

MESSAGE FROM THE DIRECTOR

The Military Training Network (MTN) Administrative Handbook provides guidance for resuscitative medicine and trauma training programs. This edition (5th Edition – June 2008) supersedes all previous editions. The Handbook implements the program and course specific guidelines found in:

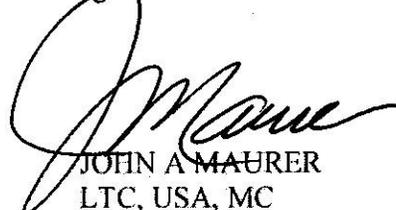
1. The American Heart Association's Instructor's Manual for Basic Life Support (BLS), 2006.
2. The American Heart Association's Instructor's Manuals for Advanced Cardiac Life Support (ACLS), 2006.
3. The American Heart Association's Instructor's Manual for Pediatric Advanced Life Support (PALS), 2006.
4. The American Heart Association's Instructor's Manual for Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS), 2007
5. The American College of Surgeons' Advanced Trauma Life Support (ATLS®) for Doctors, Faculty Manual, 7th Edition, 2004.
6. The American Heart Association Program Administration Manual, 4th Edition, March 1, 2008.

The handbook is prepared by the MTN and made available to all affiliated Training Sites to assist in the effective management of BLS, ACLS, PALS and ATLS® training programs.

The MTN is funded by the Department of Defense (DoD) to provide seamless resuscitative medicine and trauma programs to all eligible personnel including uniformed service members and DoD civilian employees.

This manual can be found at our website: <http://www.usuhs.mil/mtn>. Please visit our website for periodic updates and information on MTN programs.

"Learning to care for those in harm's way"



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Network

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If you cannot reach your Program Manager, please call the main phone number at Comm 301-295-0964 or DSN 295-0964.

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CHAPTER 1: THE MILITARY TRAINING NETWORK (MTN)

1-1. MTN Mission

a. The Department of Defense (DoD) Health Council established the Military Training Network (MTN) in 1982. The MTN is organized under the Office of Continuing Education for Health Professionals at the Uniformed Services University of Health Sciences (USUHS) in Bethesda, Maryland. The MTN has been recognized as an American Heart Association Regional Training Center since 1984 and as the American College of Surgeons Region 13 Program Coordinator since 1996. The mission of the MTN is twofold:

- 1) Develop and implement policies for resuscitative and trauma medicine training programs.
- 2) Provide curricular and administrative oversight to a worldwide network of affiliated Training Sites.

b. The MTN adapts and implements the American Heart Association (AHA) and the American College of Surgeons (ACS) training programs to support the needs of the Department of Defense, US Coast Guard, and other US government organizations.

1-2. MTN Purpose

Training Sites (TSs) are authorized to conduct their own self-sustaining resuscitative and trauma medicine training courses. "In-house" training is cost-effective compared to premium costs charged by civilian training programs. Training Sites possess expert faculty, administrative support, equipment and supplies. Local control of resources affords the Training Sites optimum flexibility to sustain a qualified, competent, and ready workforce. The MTN's centralized record keeping permits our highly mobile workforce to maintain transportable training qualifications. This eliminates the need for re-training due to deployment or change of station and allows units to conduct training in the field. Please contact the MTN (DSN 295-0964) or visit our website www.usuhs.mil/mtn for more information.

1-3. MTN Goals

- a. Promote quality-training programs to ensure optimal Medical Readiness for the Department of Defense, through qualified Soldiers, Sailors, Airmen, Marines and DoD Civilians.
- b. Provide responsive customer service.
- c. Preserve reasonable pricing of products/services from vendors and organizations.

- d. Maintain the integrity and standards of the AHA, ACS and DoD.
- e. Promote the benefits of MTN affiliation to eligible units/organizations including the Guard and Reserves.
- f. Quantify MTN affiliated TS compliance to AHA Guidelines through site visits and record audits.

1-4. Purpose of the Administrative Handbook for Resuscitative Medicine

This handbook is a compilation of standards and administrative guidelines for training sites. AHA and ACS training program publications supplement this handbook. The MTN reserves the right to adapt AHA/ACS guidelines to meet the unique requirements of its personnel. All MTN affiliated Training Sites must adhere to the policies and procedures described in this handbook. Some of the material presented may be subject to interpretation. Please contact the MTN if you have any questions concerning the handbook. The final interpretation authority is the Director of the MTN.

1-5. Structure of the Military Training Network

The Military Training Network is organized under the Department of Defense. The following diagrams illustrate the structure of MTN.

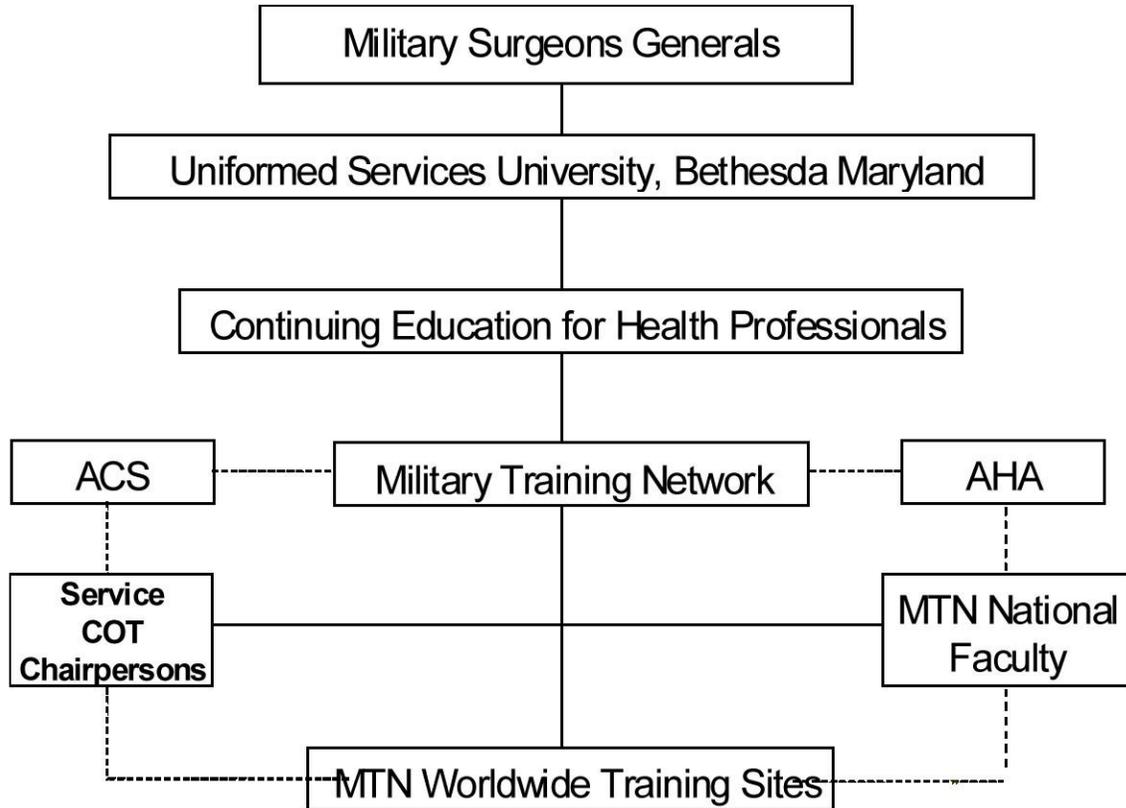


FIG 1-1: Structure of the Military Training Network in regards to DoD.

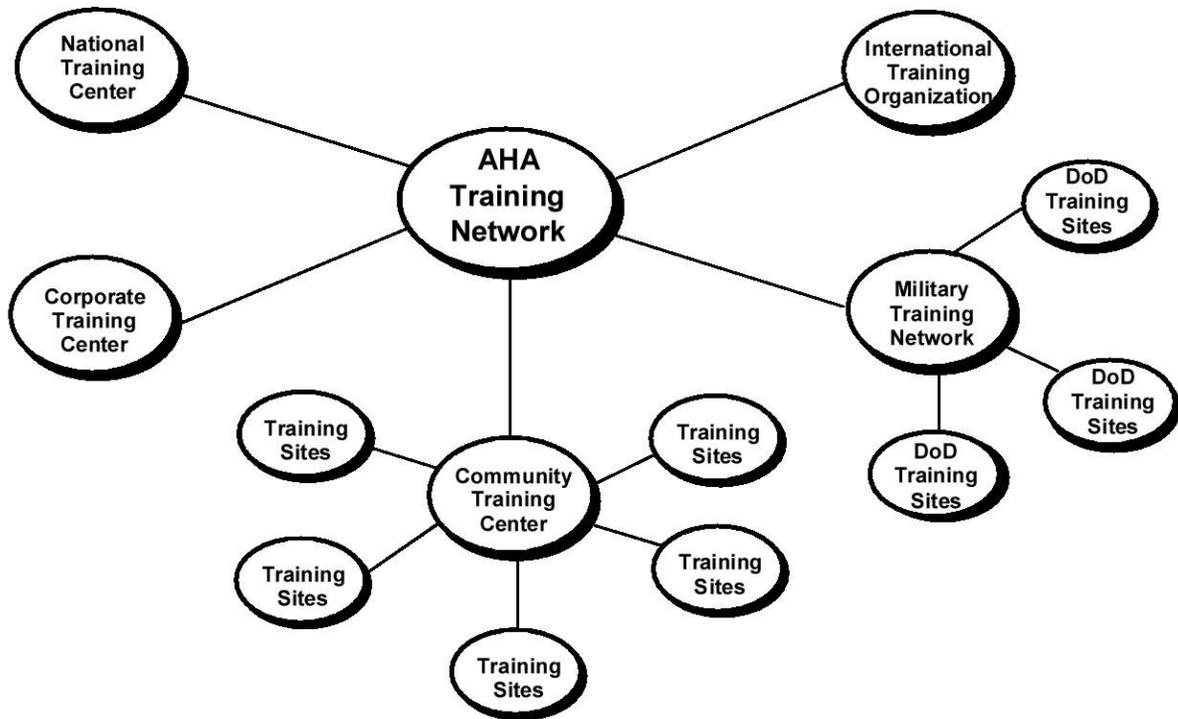


Fig 1-2: Military Training Network’s relationship within the AHA Training Network.

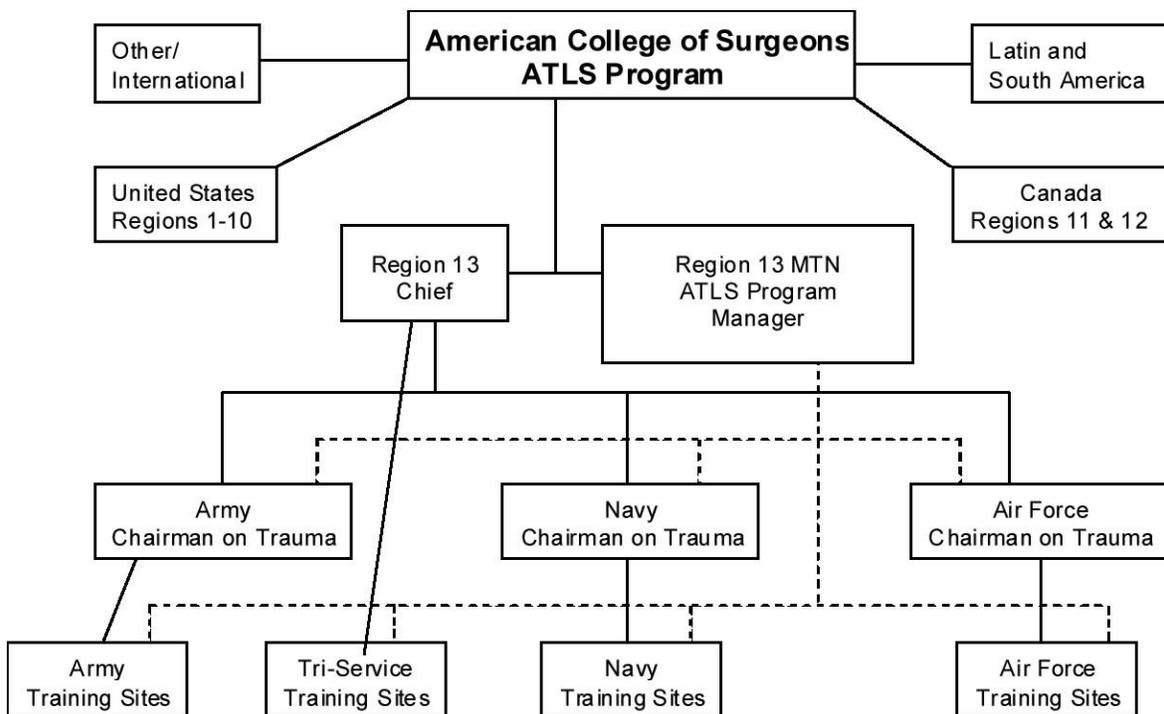


Fig 1-3: Military Training Network relationship within the ACS ATLS Program.

1-5. MTN Staff (Continued)

a. MTN Director

The MTN Director is responsible for the leadership and management of resuscitative and trauma medicine training programs for the uniformed services. The Director, along with the appointed National Faculty (NF) and Committee on Trauma Chairpersons (COT) serve as the conduit between MTN affiliated Training Sites and the AHA or ACS. The MTN office staff is composed of tri-service military and civilian personnel. They provide service specific expertise, central record keeping, quality assurance, and worldwide coordination of training programs.

b. MTN Deputy Director of Clinical Services (DCS)

The MTN DCS oversees organizational and planning duties for MTN participation in national conferences, as a function of creating and maintaining partnerships and relationships with military and civilian professional organizations and national affiliating bodies. The DCS ensures quality improvement of the MTN programs through SAVs and ongoing course evaluations. The DCS will serve, in the absence of the Director, as the Acting Director of the MTN.

c. MTN NCOIC

Serves as the Senior Enlisted Advisor to the Director, MTN, and secondary point of contact for all programs. Oversees the day to day activities of the Program Managers.

d. MTN Program Managers

Serves as the Primary liaison between the MTN and the Training Sites, as well as between the MTN and the respective National Faculty. Administrative subject matter expert in the individual programs. Provides the Administrative oversight to the Worldwide Training Sites

e. MTN Program Assistant

Provides comprehensive administrative support to the MTN. Manages correspondence, materials, publications, regulations, and directives. Provides comprehensive customer service.

f. National Faculty (NF)

Each Service's Surgeon General appoints MTN NF. The NF is the science based subject matter expert and represents the MTN on various AHA committees. Each service appoints a NF for each of the three Emergency Cardiovascular Care (ECC) programs. Two additional NF may also be appointed to serve as an OCONUS/overseas regional (Europe and Pacific) versus program NF; hence there may be up to eleven NF billets. An individual may concurrently

serve as the NF for more than one ECC program. National Faculty appointments are ratified by the AHA and last for two years with one automatic re-appointment. Terms are limited to no more than four years in any one billet.

g. Committee on Trauma (COT) Chairperson

The Region 13 Chief recommends ACS Committee on Trauma Chairpersons. They are subject matter experts and represent the MTN at various ACS committees. There are three ACS COT billets. COT Chairperson Appointments are ratified by the ACS.

1-6. Training Sites (TS)

Training Sites are affiliated organizations (e.g. military unit or civilian department) that conduct training programs. Training Sites have the following:

- a. MTN approved Training Site Faculty or ACS COT Chairperson or Designated Faculty
- b. MTN approved Program Director or ACS Course Director
- c. MTN approved Program Administrator or ACS Course Coordinator
- d. Instructor cadre
- e. Administrative support
- f. All required teaching materials including textbooks.
- g. All required teaching equipment as listed in the individual Instructor manuals
- h. Adequate classroom space including secure equipment storage space. Storage security for equipment is defined by individual service regulations.

1-7. Satellites

A satellite is a geographically separate training program that is supported by a designated Training Site. A satellite cannot exist as a stand-alone affiliated site because it lacks one or more of the Training Site requirements previously listed. Satellites conduct courses but rely on their Training Site for supervision, instructor support, materials, and/or equipment. The Training Site is responsible for maintaining copies of training records from courses taught at its satellite(s). Training Sites and satellite programs are typically from different organizations; hence, coordination between Commanders/Commanding Officers (or equivalent) is necessary to create and sustain the association. Units or organizations interested in becoming a satellite may contact the MTN for assistance in locating nearby Training Sites.

1-8. Who May Participate in MTN Programs

a. Because of the unique missions of the MTN's member organizations, training sites do not have open enrollment or provide training to civilian community (with the exception of community outreach programs). The MTN provides mission essential training to Department of Defense, US Coast Guard, and other US government personnel including active duty, Guard/Reservists (does not include IRR), federal civilian employees, and foreign national employees. Per our agreements with the AHA and ACS, persons who are not direct employees (e.g. military dependents, contractors, etc.) are not eligible for MTN sponsored training. Please note that civilian agencies or employers may not recognize MTN training and wallet cards.

1) Contractors: A contract employee is usually not eligible for training. A contract employee is only eligible if the contract stipulates that the purchaser (e.g., medical treatment facility) provides the training. The contract must stipulate the specific training (e.g., ACLS, BLS, or PALS). A copy of the contract must be maintained with the Post Course Report. DoD standard contracting assumes the government is procuring a fully trained, fully functioning individual or service.

2) American Red Cross: The American Red Cross is a sponsor/provider of basic resuscitative medicine training programs such as "Adult CPR/AED". American Red Cross volunteers should attempt to obtain training from their parent organization. If such training is not available the TS may provide training to hospital volunteers. American Red Cross volunteers who volunteer at additional organizations may need to obtain training from a civilian source.

b. The Training Site Commander/Commanding Officer may provide training to otherwise non-eligible employees if the situation dictates. This is more likely to occur at overseas locations where no acceptable local training program exists. A memorandum for record endorsing this training, signed by the Training Site Commander/Commanding Officer, will be placed in the Training Site administration binder. **Non-eligible personnel will receive a locally generated course completion certificate instead of an MTN/AHA wallet card.** This provision does not apply to contractors, contractor eligibility and training is addressed above.

**CHAPTER 2: ADMINISTRATION OF
RESUSCITATIVE MEDICINE COURSES (ACLS,
BLS, PALS, PEARS)**

2-1. Introduction

The AHA publishes an Administrative Manual that describes the management of its resuscitative medicine programs. The organizational structure of the MTN differs from other AHA Training Centers. These differences preclude an MTN TS from exclusively using the AHA Program Administration Manual. Training Sites adhere to the guidelines in this handbook. The AHA Program Administrative Manual is a supplemental reference and not required for TS management.

2-2. Administration of MTN Programs

Training Sites have appointed staff and a cadre of instructors that provide emergency cardiovascular care (ECC) courses. The Training Site receives administrative oversight from the MTN Program Managers and the MTN Director. MTN National Faculty members provide expert guidance to the Training Site Faculty. Below is the organizational structure for the MTN/AHA Programs.

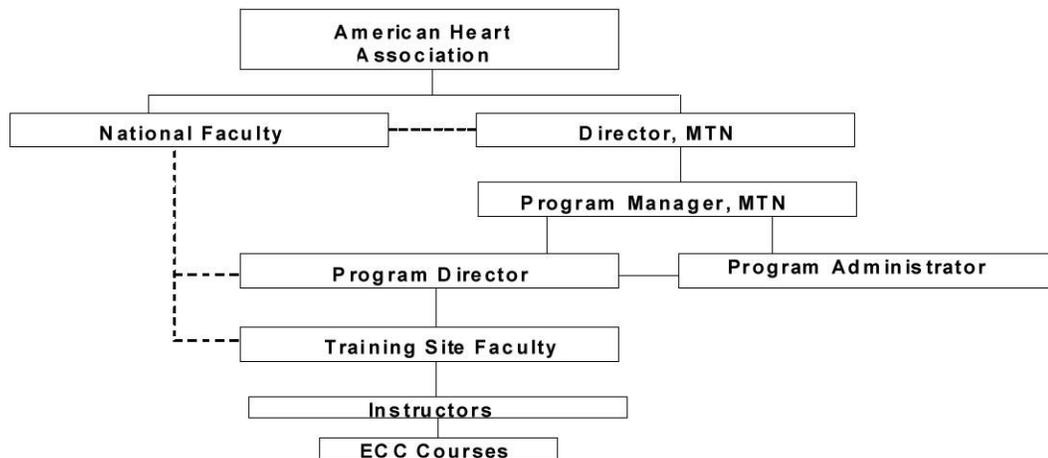


Fig 2-1: Individual relationships within the MTN Instructor Network

2-3. Training Site Responsibilities

Training sites are organizations or offices that affiliate with the MTN in order to provide one or more of the AHA training programs. Training Sites must possess all the criteria identified in Chapter 1 and be able to conduct an independent and self-sustaining training program. Training Sites may support one or more satellite training units. The Training Site role is to train persons in Emergency Cardiovascular Care (ECC) programs and strengthen the Chain of Survival. Training Sites are responsible for the following:

a. The TS must use current AHA ECC training materials in its courses and ensure that course participants have the most current course materials for use before, during and after the course.

b. The TS conducts Instructor courses and updates its Instructors with the latest information on AHA courses, science guidelines, policies and procedures, and training bulletins and memos.

c. Maintain a current copy of the MTN Administrative Handbook. Although hardcopies are preferred, electronic variations are authorized.

d. Program administration, day-to-day management, and quality assurance of their ECC courses.

e. Create and implement written, site specific, policies and procedures that address the following (local policies must comply with MTN policies and standards):

1) Quality assurance (to include course and instructor monitoring)

2) Internal dispute resolution

3) Equipment maintenance/decontamination

4) Dissemination of instructor communications and updates

5) Administrative records maintenance

6) Card distribution, security, and destruction.

f. Offer courses to all eligible personnel.

g. Recruit an adequate number of instructors to meet the needs of its customers. In addition, provide an adequate number of courses each year to allow the opportunity for instructors to maintain/renew their instructor status.

h. Train instructors in the proper use and care of Training Site specific training equipment. This training must be annotated in the Instructor's folder.

i. Maintain a sufficient quantity of training equipment as outlined in the respective Instructor's Manuals.

j. Decontaminate equipment according to the manufacturer's instructions and/or the guidelines from the Centers for Disease Control. TSs will maintain records of equipment decontamination. The "infection control" block on the PCR **does not** meet this requirement.

- k. Control and issue the AHA/MTN course completion wallet cards.
- l. Maintain course records and submit reports/correspondence by the suspense dates.
- m. Maintain instructor records and transfer departed instructor records to an MTN or AHA TS within 30 days of receiving a records transfer request from the gaining training site or departing instructor.
- n. Provide adequate support to designated satellite training locations. This includes conducting site visits to ensure compliance.
- o. Support Chain of Survival initiatives in the local area at the discretion of the Training Site Commander/Commanding Officer. Examples include providing instructors, equipment, or organizational support to civilian programs/events.
- p. The MTN requires training sites to maintain internet access and an email address for all instructors.

2-4. Training Site Documents

Each training site will maintain the following documents at their facility. The MTN requires a tabbed binder with the following sections and contents:

- a. Appointment letters (original or copy):
 - 1). Current Training Site Affiliation Memorandum, Semi-Annual/Annual reports as applicable.
 - 2). Program Director, Program Administrator, and TSF Appointment Forms and applicable letters.
- b. Correspondence: Copies of AHA “Currents in Emergency Cardiac Care”, MTN Newsletter, and MTN policies and procedures. Include documentation that the information was disseminated to TS staff and instructors.
- c. Policies and Procedures (each training site must have a policy on the following areas)
 - 1) Equipment maintenance and decontamination.
 - 2) Quality Assurance Plan (to include course and instructor monitoring).
 - 3) Internal TS dispute resolution policy.
 - 4) Administrative records maintenance to include instructor folders and course reports.

- 5) Card distribution, security and destruction.
 - 6) Management of instructor communication and updates.
- d. Site Reviews:
- 1) Review checklists.
 - 2) Completed Self-Assessment reviews.
 - 3) Completed Administrative and Course Monitoring reviews.
 - 4) Documentation of corrective or follow-up actions.
- e. Current list of satellites and contact information (if applicable).
- f. Copies of correspondence (e.g. memorandum and agreements).
- g. TS Instructor Information

2-5. Training Site Reviews

a. The MTN oversees a Training Site Review program to promote quality assurance and process improvement. All Training Sites will complete biennial self-assessments. Based on the zip code that a site is affiliated under, TSs with even numbered zip codes will conduct a Self Assessments in the even numbered years and TSs with odd numbered zip codes will conduct a Self Assessments in odd numbered years.

b. The MTN conducts periodic Staff Assistance Visit (SAV) to perform Training Site Reviews. Training Site Reviews quantify compliance with guidelines and allows the MTN to provide focused feedback, mentoring, quality assurance and the opportunity for process improvement. The MTN conducts staff assistance visits to quantify and ensure compliance with MTN and AHA requirements. The MTN SAV goal is to visit 10% of the affiliated sites per fiscal year. As an AHA Regional Training Center, the MTN has a trust relationship with the AHA to maintain the highest standards of resuscitative training. The MTN reserves the right to conduct no notice visits to its affiliated training sites. Information about the Staff Assistance Visit / Training Site Review program can be found in Chapter 7.

2.6. Affiliating with the MTN

a. Department of Defense, US Coast Guard, and other US government organizations (by way of Interagency Agreements) are encouraged to request affiliation with the MTN. New affiliation requests are processed by an MTN Program Manager and reviewed by the Director. Please contact the MTN if you need additional assistance. The new program affiliation approval process takes approximately four to six weeks.

b. Eligible organizations and offices are encouraged to affiliate as a Training Site. Please review and follow the guidelines in this chapter to prepare an Affiliation Request package. The package includes the following forms (see Appendix A and B):

1. New Affiliation Request Form.
2. Satellite List (if applicable).
3. Projected calendar of courses for the upcoming fiscal year – ACLS, and PALS (including PEARS) only.
4. An agenda for each type of projected course.
5. Instructor List.
6. Training Site Faculty Nomination Forms (if applicable)
7. Program Director Nomination Form
8. Program Administrator Appointment Form
9. Equipment checklist signed by the Program Director and Program Administrator. (equipment checklist can be found on the MTN webpage)

** If requesting CMEs through the MTN please see the CME guidelines further in this chapter – ACLS and PALS only.

c. Mail or fax to:

Military Training Network/Uniformed Services University
4301 Jones Bridge Road
Bethesda, Maryland 20814-4799
FAX # (DSN) 295-1717 or (COM) 301-295-1717

E-Mail also accepted; see the contact page on page 1 of this handbook.

d. The MTN Program Manager will contact the facility to correct discrepancies if required. Additional documents must be submitted within five working days after contact. Upon approval the TS will receive the following:

- 1) Affiliation memorandum.
- 2) Training Site Faculty Appointment wallet card for the Program Director (as necessary).

- 3) PD and PA Appointment memoranda.
- 4) Appropriate AHA/MTN course completion cards and examination materials.
- 5) Confirmation return receipt: TS will validate package contents and card quantities and fax or email this receipt to the MTN.

***** Sites will not teach courses until the affiliation request is approved and the above materials are received. *****

2-7. Re-affiliation

Training Sites must renew their affiliation (re-affiliate) annually by 30 Sep. This is accomplished along with submission of an annual report and ACLS/PALS re-affiliation packet.

2-8. Disaffiliation

a. Training activities at the Training Site may be dis-affiliated / terminated in one of three ways:

- 1) The MTN or the Training Site may terminate the Training Site's affiliation without cause and close the TS with 60 days' notice to the other party.
- 2) Either party is free to choose not to re-affiliate without giving advance notice to the other party.
- 3) Sites that fail to uphold their responsibilities or the policies of the MTN and AHA are placed in abeyance. If corrective actions are not accomplished, abeyance leads to disaffiliation from the MTN.

b. A dis-affiliating / terminated TS is responsible for the following:

- 1) All of the Training Site's instructors must be notified in writing of the closing at least 45 days before the scheduled disaffiliation date or immediately if the Training Site is terminated by the MTN. All instructors must be provided with a list of local MTN affiliated Training Sites.
- 2) If the TS is choosing to disaffiliate the Command must submit a letter to the Director, MTN announcing the disaffiliation.
- 3) Return all blank course cards and CD's to the MTN and destroy **all** written examinations.
- 4) Update and complete all course records.

5) Issue pending cards within 30 days.

6) Submit an Annual Report

7) Maintain records as described in the Section 2-14.

8) Instructor folders can be forwarded to another Training Site that is assuming responsibility for the closing sites instructors and or training mission. If there is no designated TS, then Instructor folders should be issued to the respective Instructors.

c. Training Sites that have disaffiliated or have been terminated must submit a new affiliation package in order to re-establish a training program at their facility. **Training sites that have been disaffiliated due to non-compliance or misconduct who wish to re-affiliate within 18 months of disaffiliation shall be required to fund a MTN SAV prior to approval.**

d. Training Sites that are disaffiliating due to unit closure should contact the respective Program Manager for further instructions on the disposition of their records.

2-9. Placing a Program on Temporary Hold

Units which are currently active training sites and in good standing may request that their training site status be placed on temporary hold up to 12 months. This request will come in the form of a memorandum to the Director, MTN signed by both the Program Director and the Commander (or equivalent). Multiple reasons may exist for a unit to request temporary hold. For example a unit may be on deployment orders with no intention of training while in theater, or a unit may no longer have the personnel to maintain the course but do not wish to dis-affiliate. Units must be in good standing at the time of the request and must submit a completed annual report.

2-10. Dispute Resolution

a. It is the responsibility of the Training Site to manage and resolve any disputes complaints, or problems that arise from a course offered by an Instructor aligned with the Training Site.

b. Complaints about the issues listed above may be submitted to the Training Site or the Military Training Network in writing by:

1) A student who attended the course in which the problem arose

2) An instructor, course director, program director, TSF.

3) Any staff member with information about the problem.

c. The MTN is not responsible for the day-to-day operations of the Training Site or its business practices and will not become involved in the resolution of any disputes, complaints, or problems arising from courses taught by the Training Site unless one or more of the following is involved.

- 1) Course content/curriculum
- 2) Instructor qualifications
- 3) AHA administrative policies and procedures.
- 4) AHA ECC science issues
- 5) MTN TS Agreement and program guidelines.

c. If, after diligent efforts, the Training Site is unable to affect a resolution within 30 calendar days, they must turn over the dispute, complaint, or problem to the MTN according to the procedure below. However, this does not diminish the responsibility of the Training Site or its instructors teaching courses offered through or processed by the Training Site. All complaints must contain the following information:

- 1) The name and address of the person making the complaint. Complainants may not remain anonymous.
- 2) The name and address of the person and/or organization against which the complaint is made.
- 3) A detailed written description of the dispute, complaint, or problem (who, what, when, where, and why). For Training Site related issues, the complaint should contain information on attempts of the Training Site to resolve the matter. The Program Director must sign the statement.
- 4) Reference to the appropriate rule, standard, and/or guidelines related to the matter.
- 5) Copies of all related correspondence, records and other documentation.

d. The MTN will review all submission and report back to the parties in regards to the official determination IAW AHA policies and guidelines. The Director, MTN is the final approval authority for all actions resulting from the dispute resolution when elevated to the MTN level.

2-11. Request for Additional Cards

If a Training Site will deplete its supply of course completion cards before the end of the semi or annual report period, the TS will send an additional card request form to the respective Program Manager requesting additional cards. Both the PD and PA must sign

the additional card request form located in Appendix A and B. No additional cards will be sent within 30 days of semi- or annual report submission due dates.

2-12. Reciprocity

a. National Faculty (NF): MTN NF appointees are branch of service specific and do not have reciprocity as AHA Regional or NF. NF may function as an instructor at any MTN or AHA TS. In addition, NF must be appointed as Training Site Faculty.

b. Training Site Faculty (TSF): TSF appointments are MTN specific and therefore these individuals do not have reciprocity to other AHA programs. TSF may function as an instructor at any MTN or AHA TS. When a TSF changes station, their TSF status may be continued by the gaining PD. If a TSF appointment is discontinued, then an Instructor card is issued, and a memorandum stating the reason for discontinuing the TSF status is placed in the instructor’s training folder.

c. Instructor: MTN/AHA instructors have reciprocity and may function as an instructor at any MTN or AHA TS. The MTN encourages instructors to participate in community based training programs. When an instructor changes station or Training Site alignment the gaining Training Site staff must initially orient and monitor the instructor.

d. MTN Provider Certificates/Cards: MTN Provider cards for AHA courses are the equivalent of the corresponding AHA Provider Card. MTN Provider cards should be recognized by AHA Training Centers and Training Sites when renewing DoD personnel.

e. American Red Cross (ARC) Provider Certificates/Cards: The MTN recognizes the ARC Provider course as equivalent in content to the comparable AHA Provider course.

| American Red Cross | Recommended Audience | American Heart Association |
|----------------------------------|--|---|
| CPR-Adult | Lay Rescuer | Heart Saver CPR: Adult |
| CPR-Child and Infant | Lay Rescuer | Heartsaver CPR: Pediatric |
| CPR/AED – Adult and Child | Lay Rescuer | Heartsaver AED (includes adult CPR certification) |
| CPR – Adult, Infant, and Child | Lay Rescuer | Heartsaver CPR: Adult and Pediatric |
| CPR/AED for Professional Rescuer | Healthcare providers and professional rescuers | Basic Life Support for Healthcare Providers |

f. American Red Cross Instructor Certificates/Cards: ARC CPR Instructors can become AHA Instructors of the content-equivalent level by completing the following:

- 1) Present a valid ARC Provider card
- 2) Align with an MTN Training Site

- 3) Complete the Core Instructor Course
 - 4) Complete the BLS or Heartsaver Instructor Course
 - 5) Competently demonstrate skills performance
 - 6) Successfully teach a monitored AHA Course
- 7) Upon completion of the above requirements the Training Site will issue the appropriate Instructor Card with the date when these requirements are satisfied.
- g. There is no direct conversion from ARC instructor to AHA instructor.
 - h. A person who holds dual instructor status and wishes to maintain them must satisfy the requirements of both organizations.

2-13. Instructor Records

a. Training Sites must maintain an Instructor folder for each instructor. Instructor folders will be composed of a two-part folder with top fasteners. Four or six part folders may be utilized for multi-discipline instructors. If four or six part folders are utilized, the folder will be assembled as listed below with each discipline occupying its own 2-part section.

1) Left side of Instructor folder in order from top to bottom in chronological order with the most recent form on top and grouped with like forms.

- a) Instructor Teaching Activity Log (include course type, date, and location)
- b) Curriculum Vitae (CV) for TSFs and PDs
- c) Annual financial disclosure forms (Appendix A and B) for programs receiving CME credit through the MTN

d) Copies of additional certifications, licensures, and other training documentation indirectly related to MTN Resuscitative Medicine Training. For example, NREMT-P, RN, Respiratory Therapist. These items are only necessary if the individual is also being utilized as a “subject matter expert”.

2) Right side of Instructor folder in order from top to bottom in chronological order with the most recent form on top and grouped with like forms.

- a) Training Site Faculty/Program Director Appointment form.
- b) Instructor Renewal Checklist

- c) Instructor Monitoring Form(s).
- d) Instructor Candidate Form.
- e) Copy of signed wallet card (front and back).

f) Certificates or memorandums of training for in-services and any additional training directly related to MTN Resuscitative Medicine Programs. For example, Core Instructor Course or Guidelines Update attendance.

b. Instructors should obtain a copy of their file prior to changing duty stations or separating from the service or current place of employment. Upon written request, TSs will transfer original instructor records to other MTN or AHA sites. The MTN recommends maintaining instructor folders of inactive instructors until the end of the instructor's certification period. However, the TS may destroy inactive instructor files at the end of the fiscal year following annual report submission. TSs will not be required to maintain Instructor folders more than twenty-four months from the date that an instructor separates from TS. Instructor folders will be disposed of in the same manner as "For Official Use Only" documentation. (please refer to respective service regulatory guidance)

c. Prior to issuing an instructor folder to a departing instructor, the TS must verify that all documentation is included in the instructor's folder and that all courses have been annotated on the teaching activity log.

2-14. Maintenance of Course Records

a. Training Site records can be stored as hard copy or electronically. To protect against a possible loss of records, all electronic files must be backed up on a regular basis. All electronic files must be capable of printing as hard copy and possess a signature as required.

b. Records and backed-up files from all MTN sponsored training must be stored at the Training Site for three years. Training Sites with satellite units must devise a records storage plan acceptable to both the Training Site and the satellite units and includes the following:

- 1) Original course records are maintained for at least three years by the TS. These records will be available at one location during any Training Site Review or Site Visit.
- 2) Any record copies or summaries provided to the TS in lieu of the originals must be maintained by the TS for the 3 years.
- 3) In addition, the MTN will maintain all ACLS and PALS course records for a minimum of 3 years. Courses that were issued CME credits by the MTN will be

maintained by the MTN for a minimum of 6 years. Local training sites are no longer required to maintain records for greater than 3 years.

4) If a satellite is closed the training site will assume responsibility for maintaining all satellite records to comply with the 3 year requirement.

2-15. Continuing Medical Education

a. Continuing education is that part of a professional's lifelong learning which begins at the conclusion of their formal education and continues throughout their professional life. Military medical professionals require continuing education IAW their service specific instructions. Continuing education may be required for re-licensure in many states and maintenance of continued status in professional subspecialty organizations. There are a number of accrediting agencies that govern continuing education for their respective professional groups (e.g. physicians, nurses, social workers, etc.).

b. The Uniformed Services University of Health Sciences, Office of Continuing Education for Health Professionals (CHE) is a provider and approver of continuing education. The MTN obtains sponsorship from CHE to award Continuing Medical Education credit for the standardized ACLS and PALS curricula. Continuing Medical Education (CME) is intended for physicians and governed by Accreditation Council for Continuing Medical Education (ACCME) guidelines.

c. Training Sites are encouraged to provide CME in conjunction with their ACLS and PALS courses. Sites that award CME through the MTN must complete the following:

d. Maintain biographical data for each instructor. The completed Instructor Candidate Form and/or Instructor Renewal Checklist are sufficient. A CV is required for the TSFs and PDs but optional for instructors.

e. Instructors must complete the Financial Disclosure Form annually (see appendix A & B) and maintain the form in the instructor's file. In addition, due to new CME guidelines, these forms must be submitted with the affiliation / re-affiliation paperwork. Program Directors / Lead Instructors review the information and disclose any financial relationships to the audience prior to a course.

f. Report commercial support. Commercial support is monies/funds/resources received from outside the Training Site to fund part or all of a continuing education activity. Support can come from a variety of sources including sponsors, vendors, and registration fees. Training Sites that have commercial support of their ACLS or PALS courses must contact the MTN for specific reporting requirements when requesting CME.

g. Adhere to the standard course agenda. Course agendas for those units requesting CMEs will be standardized by the MTN and may not be adjusted in anyway.

h. Have each participant complete a course evaluation. Use the feedback to assess the effectiveness of the activity and plan future courses.

i. The MTN uses the agenda(s) to calculate the amount of Category 1 designated American Medical Association Physician's Recognition Award credit. The Training site receives an affiliation Memorandum that includes CME pre-approval and credit hour awards.

j. The MTN processes CME awards following receipt of an ACLS or PALS Post-Course Report. The Training Site will receive two CME related letters from the MTN. The first, *Physician Verification of Attendance*, is provided in lieu of a CME certificate for physician attendees. The second letter, *Verification of Attendance*, lists non-physician attendees and the maximum category 1 credit hours provided toward the American Medical Association Physician's Recognition Award. Non-physicians should consult their professional organization or State board for details regarding continuing education from an ACCME approved activity.

k. An accurate and complete Post Course Report must be received by the MTN Program Manager within 30 days of the completion of the course to receive CMEs. Reports received outside of the 30 day window will **NOT** receive CMEs.

l. The TS maintains the original CME letters in the course file and provides a copy of the appropriate letter to each attendee and/or credentialing office as applicable.

2-16. Electronic Communications

The Military Training Network continues to employ electronic systems and the Internet to improve services. The MTN requires Program Directors and Program Administrators to submit their e-mail address. Please notify the MTN if your contact information changes. In addition, the MTN highly recommends that Training Site staff have Internet access. To obtain the latest information, updates, news, and forms from the MTN visit <http://www.usuhs.mil/mtn/>.

2-17. Revoking Instructor Status

a. Grounds for Revocation: Revocation of Instructor status may only occur as a result of the findings of a Dispute Resolution. The following are reasons for revocation (this list is not all inclusive):

1) Falsification of class records

2) Non-adherence to MTN and/or AHA guidelines and curricula

3) Continued instruction inconsistent with AHA standards for the course/program after remediation by the Training Site, MTN Staff, or National Faculty

4) Using Non-AHA examinations

5) Inappropriate activities, language, harassment, or conduct during courses or directed toward other instructors, students, or Training Site staff.

b. The Training Site PD has the authority to revoke an instructor’s alignment. Upon revocation the Training Site must notify the Director, MTN through the respective Program Manager. The Director, MTN will determine whether the instructor is eligible for active status or should have his or her Instructor status revoked.

1) The Director, MTN is the approval authority in the revocation of an instructor's teaching credentials (wallet card).

2) If an Instructor card is revoked a provider card is issued by the responsible Training Site, unless the instructor obtained the provider card without meeting the curriculum requirements, i.e., not completing all required skills and tests or cheating.

3) A memorandum outlining the revocation action is placed in the instructor’s Training Site file and a copy is forwarded to the MTN along with a copy of the revoked Instructor card. Instructor Cards must be returned to the responsible Training Site for destruction.

2-18. Emergency Cardiovascular Care Courses available through the MTN

| BLS | ACLS | PALS |
|---|--|--|
| <ul style="list-style-type: none"> Core Instructor Course – (see paragraph 2-27 for additional details) | | |
| <ul style="list-style-type: none"> BLS for Health Care Providers Heartsaver CPR Heartsaver AED | <ul style="list-style-type: none"> Advanced Cardiac Life Support – Provider Advanced Cardiac Life Support - Instructor | <ul style="list-style-type: none"> Pediatric Advanced Life Support – Provider Pediatric Advanced Life Support – Instructor Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS) |

2-19. Computer Based Training (CBT) Learning Systems

a. Health Care Provider Renewal

The MTN authorizes the utilization of the AHA’s BLS HCP Online Renewal Course. MTN Training sites will adhere to the following guidelines:

1) Participants must present a valid BLS HCP Online Renewal certificate and valid BLS HCP wallet card in order to enroll in the psychomotor skills evaluation.

2) Students are required to complete the skill check within 30 days of completing the online didactic portion and printing of their certificate. Training sites will make every effort to complete the skills check in a timely fashion and have the flexibility to conduct the skill check in a manner that best fits their facility and resources. In general there are two approaches:

a) Skills check during a traditional classroom based BLS HCP course. In this approach add the BLS HCP online student(s) to the course roster and annotate “OL” for BLS HCP Online in the Written Exam column of the MTN BLS PCR. Document the outcome of the skill check in the Skills and Evaluation Stations column. Attach a copy of the BLS HCP Online Certificate that confirmed the student(s) completed the computer-based portion to the MTN BLS PCR.

b) Stand alone skill check. In this case the Training Site generates an MTN BLS PCR. Complete the grade report and attach BLS HCP Online certificate(s) as described above. Rather than creating a separate PCR on each day that skills checks occur, Training Sites may accomplish one PCR that includes all skill checks in a calendar month. Remember to add every instructor to the instructor roster. Monthly BLS HCP Online PCRs must be closed out at the end of each calendar month.

3) Training Sites will issue an MTN BLS HCP course completion card to eligible students who successfully complete the skill assessment.

b. HeartCode™ ACLS ANYWHERE

The MTN authorizes the utilization of the AHA’s HeartCode™ ACLS Anywhere Course. MTN Training sites will adhere to the following guidelines:

1) Participants must present a valid HeartCode™ ACLS Anywhere Online Renewal certificate and valid ACLS and BLS HCP wallet card in order to enroll in the psychomotor skills evaluation. Individuals whose card has expired between the time of online completion and skills evaluation will be allowed to complete the skill check.

