debr	iefing		
	Yes	Yes with req	No	Not observed		
	Reviewer's comments:	:				



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	Yes	Yes with req	No	Not observed	
	Reviewer's comments:				
2.5	Delivers source in a gef	d anthroptonina mon			
2.5		e and nonthreatening mann			
	Yes	Yes with req	No	Not observed	
	Reviewer's comments:				
2.6	Relates course material	to audience (prehospital or	r in-facility)		
	Yes	Yes with req	No	Not observed	
	Reviewer's comments:				



Instructor Monitor Tool

2.7	7 Effectively operates technology used in the course			
	Yes	Yes with req	No	Not observed
	Reviewer's comments:			
2.8	Adapts terminology approp	priate to location, audience,	and culture	
	Yes	Yes with req	No	Not observed
	Reviewer's comments:			
• •				
2.9		ho have disabilities and other		
	Yes	Yes with req	No	Not observed
	Reviewer's comments:			



Instructor Monitor Tool

2.10 Provides timely and appropriate feedback to students				
Yes	Yes with req	No	Not observed	
Reviewer's comments:				
2.11 Uses principles of effecti	ve team dynamics during	g small group activ	rities	
Yes	Yes with req	No	Not observed	
Reviewer's comments:				
2.12 Facilitates debriefings af	ter scenarios to improve	individual and tear	n nerformance	
П	_	<u>_</u>	_	
Reviewer's comments:	_		_	
Tevrewer's comments.				
2.12 Facilitates debriefings aff Yes Reviewer's comments:	Yes with req	individual and tear	n performance Not observed	



Instructor Monitor Tool

Testing and Remediation: Measures students' skills and knowledge against performance guidelines and provides remediation when needed to consolidate learning

Yes	Yes with req	No	Not observed	
Reviewer's comments:				
	tudents in a private and con			
Yes	Yes with req	No	Not observed	
Reviewer's comments:				
5 Provides remediation by opportunities	by directing students to refe	rence material an	d by providing additional pra	ictice
Yes	Yes with req	No	Not observed	



Instructor Monitor Tool

2.16	Retests students when inc	dicated			
	Yes	Yes with req	No	Not observed	
	Reviewer's comments:				
rofess	sionalism: Maintains a hig	gh standard of ethics and	professionalism v	when representing the AHA	
2.17	Demonstrates professional integrity, commitment, commi		resentation and tea	aching, including enthusiasm, he	onesty
	Yes	Yes with req	No	Not observed	
	Reviewer's comments:				
2.18	Follows HIPAA, FERPA	, and/or local guidelines	maintaining confi	identiality	
	Yes	Yes with req	No	Not observed	
	Reviewer's comments:				



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2.19	2.19 Recognizes and appropriately responds to ethical issues encountered in training				
	Yes	Yes with req	No	Not observed	
	Reviewer's comments:				
2.20	Maintains student confider	ntiality when appropriate	;		
	Yes	Yes with req	No	Not observed	
	Reviewer's comments:				
Overall	comments from TF observe	er:			
Review	completed:				
	Successful				
	Comment:				



Instructor Monitor 1001	
☐ Remediation needed	
Comment:	
☐ Unsuccessful Comment:	
TF name:	
TF signature:	Date:



Instructor Monitor Tool

SECTION 3: Review of candidate or instructor. To be completed by TC Coordinator.

P	
I have reviewed the Instructor Monitor Tool with my TC Coordinator, and my reviewed with me. Overall comments from monitored candidate or instructor:	instructor status has been
Candidate or instructor name:	
Candidate or instructor signature:	Date:
TC Coordinator name:	
TC Coordinator signature:	Date: