



Irish Heart Foundation / American Heart Association Emergency Cardiovascular Care Program
Instructor Monitor Form

Name of Instructor: _____

Instructor IHF Serial Number: _____

Instructor Discipline(s):
 Heartsaver AED BLS ACLS
 Heartsaver AED & CFR C BLS & CFR C ACLS EP
 BLS & CFR A

Primary IHF-Affiliated Training Site: _____

Reason for monitoring:

Initial Monitoring
 Initial Course TC & Date _____

Recertification
 Instructor card(s) Expiration Date _____

Remediation (for repeat monitoring if previous monitoring was unsuccessful)
 Previous Monitor Date ___/___/___ Previously Monitored By _____

Name of Reviewer: _____

Reviewer's Status: BLS Faculty ACLS Medical Director ACLS Faculty

Name of Course Taught (E.G. BLS Provider Course): _____

Teaching was monitored during the following part(s) of course:

Teaching/Skills Stations Evaluation/Skills Stations Remediation

Instructions: Check appropriate box (E = Excellent, S = Satisfactory, NI = Needs Improvement, NA= Not Applicable) for all criteria that apply to the monitoring process. Instructor teaching and student evaluation skills need to be monitored. Please complete all areas. *Comment on all areas indicated as "Needs Improvement."

	E	S	NI*	NA	Comments
Teaching Effectiveness					
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 practice					
Uses interactive teaching style/encourages student participation					
Manages time effectively (begins/ends on time, avoids digression from key points)					
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 appropriate AHA textbook					
Refers to AHA textbook during teaching and/or evaluation feedback					
Demonstrates ability to use and troubleshoot audiovisual equipment					

Signatures/Recommendations

Reviewer's Recommendations/Comments: Do you recommend new/renewal of Instructor status for this Instructor Candidate/Instructor? If no, please summarize your rationale and provide recommendations for remediation (please attach additional comments as needed) Yes No

Instructor's Comments:

Signature of reviewer _____ **Date** ___ / ___ / _____

Signature of instructor _____ **Date** ___ / ___ / _____

For administrative and reporting purposes, instructor contact information and certification details are retained by IHF on our secure database for up to 5 years after instructor certification expires – If you have any requests concerning your personal information or any queries with regard to our processing please contact resus@irishheart.ie or <https://irishheart.ie/privacy-policy/>