2) Students are required to complete the skill check within 30 days of completing the online didactic portion and printing of their certificate. Training sites will make every effort to complete the skills check in a timely fashion and have the flexibility to conduct the skill check in a manner that best fits their facility and resources. In general there are two approaches:

a) Skills check during a traditional classroom based ACLS course. In this approach add the HeartCode™ ACLS Anywhere online student(s) to the course roster and annotate “OL” for in the Written Exam column of the MTN ACLS PCR. Document outcome of the skill check in the Skills and Evaluation Stations column.

Attach a copy of the HeartCode™ ACLS Anywhere Online Certificate that confirmed the student(s) completed the computer-based portion to the MTN ACLS PCR.

b) Stand alone skill check. In this case the Training Site generates an MTN ACLS PCR. Complete the grade report and attach HeartCode™ ACLS Anywhere Online certificate(s) as described above. Rather than creating a separate PCR on each day that skill checks occur, TSs may complete one PCR that includes all skill checks in a calendar month. Remember to add every instructor to the instructor roster. Monthly HeartCode™ ACLS Anywhere Online PCRs must be closed out at the end of each calendar month.

3) TSs will issue an MTN ACLS wallet card to students who successfully complete the skill assessment.

c. Additional Computer Based Training: As additional training becomes available the MTN will issue written guidance as to the reporting procedures and applicability of each program. In the absence of written guidance please contact the respective Program Manager at the Military Training Network for guidance.

2-20. MTN Course Criteria

An MTN/AHA ECC Course must meet the following criteria before a course completion card may be issued.

a. The course Instructor(s) must be a current MTN/AHA recognized Instructor. Specialty Faculty with expertise in a particular content area may assist MTN/AHA Instructors in advanced life support courses. Any courses conducted with the assistance of an expired instructor will be considered null and void and all personnel having attended will be required to attend a course at a later date and all cards issued will be voided and collected by the Program Administrator and/or Program Director.

b. The course must be taught according to the guidelines and core curriculum set forth in the most current editions of the AHA course textbook(s) and/or Instructor manual(s)

c. Each student must have the current appropriate course textbook and accompanying CD readily available for individual use before, during, and after the course

d. The most current edition of AHA course materials, videos, and exams must be used.

e. A course evaluation must be used in each MTN/AHA course to obtain feedback from students on course content and Instructors. The TS can use the MTN course evaluation form or prepare its own.

f. After successful course completion, the appropriate MTN/AHA course card or certificate of training (as appropriate) will be issued.

g. The following guidelines apply to provider course faculty:

1) MTN/AHA courses must be taught by AHA instructors with current instructor status in their specific discipline.

2) Specialty Faculty (eg. An anesthesiologist who teaches airway management) may assist in teaching advanced-level courses (ACLS, PALS, and PEARS) at the discretion of the PD.

3) The total number of Specialty Faculty instructors may not exceed 50% of the total Instructor staff.

4) The PD is responsible for monitoring Specialty Faculty in every course in which they teach to ensure that they follow AHA guidelines.

5) An AHA Instructor of the appropriate discipline must conduct the formal assessment and testing of students.

2-21. Skills Testing

a. Skills testing will be conducted per applicable AHA Instructor Manual and/or updated releases from the AHA and/or MTN. Only current skills tests will be used to determine successful course completion.

b. Skills tests are a primary determinant of the student's success in the mastery of the course material. The instructor must:

1) Administer these tests as designated and outlined in the applicable curriculum, without prompting the student. Prompting and coaching students during testing undermines the purpose of the evaluation and the student's confidence in his or her ability to perform the required skill.

2) Use the skills test sheets as described in the curriculum. Completed sheets for students who have not yet succeeded in performing the skill will be kept in the course file.

2-22. Written Examinations

a. Written examinations may not be altered in any way. Any concerns regarding specific questions or answers may be referred to the respective program manager. The most current tests are the only authorized tests to be used for determining successful course completion. Use of any other written test to determine a student's completion of an MTN course will jeopardize the TS affiliation, the Instructor's status, or both.

- b. The written test measures the mastery of cognitive skills. Each student must take the written test without using the student manuals or any other resources for assistance.
- c. Any algorithms on display in the testing room must be covered during the test.
- d. Students may not cooperate with or talk to each other during the test.
- e. Examinations should be graded immediately upon completion. The use of group grading is not authorized. Examinations must be graded by an instructor. Program Administrators will not grade examinations unless they are currently certified in the respective program at a minimum of provider level.
- f. To accurately measure students' understanding of the course material, the written examination is given individually in a proctored setting. Students must score 84% or higher on the Provider Course written examination for course completion. If a student scores less than 84% on the written examination, he or she receives remediation and takes a different version of the examination. Students failing the written exam for the second time in the same course will be required to attend a complete course at a later date.

2-23. Remediation

- a. Instructors must provide remedial training to students. The goal of remediation is to resolve an identified cognitive or psychomotor weakness
- b. If a student fails to pass a skills test, an instructor will work with that student during the remediation lesson at the end of the course and retest the student at that time. Students will be retested in an entire skill rather than just the missed item.
- c. Students who, after remediation, receive an “unsuccessful” grade in one or more of the course evaluation components do not receive a course completion wallet card. These individuals will be required to attend and successfully complete an entire course at another date in order to receive a course completion wallet card.

2-24. Instructor to Student Ratio

a. BLS: The course size for all MTN sponsored BLS courses is flexible and dependant on availability of space, instructors, and equipment. The following are the maximum allowable ratios for MTN sponsored BLS Courses.

| | |
|-----------------------|--------|
| BLS | |
| Student to Instructor | 6 to 1 |
| Student to Manikin | 3 to 1 |
| Manikin to Instructor | 2 to 1 |

b. ACLS: The number of students allowed to participate in an ACLS course varies and usually depends on the facility, number of instructors, and available equipment. The following are the maximum allowable ratios for MTN sponsored ACLS courses.

| Advanced Cardiac Life Support | |
|--|--|
| Large-Group Interactions | The size of the group is limited by the size of the room and the number of video monitors or projection screens. |
| Learning Stations | The student-to-instructor ratio is 6:1 |
| Management of Respiratory Arrest Station | The student-to-instructor ratio is 3:1 (2 ACLS instructors or 1 ACLS instructor and 1 BLS instructor) |
| CPR/AED Station | The student-to-instructor ration should be 3:1 (2 ACLS instructors or 1 ACLS instructor and 1 BLS Instructor for every 6 students) |
| Megacode Testing | The student-to-instructor ratio is 6:1. Each student is tested as a team leader while the other students perform various team roles. |

c. PALS: The number of students allowed to participate in a PALS course varies and usually depends on the facility, number of instructors, and available equipment. The following are the maximum allowable ratios for MTN sponsored PALS Courses.

| Pediatric Advanced Life Support | |
|---------------------------------------|--|
| Large-Group Interactions | The size of the group is limited by the size of the room and the number of video monitors or projection screens. |
| Skills Stations and Learning Stations | The student-to-instructor ratio is 6:1 |
| PALS core case testing | The student-to-instructor ratio is 8:1. Each student is tested as a team leader while the other students perform various team roles. |
| CPR/AED Station | The student-to-instructor ration should be 3:1 (2 PALS instructors or 1 PALS instructor and 1 BLS Instructor for every 6 Students) |

2-25. Renewal:

a. Provider- (BLS, ACLS, PALS): Providers can renew in one of three ways.

1) Option 1: Attend a Renewal Course. In order to attend the renewal course students must possess a current provider card. Individuals who have allowed their provider card to expire will be required to attend an initial provider course.

2) Option 2: Attend a full provider course.

3) Option 3: Become an Instructor in the respective discipline.

4) Option 4: After June 1, 2008, Providers with current CPR cards may renew their cards by “challenging”. These individuals may take the skills test and the written test. Individuals passing both tests may be issued a new provider card. Individuals choosing option 4 will not be eligible for remediation. Individuals attempting option 4

unsuccessfully will be required to attend renewal course. **(OPTION 4 IS ONLY AVAILABLE FOR BLS COURSES)**

b. Instructor- (BLS, ACLS, PALS) Instructors renew their teaching credentials (wallet card) in one of the following two ways:

1) Option 1 (four components)

a) Renew as a provider by demonstrating acceptable provider skills and completing the provider written examination with a score of 84% or higher. Document provider status on the Instructor Renewal Checklist and maintain this form in the instructor's file. A new provider card may be issued at the discretion of the TS or upon request of the instructor but is not required by the AHA or MTN.

b) Teach a minimum of four courses in two years. BLS instructors teaching / evaluating the BLS section of an ACLS / PALS course will receive credit for teaching in a BLS course. The instructors teaching activity log will be annotated that this course was in conjunction with an ACLS / PALS course.

c) Attend updates as required over the previous two years. Updates may address new course content and methodology and/or review TS, MTN and/or national ECC information.

d) Receive a successful instructor monitoring evaluation from a TSF. Initial monitoring in conjunction with the Instructor Course does not satisfy the renewal requirement. The TSF must formally monitor each instructor at least once every two years or upon reassignment to a new training site. If a deficiency is noted during monitoring, the TSF may conduct one-on-one remediation or advise the candidate to repeat the Instructor and/or Provider Course.

2) Option 2: Successfully complete an entire Instructor Course, including monitored teaching performance. If a deficiency is noted during monitoring, the TSF may conduct one-on-one remediation or advise the candidate to repeat the Instructor and/or Provider Course. If renewal criteria are not satisfied within the card expiration period, the instructor must complete an instructor course, to include the Core Instructor Course.

c. The recommended renewal date for all AHA provider courses is two years.

2-26. Deployed Personnel

a. Due to the nature of current prolonged military operations deployed personnel may be unable to attend or teach Military Training Network (MTN) courses. Courses include those under the Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) programs. The MTN recognizes that many deployed personnel will return to their home station after the recommended renewal date

or expiration date indicated on the MTN course completion wallet card. This section provides guidance and is intended to help TSs expedite renewal.

b. Renewal of provider status: Program Directors should develop a plan to retrain personnel who have lapsed or expired while deployed or performing temporary duty. Personnel may enroll in refresher or renewal courses. Training Sites that do not already offer renewal courses are encouraged to develop them. In addition flexible course scheduling, adding additional courses, and one-on-one training sessions should be considered. Individuals must complete renewal training within 60 days of return.

c. Renewal of instructor status: Expired instructors are encouraged to renew by completing requirements found in the section 2-25 above within 60 days of return. Instructors must be monitored while teaching a course. The Program Director may waive the requirement to teach four courses in two years provided the instructor is recommended for renewal as documented on the Instructor Monitoring Form.

d. The employer, supervisor, or credentialing official determines if personnel with expired training may perform duties (e.g. patient care). The American Heart Association states “course completion in no way warrants performance, guarantees future actions, qualifies or authorizes a person to perform any procedure, and is unrelated to licensure.”

e. Barring any conflict with directive or local policy the MTN recommends extending the BLS, ACLS, PALS renewal/expiration date 60 days from the date of home station return to support renewal training for deployed personnel

2-27. Core Instructor Course

a. The AHA Core Instructor Course was developed at the request of ECC instructors and volunteers to provide consistent and uniform instructor training to instructors, thereby adding strength to our instructor network. The Core Instructor Course is the foundation for the 2006 discipline specific courses.

b. The AHA Core Instructor Course will be used to train all new instructors after October 1, 2006. To complete instructor training, instructor candidates will need to complete, in order:

- 1) Core Instructor Course
- 2) Discipline specific training module (ACLS, BLS, HS, PALS)
- 3) Successful monitoring of first provider course taught.

c. Instructors certified prior to October 1, 2006 are not required to complete this course unless they fall into one of the following categories:

- 1) Are adding a discipline, i.e. BLS Instructor adding an ACLS instructor status

2) Are identified by their TSF as having documented deficiencies in either skills or required knowledge of course curricula they are authorized to teach

3) Are a National Faculty or Training Site Faculty member.

d. National Faculty and Training Site Faculty must complete the Core Instructor Course before they teach the Core Instructor Course or the discipline specific instructor courses. Completion of the Core Instructor Course counts as credit for one course taught (in each of the instructor's disciplines) for renewal.

2.28. Infection Control

a. Equipment Decontamination: Training sites will establish a method of cleaning all training equipment that meets AHA requirements as presented in the instructor's manuals. This will consist of a written policy for decontamination of equipment before, during and after courses. Training sites will also develop and utilize a tracking mechanism to ensure compliance.

b. Exposure: Neither participants nor instructors will participate in resuscitative medicine training if they are known to be in the active stages of an infectious disease or have reason to believe they have been exposed to an infectious disease, or have dermatologic lesions on their hands, mouth or circumoral area.

CHAPTER 3 – POSITION DESCRIPTIONS, DUTIES AND RESPONSIBILITIES

3-1. Training Site Responsibilities

- a. Educational objectives must be met according to the guidelines in the AHA's Respective Instructor's Manual. All core course content must be included.
- b. The AHA instructor materials include lesson maps to help facilitate courses. The lesson maps help ensure consistency from course to course and help keep the instructor focused on the main objectives for each lesson. Deviation from published lesson plans is not authorized.
- c. Courses must adhere to the student-to-instructor and student-to-manikin ratios outlined in chapter 2.
- d. Students must participate, practice and successfully complete all lessons to receive a MTN wallet card.
- e. Successful course completion is achieved when a student meets the course cognitive and psychomotor objectives.
- f. Instructors will use remediation techniques to help a student achieve course completion.
- g. Students are evaluated using the most current version of the AHA examination materials. The MTN Program Managers provide testing materials to the training sites.
- h. Students must demonstrate competency without any assistance, hints, or prompting.

3-2. Training Site Staff

a. Program Director (PD) - The PD is responsible for all aspects of their respective MTN program at the TS. The Program Director is an experienced TSF. The PD is nominated by the Commander/Commanding Officer and appointed by the MTN Director.

1) Program Director Responsibilities:

- a) Implements and manages their respective training program in accordance with AHA and MTN guidelines.
- b) Creates course agendas tailored to TS requirements that include all core AHA content.
- c) Notifies the MTN of problems, disputes, or other concerns.
- d) Ensures the appropriate records and reports are maintained at the TS and forwarded to the MTN by the suspense dates.

- e) Maintain adequate training resources (e.g. space, textbooks, equipment, and supplies).
- f) Overall responsible and accountable for AHA/MTN wallet cards and test materials.
- g) Reviews the files of all newly assigned TSFs and Instructors; provides TS specific orientation; coordinates for the monitoring of newly assigned TSFs and Instructors at first teaching occurrence; and addresses any discrepancies or concerns.
- h) Reports changes of TS staff (PD and/or PA) to the MTN in writing within 10 days of the change.
- i) Conducts course monitoring reviews at any TS other than their own in order to support quality assurance within the MTN.
- j) Reviews and signs all post course reports.
- k) Teaches Instructor/Provider courses and fulfills instructor renewal requirements.

2) Appointment Criteria:

- a) A current MTN TSF in their respective program. If the individual is not a TSF at the time of nomination a TSF nomination must be submitted to the MTN with the Program Director Nomination packet
- b) At least two-years experience as an instructor **or** has taught at least eight courses. One course must have been an Instructor Course.
- c) Cannot be the same person as the Program Administrator.
- d) The MTN PD Nomination Form (see Appendix A and B). Complete all sections of the form and include appropriate signature blocks and signatures. If the candidate has not met all the PD requirements a waiver request may be submitted. Attach a memorandum, endorsed by the Commander/Commanding Officer, justifying the request. The Program Manager will review all waivers on a case-by-case basis and make recommendations to the Director, MTN.
- e) Due to current OPTEMPO an interim PD may be authorized at MTN's discretion. Please contact the MTN Program Manager for appointment requirements and procedures.

3) Appointment Length

a) Program Director appointments are TS specific and do not transfer with the individual. Length of the appointment is at the discretion of Commander/ Commanding Officer.

b) Nomination packages to replace a PD should be mailed four to six weeks prior to the incumbent's departure.

c) The Director, MTN is the renewal authority for a Program Director's TSF card.

d) The PD must maintain a current TSF card.

b. Training Site Faculty (TSF) - The Training Site Faculty is the course content subject matter expert for their respective ECC program. The TS Program Director appoints the TSF. Candidates must be highly motivated, well trained, and an experienced instructor. TSF lead training activities and are specifically charged with training, mentoring, and evaluating courses and instructors. Each TS must have at least one TSF, but more than one may be appointed based on program size and scope. TSs are required, at a minimum, one TSF per fifteen instructors, the exact ratio is dependant on ability of an individual TSF to monitor and mentor instructors. It is recommended that each TS maintain an adequate number of TSF to ensure program continuity.

1) Training Site Faculty Responsibilities:

a) Serve as quality assurance and educational leadership for the TS and notifies the MTN of problems, disputes and other concerns.

b) Conducts Instructor courses and monitors, updates and mentors instructors.

c) Facilitates program planning, implementation and quality assurance.

d) Teaches and supports Instructors during Provider Courses. Please note a TSF is not required to be present throughout an entire Provider Course; however they must be available to assist the Course Director if necessary.

e) Mentors/develops Course Directors and TSF candidates.

f) Evaluates and recommends new TSF candidates.

2) Training Site Faculty Appointment Criteria:

a) A current MTN Instructor in respective discipline (BLS, ACLS, PALS).

b) Two-years experience as an instructor **or** has taught at least eight courses.

c) Served as either a course director or lead instructor for at least one course in their respective discipline.

d) Assisted in teaching at least one instructor course under the supervision of a TSF.

e) Identified as having TSF potential in an Instructor Course and demonstrated TSF potential during a screening evaluation.

f) Demonstrated exemplary performance of provider skills under the observation of a TSF or AHA equivalent.

g) Waivers for above requirements may be submitted by TS Commander / Commanding Officer to the Director, MTN for consideration of extenuating circumstances.

h) Must have completed the AHA Core Instructor Course.

2) Re-appointment Criteria

a) Meet all requirements for instructor renewal as outlined in chapter 2.

b) Teach a minimum of four provider courses and one instructor course in the previous two years.

c) Requests for waivers for above requirements may be submitted by TS Commander / Commanding Officer to the Director, MTN for consideration of extenuating circumstances.

d) Complete the TSF Nomination Form IAW Appendix B of this manual.

3) Length of Appointment:

a) TSF appointments are for two years unless revoked by the MTN, TS PD, or TS Commander/Commanding Officer.

b) TSF appointments transfer with the individual. When a TSF arrives at a new TS, the TSF must be oriented with the local procedures, have their file reviewed by the PD and be monitored at the first teaching occurrence with the monitoring form (see Appendix F) placed in their file. Receiving TS PDs have the right to either accept or reject incoming TSF; if a PD refuses to accept a TSF they will issue the individual an Instructor card or Provider card in place of the TSF card. A memorandum will be placed in the individual's file detailing the reason for the action.

c. Instructor – all instructors are responsible for the items listed below, typically the Course Director (lead instructor) for a given course will be held accountable for compliance.

1) Set-up and disassembly of training equipment. This task may be assigned to other personnel with in a given training site but it is the instructor's responsibility to ensure the presence, serviceability and accountability of all equipment necessary to conduct the respective course.

2) Completion of the Post Course Report (PCR). Instructors should be trained in the completion of the post course report. Accurate completion of the PCR is the responsibility of the Course Director / Lead Instructor. The Program Administrator and Program Director are responsible for reviewing the PCR.

3) Ensuring infection control measures are followed during courses and disinfecting all equipment at the end of each course or as needed during the course.

4) Ensure students comply with standards of the MTN and the AHA.

d. Program Administrator (PA) - The PA is responsible for maintaining records and submitting reports. The PA is appointed by the TS PD using the PA appointment form found in Appendix A & B.

1) Program Administrator Responsibilities:

a) Administers training programs in accordance with AHA and MTN guidelines.

b) Ensures the appropriate records and reports are maintained at the TS and forwarded to MTN by the suspense dates.

c) Maintains adequate training resources (e.g. space, textbooks, equipment, and supplies).

d) Participates in Self-Assessment, Administrative, and Course Monitoring Reviews.

e) Shares responsibility for accountability and security for AHA/MTN wallet cards and test materials with the PD.

f) Serves as the primary contact between the TS and the MTN.

g) **Does not** need to be an AHA/MTN Instructor but must have an understanding of the programs.

h) Completion of the Course Completion cards or certificates as applicable.

2) Appointment Criteria: The Program Administrator cannot be the same person as the Program Director. They are typically an individual assigned to the TS's education or training office. Additional criteria are at the discretion of the PD.

3) Length of Appointment: Program Administrator appointments are TS specific and do not transfer with the individual. Length of the appointment is at the PD's discretion.

4) Program Administrator Orientation: Each Training Site will develop a Program Administrator orientation training program that will include but not limited to the following.

- a) MTN Administration Handbook overview / familiarization.
- b) Local TS standard operating procedures and guidelines
- c) Equipment familiarization, assembly, disassembly, and decontamination.
- d) Completion of MTN forms and documentation.
- e) Audit of at least one course per discipline for familiarization.

3-3. Administrative Separation of Duties

The Program Director and Program Administrator may not be the same individual. There is an inherent potential for fraud if the same individual is allowed to both request and distribute MTN/AHA materials. This separation of duties allows for a check and balance system. All MTN affiliated Instructors, TSF, PAs, and PDs are required to report all instances of suspected unauthorized activity to the MTN by contacting the respective MTN Program Manager.

