

## ECC Course Monitoring Form

### Training Center & Course Information

**TC ID#** \_\_\_\_\_

(Use format: SSNNNNN – two Letter State abbreviation followed by 5 digits)

**Training Center Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_ - \_\_\_\_\_

**Review Date** \_\_\_/\_\_\_/\_\_\_\_ (Use format: MM/DD/YYYY)

**Course Start Date** \_\_\_/\_\_\_/\_\_\_\_ **Course Start Time** \_\_\_\_\_  
(Select the time closest to the Course Scheduled Start Time)

**Course End Date** \_\_\_/\_\_\_/\_\_\_\_ **Course End Time** \_\_\_\_\_  
(Select the time closest to the Course Scheduled Start Time)

**Type of ECC Course Reviewed (Please Select only one):**

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| 2011 ACLS Provider               | 2011 Heartsaver First Aid CPR AED |
| 2011 ACLS EP                     | 2011 PALS Provider                |
| 2011 BLS for Healthcare Provider | 2011 Heartcode ACLS skill testing |
| 2011 Heartsaver CPR AED          | 2011 Heartcode HCP skill testing  |

**Choose one:**

- Initial Course       Renewal Course       Update Testing/Skills Testing

**Name of Training Center Coordinator** \_\_\_\_\_

**Name of Training Center Director/Lead Instructor** \_\_\_\_\_

**Number of assisting instructors** \_\_\_\_\_

**Number of instructors monitored for renewal** \_\_\_\_\_

**Number of students registered** \_\_\_\_\_ **Number of students attending** \_\_\_\_\_

**Reviewer's Name** \_\_\_\_\_

**Arrival Time Day 1** \_\_\_\_\_ **Departure Time Day 1** \_\_\_\_\_

**Arrival Time Day 2** \_\_\_\_\_ **Departure Time Day 2** \_\_\_\_\_

## Course Review

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### **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:

**Yes** for items present or done if there are no required changes for improvement. There may be recommendations for improvement and comments, but not required changes.

**Yes, with Req.** (Yes, with Requirements) for items that were done, 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.

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#### **1.1 Was facility accessible to persons with a disability?**

**Notation: Score "No" ONLY if a student required access that was not available.**

*In the United States, public facilities must be compliant with the Americans with Disabilities Act. Outside the United States, facilities must be compliant with national and local regulations.*

Yes

Yes, with Req.

No, see notation

1.1.a) Reviewer's comments:

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#### **1.2 Was there adequate floor and/or table space available to practice CPR?**

*Skill scenarios may be practiced on either a table or the floor. Ideally, practice should occur in the setting that the student would most likely perform the skill.*

Yes

Yes, with Req.

No, see notation

1.2.a) Reviewer's comments:

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**1.3 Did Student-Instructor ratio meet AHA guidelines?**

*The Student to Instructor ratio is given in the discipline-specific instructor manual. This ratio may not be exceeded for any reason unless additional time is added to the station as specified in the instructor manual.*

Yes

Yes, with Req.

No, see notation

1.3.a) Number of Students per station: \_\_\_\_\_

1.3.b) Number of Instructors per station: \_\_\_\_\_

1.3.c) Reviewer's comments:

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**1.4 Were students given the opportunity to evaluate the course?**

*A course evaluation is required for every AHA course. If the sample AHA course evaluation form is not used, at a minimum the form used must include the AHA items, including space to evaluate the facility, the course and the instructor. Directions for sending the form directly to the AHA must be included on the form.*

Yes

Yes, with Req.

No

No, see notation

1.4.a) Reviewer's comments:

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1.4.b) Did evaluation form have all AHA required information?

Yes

No

1.4.c) Did the form give the student the opportunity to evaluate the instructor?

Yes

No

1.4.d) Were directions given for sending form directly to AHA if desired?

Yes

No

**1.7 Please provide any additional comments about the Facility/Class Structure.**

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**2.1 Was the AHA core course content completely covered?**

*The course outline or agenda given in the instructor manual should be followed as much as possible. In the rare instance where deviation from the course outline or agenda is allowed, all core content must be completely covered.*

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Yes                   | Yes, with Req.        | No                    | Not observed          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**2.1.a) Reviewer's comments:**

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**2.2 During the course, did the instructor use only AHA material?**

*Customized material can be added before or after the course, but must be clearly identified as not part of curriculum, or being AHA developed. Additional material must not contradict AHA science guidelines or be used as substitutes for the required AHA material. An instructor may not add a customized PowerPoint or DVD presentation. Any added materials must be disclaimed as not AHA materials and cannot be substituted for the material within the Lesson Maps. All the material as presented in the Lesson Maps must be used. Appropriate time changes need to be considered when the additional material is added.*

- |                       |                       |
|-----------------------|-----------------------|
| Yes                   | No                    |
| <input type="radio"/> | <input type="radio"/> |

**2.2.a) Reviewer's comments:**

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**2.2.d) Pick one:**

- Added content did not contradict AHA
- Added content contradicted AHA

**2.2.e) Describe the nature of the added content i.e., added scenarios, scope of practice specific, supplemental material, etc.**

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**2.3 Was the skills practice time adequate according to the requirements of the Lesson Maps?**

*The Lesson Maps provide exact timing for skills practice. Additional practice time can be utilized freely as necessary.*

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Yes                   | Yes, with Req.        | No                    | Not observed          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**2.3.a) Reviewer's comments:**

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**2.4 Were AHA scenarios used throughout the course?**

*AHA case scenarios given on the Lesson Maps for BLS courses and on the instructor CDs for ACLS and PALS courses are not optional. The AHA case scenarios are specifically designed to encompass all of the core learning content. When the case scenarios are used, all of the core teaching points will be made and also skills evaluations will be more consistent. Instructors may vary the patient age (adult ages for ACLS), gender, or location to provide a scenario within the student's scope of practice.*

Yes	Yes, with Req.	No	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2.4.a) Reviewer's comments:**

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**2.5 Was high quality CPR actually performed as necessary throughout the course?**

*The basis of the BLS, ACLS and PALS courses is high quality CPR. In a BLS course the students must take the practice seriously and perform to the best of their ability at all times. In ACLS and PALS courses, high quality CPR must be performed whenever CPR is required. Simulated CPR is not allowed except in environments that only have one or two students, such as skills tests for eLearning courses.*

Yes	Yes, with Req.	No	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2.5.a) Reviewer's comments:**

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**2.6 Did the Instructor refrain from "lecturing" during the practice stations except as outlined in the Lesson Maps?**

*Studies have shown that students learn better by practicing than by listening to lecture.*

Yes	Yes, with Req.	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2.6.a) Reviewer's comments:**

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**2.7 Did the instructor(s) or Course Director take corrective measures when students made mistakes during practice stations?**

*The corrective measures may be immediate, or during the debriefing as appropriate, but mistakes should be corrected during the learning or practice station debriefing time.*

- |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| Yes                   | Yes, with Req.        | No                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**2.7.a) Reviewer's comments:**

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**3.1 Were the AHA skills performance checklists used for skills evaluation?**

*The AHA Skills Performance Checklists must be used for all skills evaluations. It is acceptable to document on a single "master list" for the entire class.*

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Yes                   | Yes, with Req.        | No                    | Not observed          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**3.1.a) Reviewer's comments:**

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**3.2 Did instructors AVOID prompting students during skills testing?**

*The instructor may not prompt any student in any way during skills testing. The instructor may only make remarks as listed on the Lesson Maps and skills performance checklists.*

- |                       |                           |                       |                       |
|-----------------------|---------------------------|-----------------------|-----------------------|
| Did not prompt        | Did not prompt, with Req. | Prompted students     | Not observed          |
| <input type="radio"/> | <input type="radio"/>     | <input type="radio"/> | <input type="radio"/> |

**3.2.a) Reviewer's comments:**

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**3.3 Did all instructors evaluate the students according to the critical skills descriptions?**

*The critical skills descriptions provide the detail necessary to use the skills performance checklists. The skills performance checklists when used together with the critical skills descriptions will yield the best evaluation of skills performance.*

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|-----------------------|-----------------------|-----------------------|-----------------------|
| Yes                   | Yes, with Req.        | No                    | Not observed          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**3.3.a) Reviewer's comments:**

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**3.4 Were all students who needed remediation according to the critical skills descriptions identified, remediated, and reevaluated?**

*If the instructor passed any student who you would have recommended for remediation according to the skills performance checklists and the critical skills descriptions, this response should be marked "Yes, with required improvements" or "no". Reviewer's comments are required.*

- |                       |                       |                       |                       |                               |
|-----------------------|-----------------------|-----------------------|-----------------------|-------------------------------|
| Yes                   | Yes, with Req.        | No                    | Not observed          | No student needed remediation |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         |

**3.4.a) Reviewer's comments:**

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**3.5 Was sufficient skill evaluation and written exam remediation (for HCP, ACLS, and PALS only) provided to students who needed it?**

*Sufficient remediation varies with circumstances and although ideally results in a successful completion for the student, there may be instances where a student needs more remediation than time allows. In such circumstances sufficient remediation may mean asking the student to remediate at another time or retake the course.*

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|-----------------------|-----------------------|-----------------------|-----------------------|
| Yes                   | Yes, with Req.        | No                    | Not observed          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**3.5.a) Reviewer's comments:**

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**3.6 Were only the most recent and unaltered AHA written exams used?**

*Many AHA courses include written exams. The only authorized written exams are the most recent course-specific AHA written exams. The exams may not be altered in any way, including changing, adding, or subtracting questions.*

All HS courses will be programmed "Yes"

- |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|
| Yes                   | Yes, with Req.        | No                    | Not observed          |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**3.6.a) Reviewer's comments:**

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## Informational Items

3.7.c) How many students scored less than 84% on the initial written exam? \_\_\_\_\_

3.7.e) Describe how students were remediated on the skills evaluations.

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3.7.f) How many students did not pass the course? \_\_\_\_\_

## Equipment / Materials

4.2 Did instructors use Instructor Manual / Lesson Maps during the course?

*The Lesson Maps contain specific instructions and information that an instructor must reference during the course. The Instructor Manual and Lesson Maps must be in the instructor's possession and preferably open and ready to use.*

Yes

Yes, with Req.

No

4.2.a) Reviewer's comments:

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4.3 Were ALL appropriate AHA audiovisual materials used?

*Studies have shown that video presentation is superior to lecture or demonstration. Use of the course DVDs is outlined in the Lesson Maps and is not optional. A "Yes" may be entered only if the course DVDs were used as outlined in the Lesson Maps and no DVD lessons were omitted.*

Yes

Yes, with Req.

No

4.3.a) Reviewer's comments:

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4.4 Was ALL the required equipment available and in sufficient quantity as listed in the instructor manual?

*A list of the required equipment is available in the instructor manual for each discipline. While it is nice to have extra equipment and the newest equipment available, only the minimum equipment in working condition is required. The reviewer must exercise caution to avoid personal prejudice against a training center that uses equipment that is different or older.*

Yes

Yes, with Req.

No

Not observed



**4.4.a) Reviewer's comments:**

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**4.5 Please list missing/unavailable equipment:**

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**4.7 Were instructors familiar with equipment and able to perform any necessary troubleshooting?**

*An instructor must be familiar with the equipment being used at his or her station. It is not necessary for every instructor to be familiar with all equipment if a type of equipment is not being used in his or her station. The Course Director should be familiar with all of the equipment being used in the course. Even with the best preparation, equipment can develop problems. If problems developed with the equipment during the course, was the instructor able to handle the situation with a minimum disruption in the course either by changing equipment or by solving the problem?*

Yes

Yes, with Req.

No

**4.7.a) Reviewer's comments:**

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**4.8 Were all students given the opportunity to use the AED?**

*AED usage is a requirement for all Healthcare Provider courses including BLS HCP, ACLS, and PALS, as well as some Heartsaver courses.*

All HS courses will be programmed "Yes"

Yes

Yes, with Req.

No

Not observed

**4.8.a) Reviewer's comments:**

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## Additional Questions for ACLS & PALS only

### 5.1 Were all students given the opportunity to use the defibrillator?

*Actual hands-on defibrillator usage is a requirement for all AHA ACLS and PALS courses. Manikins or simulators that allow actual energy discharge are most realistic and are preferred, but not required. Every student should be allowed enough practice with the defibrillator to develop competency.*

Yes	Yes, with Req.	No	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 5.1.a) Reviewer's comments:

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### 5.2 Were team roles consistently assigned by the team leader?

*The Resuscitation Team Concept is an integral component in AHA ACLS and PALS courses. Each scenario should include the assignment of team roles very early in the scenario.*

Yes	Yes, with Req.	No	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 5.2.a) Reviewer's comments:

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### 5.3 Were all students engaged in each scenario?

*The student learns valuable skills not only when playing the role of team leader, but also as a team member. The student will not learn if he or she is not engaged. Therefore, all students must be engaged in each scenario.*

Yes	Yes, with Req.	No	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### 5.3.a) Reviewer's comments:

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### 5.4 Did each student serve as team leader as required?

*The course design requires each student to take a turn as team leader, even if the student may not normally serve as a team leader in the clinical setting.*

Yes	Yes, with Req.	No	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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When the Regional Faculty submits the report online, (s)he will have an opportunity to download a pdf file of the report. If the Regional Faculty does not download the pdf file, no copy will be sent to him/her. A pdf copy will be sent to the Training Center.

Your email and phone number are only associated with this report and will not be shared as a result of submitting it with this report.

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### **Contact Information**

6.7 Reviewer's Name: \_\_\_\_\_

6.8 Reviewer's Email Address: \_\_\_\_\_

6.9 Reviewer's Daytime Phone: \_\_\_\_\_.\_\_\_\_\_-\_\_\_\_ 6.14 Date: \_\_\_/\_\_\_/\_\_\_

6.10 Second Reviewer's Name: \_\_\_\_\_ 6.16 Date: \_\_\_/\_\_\_/\_\_\_

6.11 TC Coordinator Name: \_\_\_\_\_

6.12 TC Coordinator Email Address \_\_\_\_\_

The Regional Faculty agrees that to the best of their knowledge all statements and assessments included in the Monitoring Form are true.

Thank you for completing this survey.

