

Irish Heart Foundation / American Heart Association Emergency Cardiovascular Care Program
Instructor Monitor Form 2022

By listing your name and email address below, instructors agree to the Irish Heart Foundation processing your IHF/ AHA instructor certification details on the secure **IHF & Laerdal Learning Platform** (<https://ihf.eu.learning.laerdal.com/>) and our secure database for up to 5 years after the date of your instructor certification. The information will be used to certify instructors and issue electronic IHF/AHA ACLS, BLS or Heartsaver instructor certificates via email. Anonymous statistical data in relation to this programme may be shared with our programme partners, American Heart Association and Laerdal Medical, for reporting and analysis purposes. If you have any requests concerning your personal information or any queries with regard to our processing, please contact resus@irishheart.ie or visit <https://irishheart.ie/privacy-policy/>. IHF may also need to contact you by phone in relation to your CPR training during your certification as an IHF instructor – please provide details of a preferred phone number which will be processed on our secure database and will not be shared by us with any 3rd parties.

I confirm that I have read the above statement and consent to my instructor certification information being processed on the LP and IHF database

I can confirm that I have no prior or pending convictions, which would bring the Irish Heart Foundation into disrepute or potentially impact any of the candidates who I would be teaching in my classes.

Instructor Name: _____

Instructor Email Address: _____

Instructor Phone Number: _____

Instructor IHF Number: _____

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

Primary IHF-Affiliated Training Site: _____

Reason for monitoring: Initial Monitoring
Initial Course TC & Date: _____

Recertification
Instructor card Expiration Date: _____

Remediation after unsuccessful monitoring
Previous Monitor Date _____

Previously Monitored By _____

Name of Reviewer: _____ Reviewer IHF Number: _____

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

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

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	<input type="checkbox"/>				
Introduces objectives/outline	<input type="checkbox"/>				
Covers core content following outline consistent with AHA guidelines	<input type="checkbox"/>				
Summarizes key information	<input type="checkbox"/>				
Demonstrates mastery of course content/ ability to respond to student questions	<input type="checkbox"/>				
Demonstrates willingness and ability to demonstrate skills (when applicable)	<input type="checkbox"/>				
Allows adequate time for skills practice	<input type="checkbox"/>				
Uses interactive teaching style/encourages student participation	<input type="checkbox"/>				
Manages time effectively (begins/ends on time, avoids digression from key points)	<input type="checkbox"/>				
Provides effective and ongoing feedback to students	<input type="checkbox"/>				
Demonstrates professionalism (Appropriate attire, use of terminology, etc)	<input type="checkbox"/>				
Evaluation Effectiveness					
Uses performance checklists (as available)	<input type="checkbox"/>				
Evaluates fairly, using current AHA guidelines and materials	<input type="checkbox"/>				
Provides or recommends appropriate remediation	<input type="checkbox"/>				
Materials/Equipment					
Uses equipment that is clean and in good working order	<input type="checkbox"/>				
Uses appropriate standard (universal) precautions whenever applicable	<input type="checkbox"/>				
Uses current AHA materials (video, tool kit, etc.) to deliver content	<input type="checkbox"/>				
All students are using appropriate AHA textbook	<input type="checkbox"/>				
Refers to AHA textbook during teaching and/or evaluation feedback	<input type="checkbox"/>				
Demonstrates ability to use and troubleshoot audiovisual equipment	<input type="checkbox"/>				
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 _____