3-4. Course Director Orientation

a. Training Site Faculty are charged with selecting and training experienced instructors to become Course Directors. The MTN requires that all Course Directors receive an orientation. Annotate this training in the Instructor's record.

b. The purpose of the Course Director Orientation is to prepare instructors selected by the TS to plan, organize, and successfully conduct a Provider or Provider Renewal Course. In addition to helping the instructor conduct successful course, the goal of orientation is to ensure that the Course Director can accurately instruct, evaluate, monitor, and mentor Instructor Candidates for their ability to teach and their proficiency in a particular discipline

c. The TS has the authority to decide the format of the Course Director orientation. Either the PD or a TSF may conduct the orientation. The orientation may take one of the following formats:

- 1) Formal presentation
- 2) Self-paced instruction

- 3) Audiotape or videotape presentation
- 4) Interactive software
- 5) One-on-one mentoring
- 6) Other Alternative Formats.

d. Recommended content for the orientation includes the following:

- 1) Review the MTN Administrative Handbook.
- 2) Review of educational principles and course requirements outlined in the Instructor's Manual.
- 3) Review of course requirements in accordance with the current AHA Guidelines.
- 4) Discussion of course format for specific audiences and locations
- 5) Outline of materials and equipment needed to conduct a course.
- 6) Discussion of administrative, logistical, and educational problems that can arise during a course and how to manage them effectively.
- 7) Discussion of the Course Director's quality-assurance responsibilities.
- 8) Review of methods and skills for monitoring and mentoring instructors.
- 9) Review of the TS policies and procedures including equipment/manikin maintenance and decontamination, quality assurance plan, internal TS dispute resolution policy.

CHAPTER 4: COURSE MATERIALS AND EQUIPMENT

4-1. Course Materials

a. The AHA approves vendors to distribute AHA materials. Vendor links are available on the MTN's website www.usuhs.mil/mtn/. Some vendors provide a discount to MTN affiliates, in order to receive this discount it may be necessary to identify yourself as an MTN affiliated TS when ordering.

b. Training Sites will use the most current editions of AHA textbooks and materials. The MTN supplies written examinations, answer keys and course completion cards. Keep all materials in a secure storage area.

c. Each TS will provide the following items to each course participant:

1) A course agenda that includes dates, times, locations, topics and assigned instructors.

2) Pre-test (if required), post-tests, and blank answer sheets. Post-tests are distributed in a controlled environment with an instructor present to proctor the exam. Post-tests will not be issued to any individual outside of an established course, this includes instructors.

3) A locally produced, course specific evaluation form that allows the participant to provide feedback. Regardless of the course size all students will receive the opportunity to complete a course evaluation.

4) Skills performance sheets and other handouts as determined by the TS staff.

5) Personal protective equipment including a one-way valve and mouth to mask device.

4-2. Non-AHA Material / Information

a. Adding non-AHA content to the courses is not advisable. There is educational evidence that adding content to the course may actually decrease learning and retention. Although it is not considered a best practice to add to the course, instructors may add related topics as long as none of the required AHA lessons or course content is eliminated or shortened. Any additional topics or information should be added at the beginning or end of the course so that the additional information does not disrupt the flow of the required lessons. Additional information will increase course time.

b. The Instructor must inform students of any additional information that is from non-AHA sources, such material must be clearly labeled as not being AHA-approved.

c. The use of non-AHA scientific or course material covering the core content or course curriculum is not permitted as a substitute for AHA core curriculum of course materials. The Program Director must approve any supplementary materials before the course.

4-3. Copyright of AHA Materials

a. The American Heart Association owns the copyrights to AHA textbooks, manuals, and other ECC training materials. These materials may not be copied, in whole or in part, without prior written consent from the AHA. Training Sites must go through the Military Training Network to process these requests.

b. All material found to be in violation of the AHA copyright will be destroyed immediately.

4-4. Training Equipment

a. The use of manikins and equipment that allow demonstration of core skills of the course (ie, airway management, jaw thrust, correct hand placement, etc) is required for all AHA ECC courses. Equipment for each course is listed in the course-specific instructor manual. All equipment used must be in proper working order and good repair.

b. Manikins and contaminated equipment must be decontaminated according to the manufacturer's recommendations or CDC guidelines.

c. The MTN or AHA neither endorses nor recommends any particular brand of manikin or other course equipment. The decision on which brand or model of equipment to use is the responsibility of the TS.

4-5. Quality Assurance

Quality assurance is key to an effective ECC training program. The TS is responsible for the quality of its programs. The components of Quality Assurance program include but are not limited to:

- a. Compliance with MTN policies and guidelines.
- b. Course agendas include all AHA core content.
- c. Records and files are complete and properly maintained.
- d. A mechanism for developing, monitoring, renewing, and updating instructors.
- e. A mechanism to evaluate courses, instructors, and program administration.

4-6. Controlled Items

Course completion cards and examination materials are kept secure. The standard for control is met when cards and examinations are secured in a manner that allows only authorized personnel to have access to them, this will include, at a minimum, a key or combination locked compartment/container (ie...box with a lock, locking file cabinet, or a locking drawer) . When not being actively used, this compartment/container will be secured. In addition, when the room/building that the compartment/container is located in is vacant, the room/building should be secured.

4-7. Instructor Materials: Instructor Materials include the following.

a. BLS

| BLS for Health Care Providers | |
|---|--|
| Item | Description |
| BLS for Healthcare Providers student manual | Textbook with review questions |
| BLS for Healthcare Providers Manual | DVD or VHS Approximately 1 ½ hours in duration Practice-while-watching format |
| BLS for Healthcare Providers Renewal video | DVD or VHS Approximately 1 hour in duration Practice-while-watching format |
| Posters | 5 four-color, 17” x 22” wall posters (3 for CPR and 2 for choking) |
| Instructor CD | Includes: Precourse Materials Course materials Resources |
| CPR Critical Skills Testing Checklists | Two-sided sheet with checklist for 4 skills: Adult/Child 1-Rescuer CPR Adult/Child 2-Rescuer CPR and AED Infant 1-Rescuer CPR Infant 2-Rescuer CPR |
| Lesson Maps | Cards with information about what each lesson includes. |

| Heartsaver CPR | |
|---|--|
| Item | Description |
| Student Workbook | Textbook with review questions |
| Skills Testing Checklists Reproduction Masters | The Heartsaver CPR section of the Instructor CD testing checklists for the following skills. Adult CPR Child CPR |
| Heartsaver CPR Videos | DVD or VHS – Practice-while-watching format |
| Instructor CD | Includes: |

| | |
|-------------|---|
| | Precourse Materials Course materials Resources Testing Resources |
| Lesson Maps | Cards with information about what each lesson includes. |

| Heartsaver AED | |
|---|---|
| Item | Description |
| Student Workbook | Textbook with review questions |
| Skills Testing Checklists Reproduction Masters | The Heartsaver AED section of the Instructor CD testing checklists for the following skills. Adult CPR and AED Infant CPR |
| Heartsaver CPR Videos | DVD or VHS – Practice-while-watching format |
| Instructor CD | Includes Precourse Materials Course materials Resources Testing Resources |
| Lesson Maps | Cards with information about what each lesson includes. |

b. ACLS

| Advanced Cardiac Life Support (ACLS) | |
|---------------------------------------|---|
| Item | Description |
| Provider Manual | Textbook with review questions |
| Student CD | Includes Precourse assessment modules ACLS science overview video BLS for Healthcare Providers video clips Supplementary Information |
| ACLS Provider Course DVD/Videos | Covers: BLS Primary Survey and ACLS Secondary Survey BLS CPR practice Megacode and resuscitation team concept Airway Management Assessment and management of ACS and stroke |
| Lesson Maps | Cards with information about what each lesson includes |
| Posters | Nine 4-color 22"x34" wall posters |
| Megacode Testing Checklist Masters | Testing Sheets: Bradycardia, VF/Pulseless VT, and Asystole – In Hospital Bradycardia, VF/Pulseless VT, and Asystole – Out of Hospital Tachycardia, VF/Pulseless VT and PEA – In Hospital Tachycardia, VF/Pulseless VT and PEA – Out of Hospital |
| ECC Handbook | The Handbook of Emergency Cardiovascular Care for Healthcare Providers |

c. PALS

| Pediatric Advanced Life Support (ACLS) | |
|--|--|
| Item | Description |
| Provider Manual and PALS Course Guide | Textbook with review questions |
| Student CD | Includes A self-assessment CD-based test Practice Cases Respiratory management resources and procedures Vascular access procedures Rhythm disturbances/electrical therapy procedures Supplementary Information |
| Instructor CD | Includes Precourse Materials Course materials Resources Testing Resources |
| Course Videos | Covers: Pals course organization Overview of PALS science CPR/AED competency testing Management of respiratory emergencies Vascular access Resuscitation team concept Overview of pediatric assessment Overview of stations Core case introductions |
| Lesson Maps | Cards with information about what each lesson includes |
| Instructor Cue Sheets | One cue sheet for each of the 12 core cases. |
| Checklists | Include: PALS course progress checklist CPR testing checklist Skills station competency checklists Learning station competency checklists Core case testing checklists |
| Algorithms and Flowcharts | Algorithms and flowcharts used during learning stations. (refer to instructor manual for further details) |
| ECC Handbook | The Handbook of Emergency Cardiovascular Care for Healthcare Providers |

| Pediatric Emergency Assessment Recognition, and Stabilization (PEARS)) | |
|--|--|
| Item | Description |
| PEARS Provider Manual | Textbook with review questions |
| Student CD | Contains supplementary material to help students prepare for the course |
| Instructor CD | Contains precourse, course, and evaluation materials. |
| Course Videos | Covers: PEARS course organization Overview of science CPR/AED Practice and competency testing Overview of pediatric assessment Pediatric assessment: Airway and Breathing Respiratory cases Management of respiratory emergencies Pediatric assessment: Circulation, Disability, and Exposure Shock cases Resuscitation team concept Cases for video-based written test |
| Lesson Maps | Full-color information cards used to guide the instructor through each lesson |
| Instructor Cue Sheets | Contain the information needed to facilitate case discussions and case simulations |
| Checklists | Includes: PEARS course progress checklist CPR testing checklist Skills station competency checklists Learning station competency checklists |
| ACDA Worksheet | Used as an aid to recall the components of pediatric assessment approach |
| Algorithms and Flowcharts | Used during learning stations includes: Pediatric BLS for Healthcare Providers Algorithm PEARS Pediatric Assessment Flowchart PEARS Categorize Respiratory Problems by Type Flowchart PEARS Categorize Respiratory Problems by Severity Flowchart PEARS Management of Respiratory Emergencies Flowchart PEARS Categorize Shock by Type and Severity Flowchart PEARS Management of Shock Flowchart |
| Equipment List | Listing of equipment required for training |

Equipment List: Please refer to the respective instructor manual for a complete list of necessary equipment. In addition these lists can be found on the MTN webpage at www.usuhs.mil/mtn . The ratios given on these lists are not recommendations they are minimal requirements.

CHAPTER 5: REPORTS

Only current MTN forms will be used by the MTN Affiliated Training Sites. No other forms are authorized.

5-1. Basic Life Support Reports

a. BLS Post-Course Reports (PCRs) are completed within 30 days of a course. The BLS PCR is an internal document maintained at the TS and not mailed to the MTN. The BLS PCR contains all of the following forms. All forms can be found on the MTN webpage at www.usuhs.mil/mtn. All forms will be included in the Post Course. Refer to Appendix B for examples.

- 1) BLS Post Course Report Cover Page
- 2) Grade Report.

3) Course agenda. The agenda includes the course content areas with date, time and location along with the specific instructor teaching assignments.

4) Course evaluation summary. The TS may use the MTN Course Evaluation Form or develop a specific evaluation tool that includes content areas and respective instructors. Each student is encouraged to provide feedback by completing the evaluation form. Feedback obtained from the evaluations is used to improve future courses. The TS needs only attach a summary of the student evaluations to the PCR.

b. BLS Annual and Semi-annual Reports.

1) The BLS Annual Report is due to the MTN September 30. Complete all pages of the BLS Semi-Annual / Annual Report form. (Refer to Appendix A & B for forms and examples)

2) The BLS Semi-Annual Report is due to the MTN NLT March 31. Complete only page one of the BLS Semi-Annual / Annual Report form and include appropriate signature blocks and signatures. (Refer to Appendix A & B for forms and examples)

3) Please ensure the semi-annual and annual report forms have updated and accurate contact information (address, telephone, and email) for TS staff. ***P.O Box addresses are not accepted as a valid mailing address unless a building number is provided and a mailroom representative is present to sign for incoming correspondence. Abbreviated command names must be accompanied by full name. Program Director and Program Administrator must use the command address where the program is affiliated and not where they are stationed.*** Naval vessels please annotate home port.

5-2. ACLS, PALS Reports

a. Post-Course Reports (PCRs) are due to the MTN NLT 30 days following a course. The PCR contains the following six forms (see Appendix A & B):

1) Post Course Report Cover Sheet.

2) Grade Report (Instructor or Provider Course specific). Include complete student information and their licensure/certification. Complete the Grade Report using the key found on the form. For courses that are pre-approved to award Continuing Medical Education (CME) from the MTN please mark the CME column next to the name of eligible individuals. Only licensed Medical Doctors (MD) and Doctors of Osteopathy (DO) are eligible for CME. Do not mark medical students, medical interns, or other licensed/certified healthcare workers. **For instructor level courses attach copies of the Instructor Candidate Applications.**

3) Course agenda. Use the agenda that was pre-approved by the MTN during program affiliation/re-affiliation and add the specific instructor teaching assignments. If deviations from approved agendas are desired they must be pre-approved by the MTN Program Manager. For sites receiving CMEs, deviation from approved agendas are not authorized.

4) Course evaluation summary. Include all agenda items (content areas) and respective instructor names on a course evaluation form. Each student is encouraged to provide feedback by completing the critique form. The Training Site need only submit a summary rather than a copy of each individual student's evaluation form.

5) After receipt of a completed PCR the MTN Program Manager sends CME attendance verification letters to the TS that have requested them and been approved prior to the course.

b. The Annual Report is due to the MTN by September 30. The forms can be used for either the PALS or ACLS program. Please submit PALS and ACLS annual reports on separate forms with aggregate data from prior 12-month period (October 1 – September 30). Refer to Appendix A and B for forms and examples. The Annual Report contains the Annual Report Form and a list of Courses Completed.

5-3. Annual or Semi-Annual Report Delinquency

a. If an Annual or Semi-Annual report is not received by the suspense date the MTN Program Manager initiates the following actions.

1) **< 30 Days:** The MTN Program Manager attempts to contact the Program Administrator.

2) **30 Days:** A written follow-up notice is sent to the TS faculty (Program Director and/or Program Administrator). The TS is advised to suspend teaching future courses.

- 3) **45 Days:** The MTN NCOIC notifies the Senior Enlisted Member (CSM, CMSgt, Master Chief) of the Command.
- 4) **60 Days:** The Training Site is placed in abeyance. The Director, Military Training Network, notifies the Commander/Commanding Officer and appropriate National Faculty of the action. The TS is not authorized to conduct any future courses. Repeal of abeyance is handled on a case-by-case basis. Typically the TS will complete a new affiliation request.
- 5) **90 Days:** If a report is delinquent past 90 days the TS is terminated.

b. If the TS is terminated or does not re-affiliate it is responsible for the following:

- 1) Ensuring records are updated and any pending cards are issued.
- 2) Returning all unused wallet cards and examination materials to the MTN.
- 3) Submitting an Annual Report for the current fiscal year.
- 4) Maintaining course records for three years.

5-4. Re-affiliation

a. Training Sites re-affiliate annually by submitting an Affiliation / Re-affiliation Request package along with their annual report. The Affiliation/Re-affiliation Request package contains the following documents:

- 1) Affiliation/Re-affiliation Request Form. Please ensure the Affiliation/Re-Affiliation Request form has updated and accurate contact information (address, telephone, and email) for the TS staff.
- 2) Projected Course Listing (ACLS, PALS and PEARS only)
- 3) Instructor List

b. After the annual report and faculty appointments are verified the Program Manager will send an Affiliation memorandum and a projected supply of wallet cards.

CHAPTER 6: RESUSCITATIVE MEDICINE COURSES

6-1. MTN Provider Courses

| BASIC LEVEL COURSES | | | |
|-------------------------------------|--|---|---|
| Course | Modules | Description | Intended Audience |
| BLS for Health Care Provider | Basic Life Support for Health Care Providers | The BLS for Healthcare Providers Course covers core material such as adult and pediatric CPR (including two-rescuer scenarios and use of the bag mask), foreign body airway obstruction, and automated external defibrillation. | For healthcare providers such as EMS personnel, physician assistants, doctors, dentist, nurses, and respiratory therapists who must have a credential (card) documenting successful completion of a CPR Course. |
| Heartsaver CPR | Adult/Child CPR and Choking | The Heartsaver CPR Course teaches CPR and relief of choking in adults and children, and infant CPR and relief of choking and use of barrier devices of all ages. | Intended Audience: For those who have a duty to respond to a cardiac emergency because of job responsibilities or regulatory requirements. |
| | Infant CPR and Choking (optional) | | |
| | Adult/Child CPR with Mask (optional) | | |
| | Infant CPR with Mask (optional). | | |
| Heartsaver AED | Adult/Child CPR with Mask and Choking | The Heartsaver AED Course teaches CPR, AED use, relief of choking in adults and children, and infant CPR and relief of choking and use of barrier devices of all ages. | For those who have a duty to respond to a cardiac emergency because of job responsibilities or regulatory requirements. |
| | Adult/Child AED | | |
| | Infant CPR with Mask and Choking (optional) | | |

| ADVANCED LEVEL COURSES | | | |
|---|---------------------------------|---|---|
| Course | Modules | Description | Intended Audience |
| Advanced Cardiac Life Support (ACLS) | Advanced Cardiac Life Support | Through the ACLS course, healthcare providers will enhance their skills in the treatment of the adult victim of a cardiac arrest or other cardiopulmonary emergencies. ACLS emphasizes the importance of basic life support CPR to patient survival; and the importance of effective team interaction and communication during resuscitation. | For emergency, intensive care, or critical healthcare providers such as physicians, nurses, emergency medical technicians, paramedics, respiratory therapists, and other professionals who may need to respond to cardiovascular emergency. |
| Pediatric Advanced Life Support | Pediatric Advanced Life Support | The goal of the PALS course is to aid the pediatric healthcare provider in developing the knowledge and skills necessary to pediatric healthcare | For pediatricians, emergency physicians, family physicians, physician assistants, nurses |

| | | | |
|---------------|---|--|--|
| (PALS) | | provider in developing the knowledge and skills necessary to efficiently manage critically ill infants and children, resulting in improved outcomes. Skills taught include recognition and treatment of infants children at risk for cardiopulmonary arrest; the systemic approach to pediatric assessment, effective respiratory management; defibrillation and synchronized cardioversion; intraosseous access and fluid bolus administration; and effective resuscitation team dynamics. | |
| | Pediatric Emergency Assessment, Recognition and Stabilization (PEARS) | <p>The PEARS Provider Course is designed to help the basic pediatric healthcare provider develop the knowledge and skills for emergency assessment and treatment of seriously ill infants and children.</p> <p>In this course students will learn how to</p> <ul style="list-style-type: none"> • Recognize respiratory distress and failure, shock and cardiac arrest • Provide appropriate lifesaving actions within the initial minutes of response until the child is transferred to an advanced life support provider | <p>The AHA developed the PEARS Provider Course for healthcare providers who might encounter pediatric patients in their profession but who do not routinely provide care for children with high-acuity illness or injury. This course is not intended for those</p> <ul style="list-style-type: none"> • Who require credentialing in advanced pediatric skills • Who are routinely involved in resuscitation. <p>Pears Providers may include</p> <ul style="list-style-type: none"> • Medical and surgical nurses • EMT-B and EMT-I • Healthcare providers who care for children outside the critical care areas |

6-2. MTN Instructor Courses

a. Basic Cardiac Life Support.

1) Course Goal and Objectives: The AHA designed the BLS Instructor course and Heartsaver Instructor Course to prepare people to become Basic Life Support (BLS) or Heartsaver instructors. At the end of the BLS Instructor Course or Heartsaver Instructor Course, instructor candidates will be able to teach a BLS course using the video and lesson maps that are part of the appropriate BLS course instructor materials. Instructor candidates will also be able to use the new testing materials to conduct skills testing.

2) Audience and Prerequisites: Anyone who wants to become an AHA BLS instructor can take this course. The ideal candidate will be motivated to teach, facilitate learning, ensure that students acquire the skills necessary for successful course completion, and view student assessment as a way to improve individual knowledge and skills.

Prospective instructors must:

a) Have completed the AHA Core Instructor Course

b) Be affiliated with an AHA/MTN Training Site

c) Have a current BLS Healthcare Provider Card for the BLS Instructor Course and those attending the Heartsaver Instructor Course must have a current status in courses that provide adult/child CPR (to include AED, mask use, choking), infant CPR (to include mask use and choking) and first aid.

3) Course Completion Requirements: successful completion of each instructor course consists of instructor candidates facilitating a session where they:

a) Attend the entire course.

b) Instruct a group on practice while you watch the video.

c) Successfully evaluate another instructor candidate while correctly using the skills testing checklist.

d) Successfully remediate another student.

e) Be monitored by a TSF as a new instructor. (An instructor card will not be issued until all requirements have been met)

4) Teaching Requirements: Any current AHA/MTN BLS TSF may teach the BLS or Heartsaver Instructor Course. All instructor course faculty members must be current AHA/MTN instructors in the discipline being taught.

5) Class Size: The size of each BLS Instructor Course or Heartsaver Instructor Course is flexible based on the number of instructors (1 per 8 students) and equipment. During practice and role-playing sessions, 1 instructor candidate in each group will play the role of instructor and the other 3 will play the role of students.

6) Equipment: Refer to the Faculty Guide for BLS and Heartsaver Instructor Courses page 11.

b. Advanced Cardiac Life Support

1) Course Goal and Objectives: The AHA designed the ACLS Instructor Course to prepare individuals to become instructors in advanced cardiovascular life support. By the end of the ACLS Instructor Course, instructor candidates will be able to teach an ACLS course using the video and lesson maps in the ACLS course instructor materials. Candidates will also be able to use the new testing materials to conduct skills testing.

2) Audience and Prerequisites: Anyone who wants to become an AHA ACLS instructor can take this course. The ideal candidate will be motivated to teach, facilitate learning, ensure that

students acquire the skills necessary for successful course completion, and view student assessment as a way to improve individual knowledge and skills

Prospective instructors must:

- a) Have completed the AHA Core Instructor Course
- b) Be affiliated with an AHA/MTN Training Site
- c) Have a current AHA ACLS Provider Status
- d) Have a current AHA BLS-HCP certification

3) Course Completion Requirements: For successful completion of the ACLS Instructor Course, the instructor candidate must:

- a) Attend the entire course
- b) Instruct a group on the team concept
- c) Successfully evaluate another student running a Megacode while correctly using the skills testing checklist
- d) Successfully remediate another student.
- e) Be monitored by a TSF as a new instructor. (An instructor card will not be issued until all requirements have been met)

4) Teaching Requirements: Any current AHA/MTN ACLS TSF may teach the ACLS Instructor Course. All instructor course faculty members must be current AHA/MTN instructors in the discipline being taught.

