

**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](mailto: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 |  |  |  |  |  |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_