5) Class Size: The size of each ACLS Instructor Course is flexible based on the number of instructors (2 per 7 students) and equipment. During practice and role-playing sessions the instructor candidate will not monitor more than 6 other instructor candidates. This mimics the required instructor to student ration of a provider course.

6) Equipment: Refer to the ACLS Faculty Guide for the ACLS Instructor Course pages 9-11.

c. PALS Instructor Course

1) Course Goal and Objectives: The AHA designed the PALS Instructor Course to prepare individuals to become instructors in pediatric advanced life support. By the end of the PALS Instructor Course, instructor candidates will be able to teach a PALS course using the video and lesson maps in the PALS course instructor materials. Candidates will also be able to use the new testing materials to conduct skills testing.

2) Audience and Prerequisites: Anyone who wants to become an AHA PALS instructor can take this course. The ideal candidate will be motivated to teach, facilitate learning, ensure that students acquire the skills necessary for successful course completion, and view student assessment as a way to improve individual knowledge and skills.

Prospective instructors must:

- a) Have completed the AHA Core Instructor Course
- b) Be affiliated with an AHA/MTN Training Site
- c) Have a current AHA PALS Provider Status
- d) Have a current AHA BLS-HCP certification

3) Course Completion Requirements: For successful completion of the ACLS Instructor Course, the instructor candidate must:

- a) Attend the entire course
- b) Instruct a group on the team concept
- c) Successfully evaluate another instructor candidate's core case test while correctly using the case test checklist.
- d) Successfully remediate another student.
- e) Be monitored by a TSF as a new instructor. (An instructor card will not be issued until all requirements have been met)

4) Teaching Requirements: Any current AHA/MTN PALS TSF may teach the PALS Instructor Course. All instructor course faculty members must be current AHA/MTN instructors in the discipline being taught.

5) Class Size: The size of each ACLS Instructor Course is flexible. The PALS Instructor Course agenda has been set up for 14 instructor candidates: Participants will be divided into 2 groups of 7 instructor candidates with 1 Training Site Faculty per group. During practice and role-playing sessions, 1 instructor candidate in each group will play the role of instructor and the other 6 will play the role of students, which mimics the suggested instructor-to-student ration of provider course.

6) Equipment: Refer to the PALS Faculty Guide for the PALS Instructor Course pages 10-12.

CHAPTER 7: TRAINING SITE REVIEWS

7-1. Introduction

a. The MTN and AHA goal is to provide quality programs that ultimately improve the outcomes for victims of cardiac and respiratory emergencies. The MTN TS Review program promotes quality assurance and process improvement. Objectives of the Review program are:

- 1) Provide TSs with the tools needed to improve their training programs.
- 2) Quantify compliance with MTN/AHA program guidelines.
- 3) Provide feedback using an objective method of scoring.
- 4) Foster mentoring versus disciplinary actions.

b. The program consists of three types of reviews:

1) Self-Assessment Reviews are completed by the TS staff and a Commander/Commanding officer appointed auditor.

2) Staff Assistance Visit and Review are completed by a team from the MTN.

3) Course Monitoring Reviews are conducted by the MTN staff or their designees during periodic site visits.

7-2. Training Site Responsibilities

a. Maintains the administrative binder as mentioned in chapter 2.

b. Complete and submit a Self-Assessment review biennially.

c. The Commander/Commanding Officer assigns an impartial officer or senior NCO (E7 or above) to perform the Self-Assessment review.

d. The TS staff participates in Administrative and Course Monitoring reviews. The appointed Program Administrator(s) must be present during the review. Failure of Program Administrators to be present for reviews will result in the suspension of the training site's affiliation until such time as a revisit can be completed. All return visits will be at the expense of the training site. Training Site Faculty and Program Directors are encouraged to participate.

7.3. Scheduling Training Site Reviews

a. Self-Assessment Reviews are accomplished every two years on a schedule determined by the MTN.

b. Scheduling of Administrative and Course Monitoring reviews is coordinated between the MTN and the TS. The MTN will contact the TS in advance of a proposed review. The MTN

reserves the right to conduct unannounced Staff Assistance Visits. Administrative reviews may be requested by the training site, such requests will be considered on a case by case basis.

c. Course monitoring reviews occur in conjunction with one or more training courses at the host facility.

d. Once scheduled the MTN Director has the authority to confirm, delay or postpone a Staff Assistance Visit. Such actions are coordinated with the training site's Program Administrator and Program Director.

7-4. Self-Assessment Reviews

a. The Self-Assessment review utilizes focused areas in the Administrative Review checklist and consists of four sections: Organizational Focused Functions, Course Focused Functions, Instructor Focused Functions and Equipment Focused Functions (see checklist in Appendix D)

b. The purpose of the review is to determine how the TS allocates resources, utilizes AHA materials and maintains security, develops and maintains course and instructor files.

c. The checklist can be used for any of the three ECC programs. Instructions are included with the checklist.

d. The reviewer will brief the TS command prior to forwarding the completed checklist to the MTN.

e. The MTN will only provide the TS with an after action report in the event remediation is necessary. The after action report will include feedback and guidance regarding compliance.

7-5. Administrative Review

a. The Administrative Review consists of four sections: Organizational Focused Functions, Course Focused Functions, Instructor Focused Functions and Equipment Focused Functions (see checklist in Appendix D).

b. The purpose of the review is to determine how the TS:

1) Allocates resources.

2) Measures, analyzes, and improves their organization's processes.

3) Utilizes MTN/AHA materials and maintains security.

4) Develops and maintains course and instructor files.

c. The review takes place at the TS and primarily involves the MTN reviewer or review team and PA(s). Program Director(s) and TSFs are encouraged to participate.

d. The reviewer(s) ensure that all pertinent standards have been addressed, make overall observations about compliance, and provide consultation and education.

e. The MTN provides the TS with an after action report that includes feedback and guidance regarding compliance and remediation if necessary.

f. The MTN aggregates data from multiple TSs to determine trends and guide overall program improvement.

7-6. Course Monitoring Review

a. The Course Monitoring Review consists of three sections: Facility/Class Structure, Course Content, and Equipment/Materials (see checklist in Appendix D).

b. The purpose of the review is to determine how the TS:

1) Allocates resources to accommodate class size.

2) Incorporates course content.

3) Utilizes required equipment and AHA materials.

c. The review takes place at the TS and primarily involves the MTN reviewer or review team and PD(s). Program Administrator(s), TSFs, and Instructors are encouraged to participate.

d. The reviewer(s) ensure that all pertinent curricular standards have been addressed, make overall observations about compliance, and provide consultation and education.

e. The MTN provides the TS with an after action report that includes feedback and guidance regarding compliance and remediation if necessary.

f. The MTN aggregates data from multiple TSs to determine trends and guide overall program improvement.

7-7. Scoring and Remediation

a. The Training Site Reviews are designed to be educational and consultative in nature. After a checklist is scored a percentage of compliance is calculated that equates to a numerical rating. The MTN may, at any time revise the attached checklists or rating scheme based on current AHA guidelines. Ratings are as follows:

1) Rating 1 = 95-100% Assessment provides evidence of excellent compliance.

2) Rating 2 = 80-94% Assessment provides evidence of acceptable compliance.

3) Rating 3 = 70-79% Assessment does not provide evidence of acceptable compliance. Additional documentation within 30 days.

4) Rating 4 = < 70% Assessment does not provide evidence of acceptable compliance. Additional documentation within 30 days and a focused admitting review within 90 days at TS expense.

b. A score of 70 – 79 % (Rating of 3) or less than 70% (Rating of 4) in any individual section that cannot be resolved during the review visit triggers additional action and follow-up. A plan to correct the deficiency is developed on a case-by-case basis.

c. A follow-up visit may be indicated at the discretion of the MTN or at the request of the TS Commander/Commanding Officer. All follow-up visits will be at expense of the training site.

d. If the Training Site is unable to achieve compliance after remediation the MTN Director may temporarily or permanently suspend the affiliation of the Training Site.

CHAPTER 8: ADVANCED TRAUMA LIFE SUPPORT (ATLS®)

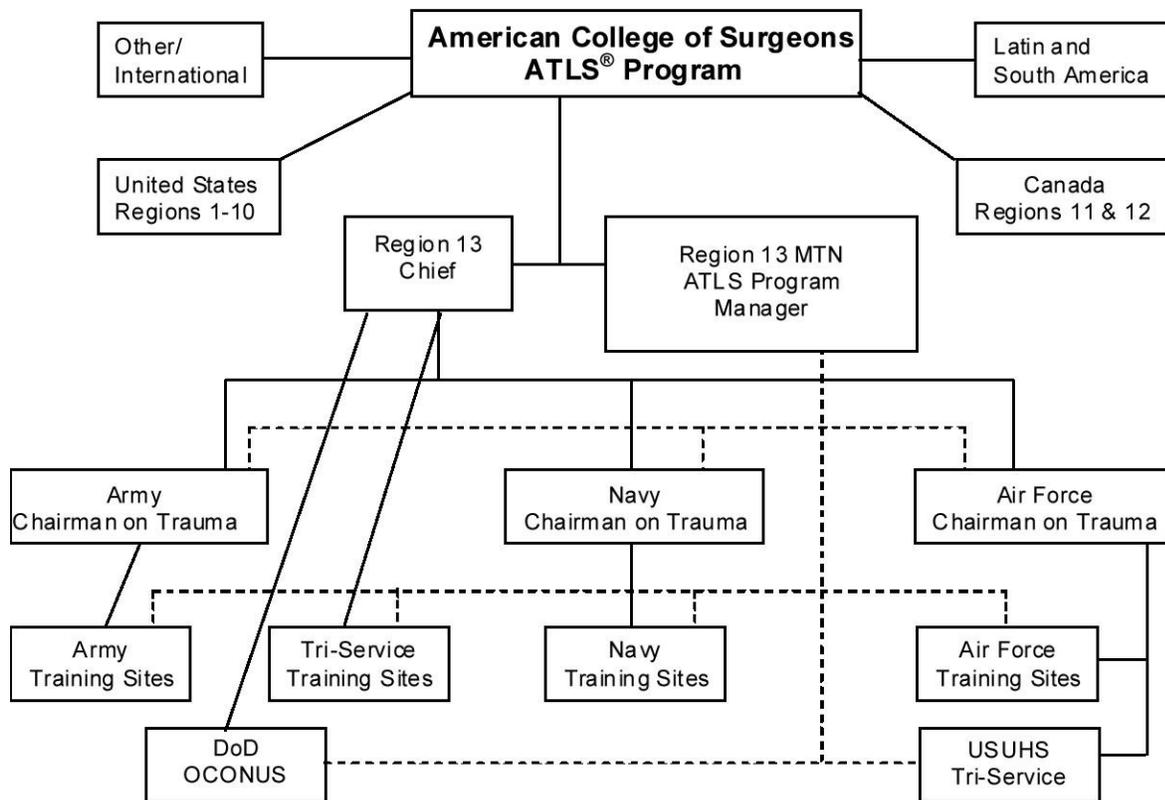
8-1. Introduction

This section describes administration of the American College of Surgeons (ACS) Advanced Trauma Life Support (ATLS®) training program. The ACS ATLS® program and materials are protected under applicable international copyright law. The ACS Advanced Trauma Life Support for Doctors; Instructor Course Manual is a required reference.

8.2. Administration of MTN ATLS® Programs

a. The ACS has divided the ATLS® program into 15 regions. Regions 1-10 are located in the United States. Regions 11 and 12 are located in Canada. Region 13 is the MTN including its training sites worldwide. The last two regions are “Other/International” and “Latin and South America.”

b. Training Sites have two appointed staff and a cadre of instructors that provide ATLS® courses. The TS receives administrative oversight from the ATLS® Program Manager and the MTN Director. The Committee on Trauma (COT) Chairperson(s) provides expert curricular oversight and guidance to the TS staff. Each branch of the service has one COT Chairperson who is responsible for all ATLS® activities taking place in that service. The Region 13 Chief serves as the senior consultant between the three COT chairpersons and the ACS. The ATLS® Program Manager provides administrative coordination between the TS, Instructors, COT chairpersons, Region 13 Chief, and the ACS. A diagram of the organizational structure follows:



8-3. MTN ATLS® Program Manager

ATLS® Program Manager
Military Training Network/Uniformed Services University
4301 Jones Bridge Road
Bethesda, Maryland 20814-4799
Telephone: DSN 295-0964 or Comm 301-295-0964
Fax Number: DSN 295-1717/1556 or Comm 301-295-1717/1556

8-4. Training Site Responsibilities

- a. Sites must maintain or have access to the following:
 - 1) An adequate number of ACS recognized ATLS® instructors.
 - 2) Training equipment and supplies as described in the Advanced Trauma Life Support for Doctors, Instructor Course Manual.
 - 3) Have access to sufficient classroom and laboratory (skill station) space.
 - 4) Courses must be held at TSs approved by the service COT Chairperson, with concurrence of the Region 13 Chief.
- b. Educational objectives must be met according to the guidelines in the ATLS® Instructor Course Manual. All core course content must be included.
- c. Course focus is on interactive learning with hands-on skills practice. All students are given an opportunity to practice skills under the supervision of an instructor who provides feedback.
- d. Courses must adhere to the student-to-instructor and student-to-manikin ratios outlined in the ATLS® Instructor's Manual.
- e. Participants must attend all course sessions (lectures and stations) as established by the Course Director in order to receive a completion card.
- f. Only medical doctors are authorized by the ACS to receive a provider card.

8-5. ACS Course Materials

- a. The ATLS® manuals and related course slides are copyrighted by the ACS and may not be reproduced without permission from the ACS. Forms found in the ATLS® Instructor Manual may be duplicated for direct use in an ATLS® course. Course materials are not available on an open-sale basis and may only be purchased from the ACS in conjunction with each authorized ATLS® course. Prepayment for course materials is required.

b. Current ATLS[®] instructors may procure replacement or new editions of ATLS[®] Instructor Manuals. The instructor submits a request to the COT Chairperson for endorsement. Once approved the request is sent to the ACS for processing. Direct procurement of the ATLS[®] Instructor Manual is otherwise not authorized.

8-6. Written Examinations

a. Written examinations may not be altered in any way. Any concerns regarding specific questions or answers may be referred to the TS Course Director.

b. To measure each student's understanding of the course material the examination is completed by each student individually. Testing must occur in a monitored setting.

c. Provider course students must score 80% or higher to "Pass" the examination. Students who score below 80% receive remediation and are re-evaluated with a second version of the written examination in accordance with the ACS Guidelines.

8-7. Training Equipment

The equipment required for an ATLS[®] course is listed in the ATLS[®] Instructor Course Manual. All items except those identified as optional must be available for faculty demonstration and student practice. Equipment should be of the same make and manufacture as the actual equipment that the facility/students use in the clinical setting. The surgical skills practicum is conducted: in an animal research facility or cadaver laboratory, or using an ACS approved ATLS[®] manikin.

8-8. Training Site Staff

a. Course Director

1) Position Description: The Course Director (CD) is responsible for all aspects of an ATLS[®] course at the TS. Course Directors are surgeons and typically the senior or most experienced TS ATLS[®] Instructor. The CD is nominated by the COT Chairperson and appointed by the ACS.

2) Course Director Responsibilities:

- a) Implements and manages ATLS[®] courses in accordance with ACS guidelines.
- b) Notifies the MTN of problems, disputes, or other concerns.
- c) Ensures the appropriate records and reports are maintained at the TS and forwarded to MTN by the suspense dates.
- d) Secures adequate training resources (e.g. space, textbooks, and equipment).

- e) Shares responsibility and accountability for ACS course materials.

3) Appointment Criteria:

- a) A surgeon and current ATLS[®] instructor.

- b) Must be monitored in the CD role by an ACS State Faculty or higher during an ATLS[®] course. Monitoring is documented on a CD critique form and included with the Post Course Report.

b. Course Coordinator

1) Position Description: The Course Coordinator (CC) is responsible for all administrative aspects of conducting an ATLS[®] course.

2) Course Coordinator Responsibilities:

- a) Administers ATLS[®] training courses in accordance with ACS guidelines.

- b) Ensures the appropriate records and reports are maintained at the TS and forwarded to MTN by the suspense dates.

- c) Obtains and maintains adequate training resources (e.g. space, textbooks, equipment, and supplies).

- d) Shares responsibility and accountability for ACS course materials.

3) Appointment Criteria:

- a) Cannot be the same person as the CD.

- b) Typically an individual assigned to the education, training, or surgical departments.

- c) Must audit a student course and be monitored in the CC role by an experienced CC during a subsequent ATLS[®] course.

4) The CC Critique Forms are completed along with the Post Course Report. The COT Chairperson endorses the recommendation and the ACS promotes the individual to the CC position.

c. ATLS[®] Educator

1) Position Description: Qualified Educators effectively demonstrate a variety of teaching skills to students in the ATLS[®] Instructor Course.

2) Responsibilities:

a) Implements the guidelines found in the Teaching the ATLS[®] Instructor Course: A Curriculum for Educators, section of the ATLS[®] Instructor Manual.

b) Presents all teaching-how-to-teach lectures at the Instructor Course.

c) Provides feedback and critiques to students and faculty.

3) Appointment Criteria: An ATLS[®] Educator should have a master's or doctorate degree with concentration or specialization in education as well as experience in postsecondary teaching. A qualified applicant is recommended by the COT chairperson, attends or audits an ATLS[®] student course, and receives educator training and monitoring from a National Educator during an Instructor course.

4) Length of appointment: Upon successful completion of the nomination, training, and monitoring phases, Educators are added to the ACS list of approved Educators. Educators are required to reverify their status every four years.

8-9. Instructor Records

The ACS maintains instructor records including teaching histories. The Course Director is responsible for verifying the instructor status of faculty prior to each course. When planning a course contact the ATLS[®] Program Manager for questions regarding an instructor's status. Each Training Site will make the determination on the need to maintain individual instructor folders at their level. Training Site Instructor folders are not required by the Military Training Network.

8-10. Student and Instructor Post Course Reports

The CC is responsible completing the Post Course Report (PCR) forms and sending the necessary documents to the ATLS[®] Program Manager within 30 days of course completion. The Program Manager and COT chairperson perform a quality review and forward the report to the ACS. All post course reports must be submitted via the ACS Online ATLS Report Submission Webpage. All exceptions to this practice must be approved by the ACS.

8-11. Maintenance of Course Records

The ACS maintains all necessary records of ATLS[®] courses.

8-12 Advanced Trauma Life Support Course Procedures

a. Requesting a Course

1) The TS CC completes the online Course Request Authorization Form (CRA) at least eight weeks prior to the requested course date. Final course approval comes once the ACS Region 13 Coordinator issues a course serial number.

2) After the TS receives the course serial number it may purchase ATLS® Student Course Manuals and other teaching materials. Students should receive the ATLS® Student Course Manual 30 days prior to course. Please note: if the TS has a delinquent Post Course Report or outstanding balance due, the ACS will not approve the CRA.

b. Post Course Reports

1) The CC and CD are responsible for submitting the PCR within 30 days of completing a course. All forms not completed online will be sent to the ATLS® Program Manager for review and then forwarded to the COT Chairperson for approval.

2) The TS maintains the student initial assessment forms, skill station work sheets, final evaluation forms and test answer sheets. Do not include these items with the PCR unless the CC and, or CD have concerns about a particular student's performance.

3) The COT Chairperson signs the ATLS® wallet cards for students who successfully completed the course. The ATLS® Program Manager mails them to the TS where they are issued to the students.

4) The ATLS® Program Manager maintains a copy of the submitted PCR paperwork and forwards the original to the ACS.

8-13. Advanced Trauma Life Support Courses

a. Student Course

1) Description: The Student Course is a two or two and a half day continuing medical education program for doctors. The basic design of the course is described in the ATLS® Instructor Course Manual and may not be altered to fit individual or institutional desires. The course provides participants with a safe, reliable method for immediate management of the injured patient and the basic knowledge to:

- a) Assess a patient's condition rapidly and accurately.
- b) Resuscitate and stabilize the patient according to priority.
- c) Determine if the patient's needs exceed the facility's capabilities.
- d) Arrange appropriately for the patient's inter-hospital transfer.
- e) Assure the optimum care is provided.

2) Intended Audience: ATLS® courses are conducted for doctors. Only doctors, with the following exceptions, may participate in the program and receive documentation of their successful completion from the ACS.

- a) ATLS® training may be provided to medical students in their final year of training.
- b) Doctors of Dental Surgery (DDS) and Doctors of Medical Dentistry (DMD) who are actively involved in trauma patient management may participate.
- c) Physician Extenders (PEs), defined as physician assistants and nurse practitioners may participate without expecting or receiving verification of successful course completion. Enrollment of PEs must be pre-approved by the COT chairperson. The level of participation by the PEs is at the discretion of the CD with the approval of the COT chairperson. The number of PEs is limited to 25% of the total participants. The PEs may receive a letter from the CD that verifies their participation in the course.
- d) Auditors: Individuals may audit the course provided they obtain permission from the COT chairperson on the CRA. Auditors attend the lectures and observe the practical skills stations.

3) Student Materials:

- a) The ATLS® Student Course Manual.
- b) Triage Scenario workbook.

4) Faculty Materials:

- a) ATLS® Instructor Course Manual.
- b) ATLS® Slide Set and X-Ray Slide Set.
- c) Course materials are not available for open sale. Materials must be purchased from the ACS for an approved ATLS® course. Course materials are paid for in advance.

5) Faculty:

- a) The CD must be a fully trained surgeon with ACS qualified National, Regional, State/Provincial, or instructor status.
- b) Additional faculty may include ACS qualified National, Regional, State/Provincial faculty, and ATLS® instructors / instructor candidates. At least 50% of the faculty must have surgical specialties.
- c) An ACS qualified Course Coordinator is required for all ATLS® courses.
- d) Only surgeons may present the surgical skills lab.
- e) All faculty must be updated with most current teaching guidelines and materials.

6) Format:

a) Courses are designed for 16 doctors. A maximum of 24 is allowed as long as the Student to Faculty ratio does not exceed 4:1. If a second Course Director is added to the course, the participant number can go up to 32.

b) The course schedule should not be altered from the schedule presented in the ATLS® Instructor Course Manual. Lectures and skills stations are presented in a prescribed order.

7) Course Completion:

a) Successful completion of the course is based on the student's overall performance.

b) Students who do not attend the entire course must complete all missed portions within 90 days of the original course date.

c) Students who do not successfully complete the Initial Assessment testing station may be retested at the end of the course or in another course within 90 days of the original course date.

d) Neither the ACS, MTN, nor COT chairperson "certifies" participants in continuing education courses. Once the above requirements are met students receive documentation (verification letters or wallet cards) of satisfactory course completion from the ACS. The ATLS® wallet card expires four years from the last day of the course.

e) Students who attend the entire course, regardless of their outcome, are eligible to Continuing Medical Education (CME) credit hours. The CC issues student CME cards to the students.

8) Reverification at the Student Course level:

a) To maintain current ATLS® status doctors must successful complete a Student Refresher Course or entire Student Course every four years.

b) The Student Refresher Course is a half-day or one day course that is taught separately or in conjunction with a full Student Course. Individuals who successfully completed a Student Course within four years are eligible to attend. The policies and procedures described for the Student Course (above) are similar to those of the Student Refresher Course. See the ATLS® Instructor Course Manual for more information.

b. Instructor Course

1) Description: The Instructor Course is a one and a half day course designed to teach doctors to teach in the ATLS® program. The basic design of the course is described in the ATLS® Instructor Course Manual and may not be altered to fit individual or institutional desires. The course is divided in seven sessions:

- a) Roles and responsibilities of the instructor.
- b) Course design and learning principles.
- c) Lecturing techniques and mini-lecture practice sessions.
- d) Group discussion techniques and practice sessions.
- e) Skills teaching techniques and practice sessions.
- f) Initial assessment skills teaching techniques and practice sessions.
- g) Closure.

2). Eligibility:

- a) ATLS[®] Instructor Course applicants must have successfully completed a Student Course within the 2 years in which they were identified as instructor potential.
- b) The ACS, ATLS[®] Division gathers all information on potential new instructors from PCRs. The MTN and ACS verify whether an applicant is identified as instructor potential.
- c) If more than two years, but less than four years, has lapsed since the applicant participated in a Student Course, the applicant must successfully complete a Student or Student Refresher Course.
- d) Auditing an Instructor Course is not permitted.

3) Student Materials:

- e) The ATLS[®] Instructor Course Manual.
- f) Triage Scenario workbook.

4) Faculty Materials:

- g) ATLS[®] Instructor Course Manual.
- h) Course materials are not available for open sale. Materials must be purchased from the ACS for an approved ATLS[®] course. Prepayment of all course materials is required.

5) Faculty:

- a) The CD should be the COT chairperson. The State COT Chairperson can elevate a State Faculty to Instructor Course Director after observing him/her in this capacity.

- b) Additional faculty may include ACS qualified National, Regional, State/Provincial faculty, an Educator, and ATLS[®] instructors.
- c) A qualified ATLS[®] Educator is required for all Instructor Courses.
- d) An ACS qualified Course Coordinator is required for all ATLS[®] courses.
- e) All instructors must be updated with the most current teaching guidelines and materials.

6) Format:

a) Courses are designed for 9 students. The student to CD and Educator ratio must not exceed 9:1 during the presentations and mini-lecture sections. A 3:1 instructor to student ratio is required during the skills stations. If an additional CD and Educator are added to the course, the participant number can go up to 18.

b) The course schedule should not be altered from the schedule presented in the ATLS[®] Instructor Course Manual. Lectures and skills-teaching stations are presented in a prescribed order.

c) The CD is responsible for presenting the “Introduction to the Instructor Course” and “Roles and Responsibilities of the Instructor.” A qualified Educator presents all teaching-how-to-teach lectures. Qualified, experienced instructors and a qualified educator conduct all teaching stations.

7) Course Completion:

a) Successful completion of the course is based on the student’s overall performance. The student must attend the entire course and complete the following:

b) Fulfill the course pre-requisites.

c) Be proficient in the cognitive and practical educational concepts presented in the ATLS[®] teaching materials.

d) Demonstrate the proper attitude and affect desired of ATLS[®] instructors.

e) After successful completion of the Instructor Course, students are considered instructor candidates. Candidates must complete their teaching requirements in a Student Course within one year of the Instructor Course. The candidate must teach both a lecture and a related skill station. Candidate teachings must be observed / critiqued by the COT Chairperson or representative during this initial performance.

f) After the ACS receives the Instructor Candidate Critique Form, as part of the PCR, an ATLS[®] Instructor card is generated. The card is mailed to the service COT Chairperson for

signature and forwarded to the new instructor by the MTN. It routinely takes six months for a new instructor to receive his/her card.

g) Neither the ACS, MTN, nor COT chairperson “certifies” participants in continuing education courses. Once the above requirements are met students receive documentation (verification letters or wallet cards) of satisfactory course completion from the ACS. The ATLS® Instructor card expires four years from day the candidate completed the teaching requirements.

h) Students who attend the entire course, regardless of their outcome, are eligible to Continuing Medical Education (CME) credit hours. The CC issues student CME cards to the students.

8-14. Instructor Reverification

- a. To maintain current ATLS® instructor status doctors must be reverified every four years. The instructor may receive an Instructor Status Notification (ISN) form from the ACS. **This form is not generated by the Military Training Network.** It is not necessary to receive the ISN in order to request reverification. Instructors desiring to reverify their status should contact the ATLS Program Manager for testing material.
- b. Re-verification is voluntary. Instructors with expired instructor status may not teach ATLS®. The ACS provides an additional six-month grace period, beyond the card expiration date to complete the reverification process.
- c. The MTN ATLS® Program Manager reviews the reverification request and verifies the instructor’s eligibility.
 - a. Instructors must teach four (4) courses in fours (4) years, approximately one course per year (minimum). The course in which instructors complete their teaching requirements may count as one of the four required teaching episodes for the first reverification cycle.
 - b. All instructors must teach a lecture and the related skills station in order to receive one teaching credit.
 - c. Instructors must complete an instructor update when the course is revised.
 - d. Instructors must consistently demonstrate support for the program’s philosophies, competency in teaching the ATLS® Program, and a positive attitude.
- d. The ATLS® Program Manager notifies the COT Chairperson of instructors who have not met the teaching requirements.
- e. The ATLS® Program Manager sends instructors that have met the teaching requirements an Instructor Reverification Package that contains:

1) The Instructor Reverification Form (IRF).

2) A test booklet and answer sheet.

f. The completed IRF and test are returned to the MTN. The Program Manager scores the examination (passing = 80% or higher) and forwards the IRF to the COT Chairperson for review. An approved IRF is forwarded to the ACS.

g. The ACS will update the instructor's records and generate a new Instructor card. The card is endorsed by the COT Chairperson and mailed to the instructor.

h. If circumstances prevent the instructor from completing the reverification process, the instructor is responsible for contacting the COT Chairperson or the ATLS Program Manager.

i. Any problems encountered during the reverification process should be reported to the ATLS[®] Program Manager.

APPENDIX A – FORMS

POSITION APPOINTMENT AND NOMINATION FORMS

MILITARY TRAINING NETWORK TRAINING SITE FACULTY (TSF) NOMINATION FORM

ACLS PALS BLS

New Nomination

Re-Nomination

Instructions: To be completed and then approved by the Program Director. Training Site Faculty status must be renewed every two years. Send or fax a copy of this form to the MTN Program Manager; retain a copy in the instructor file along with a copy of the TSF Card (both front and back) and CV .

Name (with rank and title):

Complete Unit Name and

Mailing Address:

(No P.O. Boxes)

Work Phone: Comm

DSN

Fax:

Command Duty Phone: Comm

DSN

Work and/or home e-mail:

How long has the candidate been an Instructor?

Expiration date of current instructor card:

List the last 8 courses taught to include dates:

List date taught or assisted teaching an Instructor or Instructor Renewal Course:

MTN Training Site Faculty Commitment: As an MTN Training Site Faculty, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Heart Association. I agree to maintain my instructor commitments in addition to fulfilling the responsibilities of a Training Site Faculty. I also agree to strengthen the Chain of Survival and the mission of the MTN and the American Heart Association within my community.

Signature of Training Site Faculty Candidate

Date

Verification of Training Site Faculty Potential: **(All required)**

Has been identified as having Training Site Faculty potential during performance as an Instructor

Has demonstrated Training Site Faculty potential during a screening evaluation

Has demonstrated exemplary performance of Provider skills

Has had at least two-years experience as an Instructor **or** has taught at least eight courses

Has served as a lead instructor or course director in at least one MTN course in respective discipline

Re-Nomination: has taught at least one instructor and four provider courses over the past two years.

Completed Core Instructor's Course _____/Date

Signature of Program Director

Name / Title

Military Training Network Instructor Renewal Checklist

Purpose: This checklist will be used to document the successful completion of Instructor renewal requirements. This form will be maintained in the Instructor's file and a copy will be submitted and kept with the appropriate post course report.

| Instructor Contact Information | |
|--------------------------------|----------------------------------|
| Name: | |
| Address: | |
| Phone: | Fax: |
| Email: | |
| Other Contact Information: | |
| Discipline: | Instructor Card Expiration Date: |

| Renewal Checklist | | |
|---|----------|---------|
| <input type="checkbox"/> Provider skills successfully demonstrated | Date: | Method: |
| <input type="checkbox"/> Provider examination completed with a score or 84% or Higher | Date: | |
| <input type="checkbox"/> Instructor update attended | Date(s): | |
| <input type="checkbox"/> Instructor Monitor Form completed successfully | Date: | |
| <input type="checkbox"/> At least four Provider courses taught in past two years (attach waiver if necessary) | | |

Teaching Activity

| Course Name | Date | Location (TS) | Station/Module |
|-------------|------|---------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Additional courses may be attached or listed on the back of this form

New Instructor Card issued Date: _____

Program Director Signature

The Program Director's signature on this form verifies that the above Instructor has met all requirements necessary to their instructor status.

Military Training Network Instructor Candidate Application

Instructions: To be completed by Instructor candidate with appropriate signatures. Complete one application for each discipline

Name (rank and / or title): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Type of Instructor Course: Heart Saver BLS ACLS PALS

Expiration date of provider card in discipline in which candidate is seeking Instructor Status: _____

Date completed Core Instructor Course: _____

Instructor Commitment: As and AHA/MTN instructor, I agree to teach at least four courses in two years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Signature of Instructor Candidate

Date

TS Alignment: I approve this application and grant alignment with this Training Site for this applicant. I agree to all responsibilities for this instructor as outlined in the MTN Administrative Handbook.

Training Site: _____

Signature of Program Director

Date

Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% or higher on the Provider written examination in the discipline for which he/she is applying and has completed at least one of the following options.

- Has been identified as having Instructor potential during performance in a Provider Course
- Has demonstrated Instructor potential during a screening evaluation
- Has demonstrated exemplary performance of Provider skills under my direct observation

Signature of TSF/Program Director/Lead Instructor (circle appropriate title)

Date

MILITARY TRAINING NETWORK (MTN) CURRICULUM VITAE (CV) FORM

PURPOSE: To provide information about MTN Program Director (PD) and Training Site Faculty (TSF).

ROUTINE USES: Documentation of teaching credentials for PD and TSF at training sites and MTN.

Last Name, First Name, MI, Professional Licensure, Branch of Service

Rank

Complete Duty Mailing Address

Duty Station or Employer

Telephone(s)

Comm:

DSN:

Present Position, Duty and Responsibilities

Education Institution

Major

Degree

Year

Other

RELEVANT TEACHING EXPERIENCE AS PD, TSF, LEAD INSTRUCTOR OR INSTRUCTOR FOR BLS, ACLS, AND/OR PALS (TYPE OF CLASS and DATES)

List the last 8 courses taught in this format (DATE/TYPE/LOCATION)

****If substitute CV is used, please attach / AHA teaching history**

Membership in organizations; publications, area of special interest, awards, etc

MILITARY TRAINING NETWORK PROGRAM DIRECTOR (PD) NOMINATION FORM

ACLS PALS BLS

Instructions: To be completed and sent to the Military Training Network with appropriate signatures. The MTN Director approves nominations. The Program Director and Program Administrator can not be the same individual due to the requirement for separation of duties. Please refer to your MTN Handbook for more information. **(Submit one nomination package for each discipline).**

Name (with rank and title):

Complete Unit Name and

Mailing Address:

(No P.O.Boxes)

Work Phone: Comm DSN Fax:

Command Duty Phone: Comm DSN

Work and/or home e-mail:

Expiration date of current Training Site Faculty card:

List the last 8 courses taught to include dates?

List date taught or assisted teaching an Instructor or Instructor Renewal course:

MTN Program Director Commitment: As an MTN Program Director, I agree to uphold the program guidelines set forth by the Military Training Network and the American Heart Association. I will maintain my instructor and Training Site Faculty commitments including teaching provider/instructor courses and monitoring instructors. I also agree to strengthen the Chain of Survival and the mission of the MTN and American Heart Association within my community. **Attached is my Training Site Faculty Card (front and back) and Curriculum Vitae (CV). I assume responsibility for all controlled items associated with this program.**

Completed Core Instructor's Course _____/Date

Signature of Program Director Candidate

Date

Concur:

I concur and recommend this appointment.

Signature of Commander/Commanding Officer

Date

Printed Name of Commander/Commanding Officer

MILITARY TRAINING NETWORK PROGRAM ADMINISTRATOR (PA) APPOINTMENT FORM

ACLS PALS BLS

Instructions: To be completed then approved by the Program Director. Send a copy of the approved form to the MTN. The Program Director and Program Administrator cannot be the same individual due to the requirement for separation of duties. Please refer to your MTN Handbook for more information. **(Use separate forms for each discipline)**

Name (with rank and title):

Complete Unit Name and

Mailing Address:

(No P.O. Boxes)

Work Phone: Comm DSN Fax:

Command Duty Phone: Comm DSN

Work and/or home e-mail:

MTN Program Administrator Commitment: As an MTN Program Administrator, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Heart Association. I will read the Military Training Network's Administrative Handbook, and use it as the primary guide for my Program.

Program Administrator Orientation Conducted on _____

Signature of Program Administrator Candidate Date

Concur:

I concur and finalize this appointment.

Signature of Program Director Date

Printed Name of Program Director

AFFILIATION PACKET

MILITARY TRAINING NETWORK AFFILIATION/RE-AFFILIATION REQUEST FORM

We plan to conduct the following training:

(Please fill out one sheet per program)

Include proposed course schedule/outline/agenda for each type of course

BASIC LIFE SUPPORT ADVANCED CARDIAC LIFE SUPPORT PEDIATRIC ADVANCED LIFE SUPPORT DATE: _____

| | | | | | |
|---|--|--------------------------|--|---------------|--|
| Unit Name | | Phone: Comm | | DSN | |
| Mailing Address for MTN correspondence: Unit /Office: Street Address: City State Zip: | | Fax: Comm | | MTN Site Code | |
| | | Commanders Office | | | |
| | | Phone: Comm | | DSN | |

| | | | | | |
|---|--|----------------------|----------------------------------|--|-------|
| Program Director: <i>(Must provide MTN CV annually)</i> | | | Program Administrator: | | |
| Name: | | Rank: | Name: | | Rank: |
| <i>(Lastname, Firstname, MI)</i> | | | <i>(Lastname, Firstname, MI)</i> | | |
| Duty Phone: Comm: | | Duty Phone: Comm: | | | |
| DSN: | | DSN: | | | |
| Duty E-mail: | | Duty E-Mail: | | | |
| TSF Card Expiration Date: | | Date of Appointment: | | | |

| Estimated number to be trained | | |
|--------------------------------|------------|----------|
| Program | Instructor | Provider |
| ACLS | | |
| PALS | | |
| PEARS | | |
| BLS-HCP | | |
| Heartsaver | | |
| Heartsaver AED | | |
| Heartsaver CPR | | |

**** CME IS OFFERED FOR ALL ACLS & PALS COURSES AND MUST BE PRE-APPROVED**

REQUEST CME THROUGH THE MTN? Check one YES NO

WE HAVE MEDICAL STUDENTS OR INTERNS? Check one YES NO

I CERTIFY THAT ALL EQUIPMENT IAW AHA INSTRUCTOR MANUAL IS AVAILABLE TO CONDUCT TRAINING.

Signature Block Commanding Officer/Unit Commander/Facility Director

Signature

BLS SEMI / ANNUAL REPORT

ADDITIONAL CARD REQUEST FORM

MILITARY TRAINING NETWORK ADDITIONAL CARDS REQUEST

PURPOSE: This form will be used to request additional cards. This request will not be processed if submitted within 30 days of semi-annual or annual report due date or anytime after if no report has been received. One form may be used for all programs, please ensure that applicable PDs and PAs sign below. Please fill in this form completely and fax to the MTN at 301-295-1717 or DSN 295-1717

Unit:

Date of Request:

I request the following number of cards:

| Discipline | Provider | Instructor | TSF |
|----------------|----------|------------|-----|
| BLS-HCP | | | |
| Heartsaver | | | |
| Heartsaver AED | | | |
| Heartsaver CPR | | | |
| ACLS | | | |
| PALS | | | |
| PEARS* | | | |

| | |
|---------------------------------|---------------------------------|
| Basic Life Support (BLS) | |
| _____ | _____ |
| Program Director Signature | Program Administrator Signature |

| | |
|---|---------------------------------|
| Advanced Cardiac Life Support (ACLS) | |
| _____ | _____ |
| Program Director Signature | Program Administrator Signature |

| | |
|---|---------------------------------|
| Pediatric Advanced Life Support (PALS) | |
| _____ | _____ |
| Program Director Signature | Program Administrator Signature |

* The PALS Program Director signs for PEARS card requests.

POST COURSE REPORTS

POST COURSE REPORT
 (Complete one PCR for each course)

Date: _____

Type of course conducted: _____ Training Site Name _____
 Complete Course Location _____

| Date Started | Date Completed | # Enrolled | # Enrollees Retrained (those who completed course at least once in their past) | # cards issued Provider / Instructor | # of instructor reregistered |
|--------------|----------------|------------|--|---|---------------------------------|
| | | | | / | |

Lead Instructor's Information

(Full Name, Rank, Corps) _____

(Duty Phone No.) Comm _____ DSN _____

(Duty Email Address) _____

Infection Control Guidelines were adhered to during course and equipment was cleaned IAW Manufacturers instructions at the completion of the course: _____
 Signature and Title _____

Program Administrator Information

(Full Name, Rank, Corps) _____

(Duty Phone No.) Comm _____ DSN _____

(Duty Email Address) _____

I certify this course has been conducted under the standards and procedures established by the American Heart Association and the Military Training Network.

 Program Director Signature

 Program Administrator Signature

| MILITARY TRAINING NETWORK INSTRUCTOR LIST | | | | |
|--|--|------------------------------|------------------|--------------------------------|
| Instructor's Full Name (Last, First, MI) Rank, Branch of Service, Corps | Professional Licensure (MD, DO, CRNA, RN, EMT, etc.) | AHA Instructor Card Exp Date | PD, TSF, or Inst | **Renewing Instructor (yes/no) |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

** For renewing Instructors Attach the Instructor Renewal Form.

GRADE REPORT FOR BLS _____ COURSE

COURSE DATE: _____

(Annotate with completed (C), with remediation (R), Instructor-Potential (IP), or unsuccessful (U) under appropriate column).

| Name (Last, First, MI) Rank, Branch of Service, Corps | Professional Licensure (MD, DO, CRNA, RN, EMT, etc.) | Skills and evaluation stations | First time student (Y or N) | Written Exam (≥ 84%) | Retest (≥ 84%) (+) | Performance Level | Date Monitored by TSF (Instructor Courses only) |
|--|---|--------------------------------------|-----------------------------------|----------------------------|-----------------------|----------------------|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |

+ Retest indicates student has been remediated by Course Director or Instructor on missed items (i.e. using annotated answer key). Report the % score on second version of exam.

Military Training Network Course Evaluation

Instructions: Please take a moment to complete this evaluation of the course in which you just participated. We want to provide excellent courses, and we value your opinion. Your comments will be used to make ongoing improvements in our program. Please refer to the rating scale provided below. Thank you for your participation.

Date: _____ Which course did you just complete BLS ACLS PALS (circle one)

Name of Course: _____

Lead Instructor: _____

Name of Training Site: _____

Date(s) of Course: _____ Length: _____

Location: _____

Reason for taking the course: _____

1-----2-----3-----4-----5
 Strongly Disagree Disagree Neutral Agree Strongly Agree

| | | | | | |
|--|---|---|---|---|---|
| 1. The program met its stated objectives. | 1 | 2 | 3 | 4 | 5 |
| 2. Overall this course met my expectations. | 1 | 2 | 3 | 4 | 5 |
| 3. The program content was relevant to my work and extended knowledge. | 1 | 2 | 3 | 4 | 5 |
| 4. There was an adequate supply of equipment that was clean and in good working order. | 1 | 2 | 3 | 4 | 5 |
| 5. The method of presentation enhanced my learning experience. | 1 | 2 | 3 | 4 | 5 |
| 6. The audiovisual materials enhanced the presentation. | 1 | 2 | 3 | 4 | 5 |
| 7. The program resource materials (ie. textbooks, outlines, agendas, handouts) were useful | 1 | 2 | 3 | 4 | 5 |
| 8. Course materials, including the appropriate AHA textbook, were provided to allow adequate preparation time. | 1 | 2 | 3 | 4 | 5 |
| 9. The classroom environment was conducive to learning. | 1 | 2 | 3 | 4 | 5 |
| 10. There were adequate and appropriate physical facilities for this course. | 1 | 2 | 3 | 4 | 5 |
| 11. I would recommend this course to my colleagues. | 1 | 2 | 3 | 4 | 5 |
| 12. The program was presented at an appropriate pace conducive to learning. | 1 | 2 | 3 | 4 | 5 |
| 13. Instructors presented the material with knowledge and clarity. | 1 | 2 | 3 | 4 | 5 |
| 14. Instructors provided adequate and helpful feedback | 1 | 2 | 3 | 4 | 5 |

(COURSE EVALUATION CONTINUED)

Please rate the instructor's overall effectiveness: 1-----2-----3-----4-----5
Poor Fair Satisfactory Good Excellent

| Instructor and Topic | 1 | 2 | 3 | 4 | 5 | Comments |
|----------------------|---|---|---|---|---|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Please use this space to make any additional comments:

Were there any specific strengths or weaknesses of the program that you would like to comment on?

(Optional)

If you would like feedback on your comments, please fill out the following:

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: (required if any action is being requested):

Thank you for your participation and input.

Military Training Network Instructor Teaching Activity Notice

Instructions: When an Instructor teaches a course at a training site other than his/her primary training site, this form is to be completed and sent to the Instructors primary training site.

Primary Training Site Information

Name of Training Site Program Administrator: _____

Training Site Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Name of Instructor: _____

Discipline: HS BLS ACLS PALS

Instructor Card Expiration Date: _____

Course Information

This confirms that the above-named Instructor has taught the following course:

Training Site Sponsoring the course: _____

Date of Course _____ Location: _____

Type of course taught: _____

Modules / Stations taught: _____

*Name of Lead Instructor: _____

*Signature of Lead Instructor: _____ Date: _____

* If this instructor serves as the lead instructor, the Program Director of the sponsoring training site will sign as Lead Instructor on this form.

Military Training Network Financial Disclosure

**Uniformed Services University of the Health Sciences (USUHS)
Continuing Education Activity**

DISCLOSURE FORM

As an accredited continuing education provider, the Uniformed Services University of the Health Sciences must ensure balance, independence, objectivity, and scientific rigor in all its directly or jointly sponsored educational activities. Individuals associated with an accredited activity are to disclose to the activity audience any significant financial interest or other relationship with (1) the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation and (2) any commercial supporters of the activity. Relevant financial relationships include those occurring within the past 12 months that create a conflict of interest, e.g., grants or research support, employee status, consultant, major stockholder, member of speaker's bureau, etc. This disclosure provides listeners with information to determine whether the interests or relationships influence the presentation.

TITLE OF CE ACTIVITY:

DATE:

Check one of the following statements:

- I, the undersigned (and immediate family members), have no relationships to disclose.
- I, the undersigned (and immediate family members), have a financial arrangement or affiliation with a commercial interest offering financial support or grant monies for, or related to, this activity; and/or
- I, the undersigned (and immediate family members), have a financial relationship with a manufacturer of a product discussed in my presentation at this continuing education program as follows:

Nature of Affiliation / Financial Interest

Name of Commercial Interest

Do not disclose the actual financial value of any affiliation.

- Grants/Research Support
- Consultant
- Stock Shareholder (directly purchased)
- Honorarium Recipient
- Other Financial or Material Support

Is there a discussion of unlabeled uses: Yes No

If yes, you must disclose this information during your presentation. How will you do this?

- Verbal statement during the presentation Information provided on handout
- Information provided in audiovisuals (slides, overhead, PowerPoint, etc.)
- Other. Describe other:

I agree to the Commercial Support Terms and Conditions listed on the back of this form.

Print Your Name: _____

Your Role in This Activity: Planner Faculty Content Specialist

Signature

Date

COMMERCIAL SUPPORT TERMS AND CONDITIONS

Disqualification. Anyone refusing to disclose a relevant financial relationship is disqualified from, “being a planning committee member, a teacher, or an author of continuing medical education and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.” (2004 Accreditation Council for Continuing Medical Education Standards for Commercial Support)

Disclosure. Anyone associated with a CE activity who may influence the agenda, content or program, must complete and submit the Disclosure Form located on the front side of this document prior to the activity date and ensure that the Disclosure Form is complete and truthful to the best of their knowledge.

Relevant relationship. Anyone who may have control of, or responsibility for, the development, management, presentation or evaluation of the CE activity shall report financial relationships occurring within the past 12 months that may create a conflict of interest.

Fair Balance. Activities are required to present fair and balanced information that is objective and scientifically rigorous.

Use of Generic versus Trade Names. Presenters should use scientific or generic names when referring to products. Should it be necessary to use a trade name, trade names of all similar products should be used.

Commercial Supporter Influence. Planners, coordinators, presenters are not permitted to receive any direct remuneration or gifts from the commercial supporter(s) of this activity nor should they be subject to direct input from a commercial supporter regarding the content of any presentations.

**ADVANCED CARDIAC LIFE SUPPORT AND PEDIATRIC
ADVANCED LIFE SUPPORT ANNUAL REPORT**

MILITARY TRAINING NETWORK ACLS/PALS ANNUAL REPORT

FY _____

(Name of the Facility)

| <i>Program</i> | Number of Providers Trained (Initial Trng) | Number of Providers Re-trained | Total Providers Cards Used / Destroyed Cards | <i>Provider Card Balance</i> |
|----------------|---|---------------------------------------|---|------------------------------|
| ACLS | | | / | |
| PALS | | | / | |
| PEARS | | | / | |

| <i>Program</i> | Number of Instructors Trained | Number of Instructors Re-registered | Total TSF Cards Used / Destroyed | Total Instructor Cards Used / Destroyed Cards | <i>Instructor Card Balance</i> |
|----------------|--------------------------------------|--|---|--|--------------------------------|
| ACLS | | | / | / | |
| PALS | | | / | / | |

PROJECTED CARD USE FOR FY _____

| | Instructor | Provider | TSF | PEARS |
|------|-------------------|-----------------|------------|--------------|
| ACLS | | | | |
| PALS | | | | |

MTN Appointed Positions:

Program Director _____
(Signature)

Program Administrator _____
(Signature)

Attachments: List of Courses Completed

MILITARY TRAINING NETWORK

LIST OF COURSES COMPLETED FY _____

| | | | |
|------------------------|--|------------------------------|--|
| <i>FACILITY</i> | | <i>REGION/COMMAND</i> | |
|------------------------|--|------------------------------|--|

| DATE OF COURSE | NUMBER OF PROVIDERS TRAINED | NUMBER OF PROVIDERS RE-TRAINED | NUMBER OF INSTRUCTORS TRAINED | NUMBER OF INSTRUCTORS RE-REGISTERED | PCR SENT TO MTN (If no, please attach) |
|-----------------------|------------------------------------|---------------------------------------|--------------------------------------|--|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

APPENDIX B – EXAMPLE FORMS

POSITION APPOINTMENT AND NOMINATION FORMS

MILITARY TRAINING NETWORK TRAINING SITE FACULTY (TSF) NOMINATION FORM

ACLS PALS BLS

New Nomination

Re-Nomination

Is this person the Program Director? Yes No

Instructions: To be completed and then approved by the Program Director. Training Site Faculty status must be renewed every two years. Send or fax a copy of this form to the MTN Program Manager; retain a copy in the instructor file along with a copy of the TSF Card (both front and back) and CV .

Name (with rank and/or title): **SMITH, JOSEPH A, Col, MD**
Complete Unit Name and **325TH AEROMEDICAL EVACUATION SQUADRON**
Mailing Address: **2658 CHAPPY JAMES BLVD**
(No P.O. Boxes) **SCOTT AFB, IL 62225**
Work Phone: Comm 618-257-1518 DSN 304-1518 Fax: 618-257-1946

Command Duty Phone: Comm 618-257-6968 DSN 314-6968

Work and/or home e-mail: **JOSEPH.SMITH@US.AF.MIL**

How long has the candidate been an Instructor? **3 YEARS**

Expiration date of current instructor card: 03/10

List the last 8 courses taught to include dates: **03/01/08, 02/08/08, 11/22/07, 10/29/07, 09/24/07, 04/11/07, 01/19/07, 12/08/26**

List date taught or assisted teaching an Instructor or Instructor Renewal Course: **02/08/06**

MTN Training Site Faculty Commitment: As an MTN Training Site Faculty, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Heart Association. I agree to maintain my instructor commitments in addition to fulfilling the responsibilities of a Training Site Faculty. I also agree to strengthen the Chain of Survival and the mission of the MTN and the American Heart Association within my community.

Joseph Smith

Signature of Training Site Faculty Candidate

03/19/08

Date

Verification of Training Site Faculty Potential: (All required)

- Has been identified as having Training Site Faculty potential during performance as an Instructor
- Has demonstrated Training Site Faculty potential during a screening evaluation
- Has demonstrated exemplary performance of Provider skills
- Has had at least two-years experience as an Instructor **or** has taught at least eight courses
- Has served as a lead instructor or course director in at least one MTN course in respective discipline
- Re-Nomination: has taught at least one instructor and four provider courses over the past two years.
- Completed Core Instructor's Course 12/07/07

Mary Walker

Signature of Program Director

Mary Walker, MD, Col, USAF

Name / Title

Military Training Network Instructor Renewal Checklist

Purpose: This checklist will be used to document the successful completion of Instructor renewal requirements. This form will be maintained in the Instructor's file and a copy will be submitted and kept with the appropriate post course report.

| Instructor Contact Information | |
|--|---|
| Name: James Milakovich | |
| Address: 1522 State Street, Belleville, IL 62221 | |
| Phone: 618-539-2904 | Fax: 618-539-1898 |
| Email: james.milakovic@us.af.mil | |
| Other Contact Information: | |
| Discipline: BLS HCP Instructor | Instructor Card Expiration Date: 05/08/08 |

| Renewal Checklist | | |
|--|-------------------|-------------------------|
| <input checked="" type="checkbox"/> Provider skills successfully demonstrated | Date: 2/04/07 | Method: one on one demo |
| <input checked="" type="checkbox"/> Provider examination completed with a score or 84% or Higher | | Date: 3/18/07 – 100% |
| <input checked="" type="checkbox"/> Instructor update attended | Date(s): 06/23/06 | |
| <input checked="" type="checkbox"/> Instructor Monitor Form completed successfully | Date: 09/25/07 | |
| <input checked="" type="checkbox"/> At least four Provider courses taught in past two years (attach waiver if necessary) | | |

Teaching Activity

| Course Name | Date | Location (TS) | Station/Module |
|-------------------|----------|------------------------|----------------|
| 1. HCP | 2/3/07 | Scott AFB | N/A |
| 2. Heartsaver AED | 3/10/07 | Scott AFB | N/A |
| 3. Heartsaver AED | 5/19/07 | Belleville Reserve Ctr | N/A |
| 4. HCP-Instructor | 11/08/07 | Scott AFB | N/A |

Additional courses may be attached or listed on the back of this form

New Instructor Card issued Date: 05/01/08

_____ *Mary Walker* _____
Program Director Signature

The Program Director's signature on this form verifies that the above Instructor has met all requirements necessary to their instructor status.

Military Training Network Instructor Candidate Application

Instructions: To be completed by Instructor candidate with appropriate signatures. Complete one application for each discipline

Name (rank and / or title): __SGT Collin Anderson _____

Mailing Address: __1920 Juniper Dr _____

City: __O'Fallon _____ State: __IL __ Zip: __62269 _____

Phone: __618-624-0000 _____ Fax: __618-624-0101 _____

Email: __collin.anderson@us.army.mil _____

Type of Instructor Course: Heart Saver BLS ACLS PALS

Expiration date of provider card in discipline in which candidate is seeking Instructor Status: __07/09__
Date completed Core Instructor Course: __09/05/07 _____ -

Instructor Commitment: As and AHA/MTN instructor, I agree to teach at least four courses in two years in accordance with the guidelines of the American Heart Association. I also agree to strengthen and support the Chain of Survival and the mission of the American Heart Association in my community.

Collin Anderson

4/15/08

Signature of Instructor Candidate

Date

TS Alignment: I approve this application and grant alignment with this Training Site for this applicant. I agree to all responsibilities for this instructor as outlined in the MTN Administrative Handbook.

Training Site: __325th Aeromedical Evacuation Squadron, Scott, AFB, IL _____

Mary Walker

4/15/08

Signature of Program Director

Date

Verification of Instructor Potential: I verify that this instructor candidate has achieved a score of 84% or higher on the Provider written examination in the discipline for which he/she is applying and has completed at least one of the following options.

- Has been identified as having Instructor potential during performance in a Provider Course
- Has demonstrated Instructor potential during a screening evaluation
- Has demonstrated exemplary performance of Provider skills under my direct observation

Mary Walker

4/15/08

Signature of TSF/Program Director/Lead Instructor (circle appropriate title)

Date

MILITARY TRAINING NETWORK (MTN) CURRICULUM VITAE (CV) FORM

PURPOSE: To provide information about MTN Program Director (PD) and Training Site Faculty (TSF).

ROUTINE USES: Documentation of teaching credentials for PD and TSF at training sites and MTN.

Last Name, First Name, MI, Professional Licensure, Branch of Service

Rank

Richardson, James, D, MD, USA

CPT

Complete Duty Mailing Address

345 Forward Surgical Team
4560 Ardennes Rd
Fort Bragg, NC 28310

Duty Station or Employer

Telephone(s)

345 Forward Surgical Team, Fort Bragg, NC

Comm: 910-295-1444
DSN: 351-1444

Present Position, Duty and Responsibilities

Please include all duties and responsibilities which at a minimum apply to your position within the Military Training Network. You may include your official duties and responsibilities at your discretion.

Education Institution

Major

Degree

Year

Other

Fayetteville State
University

Biology

BS

2002

USUHS

MD

2006

RELEVANT TEACHING EXPERIENCE AS PD, TSF, LEAD INSTRUCTOR OR INSTRUCTOR FOR BLS, ACLS, AND/OR PALS (TYPE OF CLASS and DATES)

List the last 8 courses taught in this format (DATE/TYPE/LOCATION)

****If substitute CV is used, please attach / AHA teaching history**

03/01/08 / BLS HCP / FORT BRAGG
02/08/08 / BLS HCP / FORT BRAGG
11/22/07 / HEARTSAVER/ FORT BRAGG
10/29/07 / BLS HCP / FORT BRAGG
09/24/07 / BLS HCP / POPE AFB
04/11/07 / HEARTSAVER / FORT BRAGG
01/19/07 / BLS HCP-INSTRUCTOR / FORT BRAGG
12/28/08 / HEARTSAVER / POPE AFB

Membership in organizations; publications, area of special interest, awards, etc

N/A

MILITARY TRAINING NETWORK PROGRAM ADMINISTRATOR (PA) APPOINTMENT FORM

ACLS PALS BLS

Instructions: To be completed then approved by the Program Director. Send a copy of the approved form to the MTN. The Program Director and Program Administrator cannot be the same individual due to the requirement for separation of duties. Please refer to your MTN Handbook for more information. **(Use separate forms for each discipline)**

Name (with rank and/or title): JULIE CUNNINGHAM, SSgt, USAF

Complete Unit Name and **325TH AEROMEDICAL EVACUATION SQUADRON**

Mailing Address: **2658 CHAPPY JAMES BLVD**

(No P.O.Boxes) **SCOTT AFB, IL 62225**

Work Phone: Comm 618-257-1518 DSN 304-1518 Fax: 618-257-1946

Command Duty Phone: Comm **618-257-6968** DSN **314-6968**

Work and/or home e-mail: julie.cunningham@us.af.mil

MTN Program Administrator Commitment: As an MTN Program Administrator, I agree to conduct and follow the regulations set forth by the Military Training Network and the American Heart Association. I will read the Military Training Network's Administrative Handbook, and use it as the primary guide for my Program.

Program Administrator Orientation Conducted on 3/21/08

 Julie Cunningham 3/22/08
Signature of Program Administrator Candidate Date

Concur:

I concur and finalize this appointment.

 Mary Walker 3/22/08
Signature of Program Director Date

 Mary Walker, MD, Col, USAF
Printed Name of Program Director

AFFILIATION PACKET

MILITARY TRAINING NETWORK AFFILIATION/RE-AFFILIATION REQUEST FORM

We plan to conduct the following training:

(Please fill out one sheet per program)

Include proposed course schedule/outline/agenda for each type of course

BASIC LIFE SUPPORT ADVANCED CARDIAC LIFE SUPPORT PEDIATRIC ADVANCED LIFE SUPPORT DATE: 9/07/08

| | | | | | | |
|---|---|--------------------------|--------------|---------------|----------|--|
| Unit Name | 325 TH Aeromedical Evacuation Squadron | Phone: Comm | 618-257-1518 | DSN | 314-1518 | |
| Mailing Address for MTN correspondence: Unit /Office: 325th Aeromedical Evacuation Squadron Street Address: 2658 Chappy James Blvd City State Zip: Scott AFB, IL 62225 | | Fax: Comm | 618-257-1946 | MTN Site Code | N/A | |
| | | Commanders Office | | | | |
| | | Phone: Comm | 618-257-6968 | DSN | 314-6968 | |

| | | | | | |
|---|-----------------------|----------------------|----------------------------------|--------------------------|-------------------|
| Program Director: <i>(Must provide MTN CV annually)</i> | | | Program Administrator: | | |
| Name: | Walker, Mary | Rank: Col | Name: | Cunningham, Julie | Rank: SSgt |
| <i>(Lastname, Firstname, MI)</i> | | | <i>(Lastname, Firstname, MI)</i> | | |
| Duty Phone: Comm: | 618-257-1518 | Duty Phone: Comm: | 618-257-1518 | | |
| DSN: | 314-1518 | DSN: | 314-1518 | | |
| Duty E-mail: | Mary.walker@us.af.mil | Duty E-Mail: | Julie.cunningham@us.af.mil | | |
| TSF Card Expiration Date: | 03/09 | Date of Appointment: | 03/22/08 | | |

| Estimated number to be trained | | |
|--------------------------------|------------|----------|
| Program | Instructor | Provider |
| ACLS | 20 | 50 |
| PALS | 0 | 0 |
| PEARS | | 0 |
| BLS-HCP | 0 | 0 |
| Heartsaver | 0 | 0 |
| Heartsaver AED | | 0 |
| Heartsaver CPR | | 0 |

**** CME IS OFFERED FOR ALL ACLS & PALS COURSES AND MUST BE PRE-APPROVED**

REQUEST CME THROUGH THE MTN? Check one YES NO

WE HAVE MEDICAL STUDENTS OR INTERNS? Check one YES NO

I CERTIFY THAT ALL EQUIPMENT IAW AHA INSTRUCTOR MANUAL IS AVAILABLE TO CONDUCT TRAINING.

Charles Zeigler, Col, USAF, MC

Charles Ziegler

Signature Block Commanding Officer/Unit Commander/Facility Director

Signature

Continuation page:

DATE(S) and TYPE(S) of courses (1 October to 30 September):

Types of Courses available: ACLS Provider, ACLS Instructor, ACLS Provider Renewal, PALS Provider, PALS Instructor, PALS Provider Renewal

| COURSE TYPE | COURSE DATE(S) |
|--|----------------|
| ACLS-P | 5/12/08 |
| ACLS-I | 6/13/08 |
| ACLS-P | 6/15/08 |
| | |
| Do not put "last entry" in this block, these will be used by the MTN Program Manager to input courses requested at later dates. | |
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BLS SEMI / ANNUAL REPORT

DATE: 9/28/08

INSTRUCTOR LIST

List all Instructors including satellite personnel. Please include date of American Heart Association Instructor Card Expiration Date.

| Name (Last, First, MI) Rank, Branch of Service, Corps | Professional Licensure (MD, DO, CRNA, RN, EMT, etc.) | Card Expiration Date | Heath Care Provider (HCP) or Heartsaver (HS) | Training Site Faculty (yes or no) |
|---|---|-------------------------------------|---|--|
| Walker, Mary, Col, USAF, MC | MD | 03/09 | HCP | Yes |
| Smith, Joseph, Col, USAF, MC | MD | 03/10 | HCP | Yes |
| Julie Cunningham, SSgt, USAF | NREMT-B | 06/09 | HCP | No |
| Last Entry | Last Entry | Last Entry | Last Entry | Last Entry |
| | | | | |
| At the end of all lists please make the final entry "last entry" | | | | |
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ADDITIONAL CARD REQUEST FORM

MILITARY TRAINING NETWORK ADDITIONAL CARDS REQUEST

PURPOSE: This form will be used to request additional cards. This request will not be processed if submitted within 30 days of semi-annual or annual report due date or anytime after if no report has been received. One form may be used for all programs, please ensure that applicable PDs and PAs sign below. Please fill in this form completely and fax to the MTN at 301-295-1717 or DSN 295-1717

Unit: 325th Aeromedical Evacuation Squadron

Date of Request: 2/8/08

I request the following number of cards:

| Discipline | Provider | Instructor | TSF |
|----------------|----------|------------|-----|
| BLS-HCP | 120 | 10 | 2 |
| Heartsaver | | 80 | |
| Heartsaver AED | 0 | | |
| Heartsaver CPR | 0 | | |
| ACLS | 50 | 10 | 2 |
| PALS | 40 | 9 | 1 |
| PEARS* | 52 | | |

| | |
|--|---|
| <p>Basic Life Support (BLS)</p> <p style="text-align: center;"><i>Mary Walker</i></p> <hr/> <p>Program Director Signature</p> | <p style="text-align: center;"><i>Julie Cunningham</i></p> <hr/> <p>Program Administrator Signature</p> |
|--|---|

| | |
|--|---|
| <p>Advanced Cardiac Life Support (ACLS)</p> <p style="text-align: center;"><i>Mary Walker</i></p> <hr/> <p>Program Director Signature</p> | <p style="text-align: center;"><i>Julie Cunningham</i></p> <hr/> <p>Program Administrator Signature</p> |
|--|---|

| | |
|--|---|
| <p>Pediatric Advanced Life Support (PALS)</p> <p style="text-align: center;"><i>Mary Walker</i></p> <hr/> <p>Program Director Signature</p> | <p style="text-align: center;"><i>Julie Cunningham</i></p> <hr/> <p>Program Administrator Signature</p> |
|--|---|

* The PALS Program Director signs for PEARS card requests.

POST COURSE REPORTS

POST COURSE REPORT
(Complete one PCR for each course)

Date: 3/16/08

Type of course conducted ACLS – PROVIDER

Training Site Name 325 TH AES

Complete Course Location BLDG 3450, PERIMETER RD

| Date Started | Date Completed | # Enrolled | # Enrollees Retrained (those who completed course at least once in their past) | # cards issued Provider / Instructor | # of instructor reregistered |
|--------------|----------------|------------|--|---|---------------------------------|
| 3/15/08 | 3/16/08 | 6 | 2 | 6 / 0 | 0 |

Lead Instructor's Information

(Full Name, Rank, Corps) Joseph Smith

(Duty Phone No.) Comm 618-257-1518 DSN 304-1518

(Duty Email Address) joseph.smith@us.af.mil

Infection Control Guidelines were adhered to during course and equipment was cleaned IAW Manufacturers instructions at the completion of the course:

Joseph Smith
Signature and Title

Program Administrator Information

(Full Name, Rank, Corps) Julie Cunningham

(Duty Phone No.) Comm 618-257-1518 DSN 314-1518

(Duty Email Address) julie.cunningham@us.af.mil

I certify this course has been conducted under the standards and procedures established by the American Heart Association and the Military Training Network.

Mary Walker
Program Director Signature

Julie Cunningham
Program Administrator Signature

| MILITARY TRAINING NETWORK INSTRUCTOR LIST | | | | |
|--|--|------------------------------|-------------------|--------------------------------|
| Instructor's Full Name (Last, First, MI) Rank, Branch of Service, Corps | Professional Licensure (MD, DO, CRNA, RN, EMT, etc.) | AHA Instructor Card Exp Date | PD, TSF, or Inst | **Renewing Instructor (yes/no) |
| Joseph Smith, Col, MD | NREMT-B | 03/10 | TSF | Y |
| Last Entry | Last Entry | Last Entry | Last Entry | Last Entry |
| At the end of all lists please make the final entry "last entry" | | | | |
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** For renewing Instructors Attach the Instructor Renewal Form.

GRADE REPORT FOR BLS HCP COURSE

COURSE DATE: 03/15/08

(Annotate with completed (C), with remediation (R), Instructor-Potential (IP), or unsuccessful (U) under appropriate column).

| Name (Last, First, MI) Rank, Branch of Service, Corps | Professional Licensure (MD, DO, CRNA, RN, EMT, etc.) | Skills and evaluation stations | First time student (Y or N) | Written Exam (≥ 84%) | Retest (≥ 84%) (+) | Performance Level | Date Monitored by TSF (Instructor Courses only) |
|---|---|--------------------------------------|-----------------------------------|----------------------------|-----------------------|----------------------|--|
| Nesbit, Michael SFC, USA | NREMT-P | C | N | 90 | N/A | C | N/A |
| Garret, Brian MAJ, USA, MC | MD | C | N | 95 | N/A | C | N/A |
| Johnston, Rebekka SSgt, USAF | NREMT-B | C | N | 80 | 100 | C | N/A |
| Last Entry | | | | | | | |
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| At the end of all lists please make the final entry "last entry" | | | | | | | |
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+ Retest indicates student has been remediated by Course Director or Instructor on missed items (i.e. using annotated answer key). Report the % score on second version of exam.

GRADE REPORT FOR ACLS INSTRUCTOR COURSE

COURSE DATE: 2/27/08

/Annotate with complete (C), with remediation (R), or unsuccessful (U) under appropriate column.

| CME(*) | Name (Last, First, MI) Rank, Branch of Service, Corps | Professional Licensure (MD, DO, CRNA, RN, EMT, etc.) | Pulseless Arrest VF/VT | ACS / Stroke | Megacode | ECC Competency Checklist | Date Monitored by TSF |
|---|--|---|------------------------------|-----------------|----------|--------------------------------|-----------------------------|
| | Nesbit, Michael, SFC, USA | NREMT-P | C | C | C | C | 3/28/08 |
| * | Garret, Brian, MAJ, USA, MC | MD | C | C | C | C | 3/28/08 |
| | Johnston, Rebekka, SSgt, USAF | NREMT-B | c | c | c | c | 3/28/08 |
| | LAST ENTRY | | | | | | |
| | | | | | | | |
| At the end of all lists please make the final entry "last entry" | | | | | | | |
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* Denotes individuals receiving CME credits (place in CME Column). Only licensed **Medical Doctors (MD)** and **Doctors of Osteopathy (DO)** are eligible for CME. **Do not asterisk medical students, medical interns, or other licensed/certified healthcare workers.**

Military Training Network Instructor Teaching Activity Notice

Instructions: When an Instructor teaches a course at a training site other than his/her primary training site, this form is to be completed and sent to the Instructor's primary training site.

Primary Training Site Information

Name of Training Site Program Administrator: Madison Jefferies

Training Site Name: 912 Aeromedical Evacuation Squadron

Address: 1540 Globemaster Blvd

Phone: 618-559-7892 Fax: 618-559-1717

Email: Madison.Jefferies@us.af.mil

Name of Instructor: Collin Anderson

Discipline: HS BLS ACLS PALS

Instructor Card Expiration Date: 03/09

Course Information

This confirms that the above-named Instructor has taught the following course:

Training Site Sponsoring the course: 325th Aeromedical Evacuation Squadron,

Date of Course 4/5/08 Location: 325th MDG, Scott AFB

Type of course taught: HCP – Provider

Modules / Stations taught: N/A

*Name of Lead Instructor: Julie Cunningham

*Signature of Lead Instructor: Julie Cunningham Date: 4/5/08

* If this instructor serves as the lead instructor, the Program Director of the sponsoring training site will sign as Lead Instructor on this form.

**ADVANCED CARDIAC LIFE SUPPORT AND PEDIATRIC
ADVANCED LIFE SUPPORT ANNUAL REPORT**

MILITARY TRAINING NETWORK ACLS/PALS ANNUAL REPORT

*****PLEASE DO NOT INCLUDE MORE THAN ONE PROGRAM PER REPORT*****

FY 08

325th Aeromedical Evacuation Squadron, Scott AFB, IL
(Name and Location of the Facility)

| <i>Program</i> | Number of Providers Trained (Initial Trng) | Number of Providers Re-trained | Total Providers Cards Used / Destroyed Cards | <i>Provider Card Balance</i> |
|----------------|---|---------------------------------------|---|------------------------------|
| ACLS | 83 | 20 | 103 / 0 | 50 |
| PALS | N/A | N/A | N/A | N/A |
| PEARS | N/A | N/A | N/A | N/A |

| <i>Program</i> | Number of Instructors Trained | Number of Instructors Re-registered | Total TSF Cards Used / Destroyed | Total Instructor Cards Used / Destroyed Cards | <i>Instructor Card Balance</i> |
|----------------|--------------------------------------|--|---|--|--------------------------------|
| ACLS | 20 | 3 | 3 / 0 | 23 / 0 | 10 |
| PALS | N/A | N/A | N/A | N/A | N.A |

PROJECTED CARD USE FOR FY _____

| | Instructor | Provider | TSF | PEARS |
|-------------|-------------------|-----------------|------------|--------------|
| ACLS | 20 | 85 | 2 | [REDACTED] |
| PALS | N/A | N/A | N/A | N/A |

MTN Appointed Positions:

Program Director *Mary Walker*
(Signature)

Program Administrator *Julie Cunningham*
(Signature)

Attachments: List of Courses Completed

MILITARY TRAINING NETWORK

LIST OF COURSES COMPLETED FY 07

| | | | |
|-----------------|-----------------------------|-----------------------|------------|
| FACILITY | 325TH AES | REGION/COMMAND | N/A |
|-----------------|-----------------------------|-----------------------|------------|

| DATE OF COURSE | NUMBER OF PROVIDERS TRAINED | NUMBER OF PROVIDERS RE-TRAINED | NUMBER OF INSTRUCTORS TRAINED | NUMBER OF INSTRUCTORS RE-REGISTERED | PCR SENT TO MTN (If no, please attach) |
|-----------------------|------------------------------------|---------------------------------------|--------------------------------------|--|---|
| 3/08/07 | 6 | 3 | 0 | 0 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

List all courses taught in previous FY. If PCRs have not been submitted, please do so with the report

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

APPENDIX C: AHA/MTN COURSE COMPLETION CARDS

C-1 Course Completion Cards/Wallet Cards

Wallet cards are issued to students who successfully meet all course requirements. Cards must be issued within 30 days course completion. The MTN provides each TS with wallet cards at no cost. The direct purchase of American Heart Association (AHA) wallet cards from vendors is not authorized. MTN Program Managers use the TS's post course reports, semi-annual report, and annual report to determine card allocations. Additional cards may be requested at any time.

C-2 Replacement of Lost/Damaged Cards- -CASE BY CASE

The TS may issue a replacement card if the original is lost or destroyed. The Program Director will verify course attendance before issuing a duplicate card. The word "Duplicate" must be printed on the front of the replacement card. The TS accounts for the duplicate card by annotating a replacement issue in that respective card's accountability ledger.

C-3 Card Security

MTN and AHA wallet cards are controlled items. The TS must have a plan to maintain card security and accountability. Only the Program Director, Program Administrator and Training Site Faculty should have access to AHA and/or AHA/MTN cards. The Program Director only issues cards to students who have completed all course requirements. Damaged, voided, and incorrectly typed cards must be destroyed or returned to the MTN. Account for destroyed and returned cards on the semi-annual and annual reports and annotate in that respective card's accountability ledger.

C-4 Preparing Cards

Cards should be typed, stamped or computer generated to reduce the risk of the course cards being altered. All wallet cards must be complete and legible. Cards that are altered in any way are not valid. The format and appearance of wallet cards are periodically revised. Older versions of cards may be issued until stock is deleted. Samples and instructions for completing the various types of cards follows:

a. There are four Provider course specific wallet cards:

| | |
|--|--|
|  <p>Healthcare Provider</p> <p>This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program. The MTN is an authorized provider of American Heart Association Emergency Cardiovascular Care Courses.</p> <p><u>MMM YY (format)</u> Issue Date</p> <p><u>MMM YY (format)</u> Renewal Date</p> | <p>FOR AUTHORIZED USE ONLY</p> <p>Name of Military Training Affiliate: Your Unit Name</p> <hr/> <p>Instructor's Signature: Instructor Signature</p> <hr/> <p>Holder's Signature: Student Signature</p> |
|--|--|

BLS Healthcare Provider

| | |
|--|--|
|  <p>ACLS Provider</p> <p>This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Advanced Cardiovascular Life Support Program. The MTN is an authorized provider of American Heart Association Emergency Cardiovascular Care Courses.</p> <p><u>MMM YY (format)</u> Issue Date</p> <p><u>MMM YY (format)</u> Renewal Date</p> | <p>FOR AUTHORIZED USE ONLY</p> <p>Name of Military Training Affiliate: Your Unit Name</p> <hr/> <p>Instructor's Signature: Instructor Signature</p> <hr/> <p>Holder's Signature: Student Signature</p> |
|--|--|

ACLS Provider

| | |
|--|---|
|  <p>The Military Training Network Resuscitative Medicine Training Programs Certificate of Completion</p> <p>Awarded to: (Student's Name with rank)</p> <p>Having successfully completed the cognitive and skills evaluation in accordance with the American Heart Association for the Pediatric Advanced Life Support Program. The MTN is an authorized provider of American Heart Association ECC Courses.</p> <p><u>MMM YY (Format)</u> Issue Date</p> <p><u>MMM YY (Format)</u> Recommended Renewal Date Note: 2 years from issue date</p> | <p>SAMPLE</p> <p>For Authorized Use Only (Your Unit or Organization's Name)</p> <p>Name of Military Training Network Affiliate (Self Explanatory)</p> <p>Signature of Program Director (Self Explanatory)</p> <p>Signature of Affiliate Faculty</p> |
|--|---|

PALS Provider

| | |
|---|--|
| <p>PEARS PROVIDER</p> <p>Military Training Network Resuscitation Medicine Programs</p>  | <p>FOR AUTHORIZED USE ONLY</p> <p>Name of Military Training Affiliate Your Unit Name</p> |
| | <p>Instructor's Signature Your Instructor Signature</p> <p>Holder's Signature Your Signature</p> |
| <p>Has successfully completed the cognitive and skill evaluation in accordance with the curriculum of the American Heart Association for the Pediatric Emergency Assessment, Recognition and Stabilization Course. The MTN is an authorized provider of American Heart Association ECC courses.</p> | |
| <p>MMM YY (format) Issue Date</p> | <p>MMM YY (format) Expiration Date</p> |

PEARS Provider

b. Complete the front of the cards as follows:

- 1) Course name is preprinted on card.
- 2) Student's name (and rank if applicable).
- 3) Issue date in month and year format (e.g. Jan 03).
- 4) Recommended renewal date: two years from the issue date (e.g. Jan 05).

c. Complete the back of the card as follows:

- 1) Name of MTN Affiliate: enter Training Site's unit or organizational name.
- 2) Signature of Course Director or Program Director.
- 3) Holder's Signature
- 4) There are two Heartsaver course specific wallet cards:

| | |
|--|---|
|  <p>HEARTSAVER CPR</p> <p><small>Military Training Network Resuscitative Medicine Programs</small></p>  <p>Has successfully completed the cognitive and skills evaluation in accordance with the curriculum of the American Heart Association for the Heartsaver AED Course. The MTN is an authorized provider of American Heart Association ECC courses. (Adult CPR & AED / Child CPR & AED / Infant CPR)</p> <p>MMM YY (format) _____ Issue Date</p> <p>MMM YY (format) _____ Expiration Date</p> | <p>FOR AUTHORIZED USE ONLY</p> <p>Name of Military Training Affiliate Your Unit Name</p> <hr/> <p>Instructor's Signature Instructor Signature</p> <hr/> <p>Holder's Signature Student Signature</p> |
|--|---|

Heartsaver CPR

| | |
|--|---|
|  <p>HEARTSAVER AED SAMPLE</p> <p><small>MILITARY TRAINING NETWORK RESUSCITATIVE MEDICINE PROGRAMS</small></p>  <p>(Student's Name with rank)</p> <p>Has successfully completed the cognitive and skills evaluation in accordance with the curriculum of the American Heart Association for the Heartsaver AED courses. The MTN is an authorized provider of American Heart Association ECC courses.</p> <p>MMM YY (Format) _____ Issue Date</p> <p>MMM YY (Format) _____ Expiration Date</p> <p><small>Note: 2 years from issue date</small></p> | <p>FOR AUTHORIZED USE ONLY</p> <p>Name of Military Training Affiliate (Your Unit or Organization's Name)</p> <hr/> <p>Instructor's Signature (Type name and signature)</p> <hr/> <p>Holder's Signature (Self Explanatory)</p> |
|--|---|

Heartsaver AED

c. Complete the front of the HS CPR cards as follows:

- 1) Student's name (and rank if applicable).
- 2) Issue date in month and year format (e.g. Jan 03).
- 3) Recommended renewal date: two years from the issue date (e.g. Jan 05).

d. For HS CPR Courses: UPDATE

A. If the student completed only the Heartsaver CPR Adult Course, line out the one that applies "Adult Only" above the student's name on the Heartsaver CPR card.

B.

(b) If the student completed a heartsaver CPR with AED course, type "with AED" above the students name on the Heartsaver CPR card.

B. If the student completed a Heartsaver AED course with Pediatric CPR course, type "with Pediatric CPR" above the students name on the Heartsaver CPR card.

C. If the student completed the CPR in Schools course, type "CPR in Schools" above the student's name on the Heartsaver CPR card.

For HS AED Courses: UPDATE

A. If the student completed a Heartsaver AED Adult only course, type "Adult Only" above the student's name on the Heartsaver AED card.

B. If the student completed a Heartsaver AED Adult and Child course, type "Adult/child Only" above the student's name on the Heartsaver AED card.

C. If the student completed a Heartsaver AED Adult, Child and Infant course, type "Adult/Child/Infant" above the student's name on the Heartsaver AED card

Complete the back of the card as follows:

1. Name of MTN Affiliate: enter Training Site's unit or organizational name.
2. Printed name and signature of Course Director or Program Director.
3. Holder's Signature.
4. There are five Instructor course specific wallet cards:

SAMPLE American Heart Association
Fighting Heart Disease and Stroke

Heartsaver Instructor
(Student's Name with rank)

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Heartsaver Instructor (CPR & AED) Program.

MMM YY (Format) MMM YY (Format)
Issue Date Expiration Date
Note: 2 years from issue date

AHA Region: **MTN**

Community Training Center: **N/A**

Training Site: **(Your Unit or Organization's Name)**

Instructor: **(Name of Course Director)**

Holder's Signature: **(Self Explanatory)**

©2006 American Heart Association Tampering with this card will alter its appearance. 70-2957

Heartsaver Instructor

| | | | |
|---|--|--|------------------------------------|
| SAMPLE |  American Heart Association Fighting Heart Disease and Stroke | AHA Region | MTN |
| | | Community Training Center | N/A |
| BLS Instructor | | Training Site | (Your Unit or Organization's Name) |
| (Student's Name with rank) | | Instructor | (Name of Course Director) |
| This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Basic Life Support (CPR/AED) Instructor Program. | | Holder's Signature | (Self Explanatory) |
| Issue Date MMM YY (Format) | Expiration Date MMM YY (Format) | ©2000 American Heart Association Tampering with this card will alter its appearance. 70-2904 | |
| Note: 2 years from issue date | | | |

BLS Instructor

| | | | |
|---|--|--|------------------------------------|
| SAMPLE |  American Heart Association Fighting Heart Disease and Stroke | AHA Region | MTN |
| | | Community Training Center | N/A |
| ACLS Instructor | | Training Site | (Your Unit or Organization's Name) |
| (Student's Name with rank) | | Instructor | (Name of Course Director) |
| This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Advanced Cardiovascular Life Support Instructor Program. | | Holder's Signature | (Self Explanatory) |
| Issue Date MMM YY (Format) | Expiration Date MMM YY (Format) | ©2000 American Heart Association Tampering with this card will alter its appearance. 70-2921 | |
| Note: 2 years from issue date | | | |

ACLS Instructor

| | | | |
|--|--|--|------------------------------------|
| SAMPLE |   American Heart Association Fighting Heart Disease and Stroke | AHA Region | MTN |
| | | Community Training Center | N/A |
| PALS Instructor | | Training Site | (Your Unit or Organization's Name) |
| (Student's Name with rank) | | Instructor | (Name of Course Director) |
| This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the Pediatric Advanced Life Support Instructor Program. | | Holder's Signature | (Self Explanatory) |
| Issue Date MMM YY (Format) | Expiration Date MMM YY (Format) | ©2000 American Heart Association Tampering with this card will alter its appearance. 70-2819 | |
| Note: 2 years from issue date | | | |

PALS Instructor

- a. Complete the front of the card as follows:
- (1) Course name is preprinted on card.
 - (2) Student's name (and rank if applicable).
 - (3) Issue date in month and year format (e.g. Jan 03).

(4) Expiration date: two years from the issue date (e.g. Jan 05).

b. Complete the back of the card as follows:

(1) AHA Region: enter MTN.

(2) Name of the Community Training Center: enter N/A.

(3) Training Site: enter Training Site's unit or organizational name.

(4) Name of Course Director or Program Director.

(5) Holder Signature.

Training Lapse Past Recommended Renewal or Expiration date

Cards are not valid or recognized by the MTN after the recommended renewal date or expiration date. Individuals with invalid/expired cards should be enrolled in a full course to renew their training. Renewal/refresher course do not satisfy this requirement.

APPENDIX D: TRAINING SITE REVIEWS

Administrative Review

Military Training Network - Emergency Cardiac Care Program Administrative Review

The following Administrative Review is divided into four (4) sections:

| | |
|-------------|--------------------------------|
| Section I | Organization Focused Functions |
| Section II | Course Focused Functions |
| Section III | Instructor Focused Functions |
| Section IV | Equipment Focused Functions |

This assessment focuses primarily on selected leadership and improving the organization's performance. It allows the reviewers to discuss data obtained and trended and how the organization uses the data for opportunities of improvement.

Purpose: To review:

- How the TS allocates resources
- How the TS measures, analyzes, and improves their organization's processes
- How the TS utilizes AHA materials and maintain security
- How the TS develops and maintains course and instructor files

Where Will the Review Take Place: At the Training Site.

When Will the Review Take Place: At the discretion of the MTN.

Who Will Participate:

Training Site:

- Program Administrator for each program (BLS, ACLS, PALS) that is being assessed
- Program Director(s) and Training Site Faculty is recommended
- Other staff you may designate

MTN:

- MTN staff member, National Faculty member or (non-resident) Program Director
- Additional Staff (optional)

What Will Occur?

The reviewer or review team will:

- Ensure that all pertinent standards have been addressed
- Make overall observations about compliance
- Provide consultation and education, as time permits

What Documents need to be Available?

- MTN Handbook, newsletters, correspondence, appointment letters and affiliation memorandum
- Course Information
- Instructor Information

What are Some Tips for Success?

The following tips are intended as helpful suggestions to successfully achieve compliance with the administrative review.

- Make your MTN Handbook available to key instructors and staff prior to the review
- Be familiar with the Instructor's manual for the discipline(s) being reviewed
- Be familiar with your policies and procedures

Scoring

The scoring section includes a question, or questions, to help you focus on the performance expectation in the standard and identifies the levels of compliance expressed in frequency of compliance or quantitative or qualitative terms.

- The scoring reflects the levels of compliance by section
- Each standard is scored independently by "Yes" Answers
- An "NA" response will be scored as a "Yes"
- In an area where more than one component is being reviewed, a "Yes" must be able to be scored for all. If any part scores a no then the entire component is a "No", i.e. Training Sites, Instructor Files, Course Files

Reviewers

Use this form to review all three disciplines. This was developed since the standards and components of an administrative review are consistent throughout the disciplines.

Ratings:

| | |
|--------------------|---|
| Rating 1 = 95-100% | Assessment provides evidence of excellent compliance |
| Rating 2 = 80-94% | Assessment provides evidence of acceptable compliance |
| Rating 3 = 70-79% | Assessment does not provide evidence of acceptable compliance |
| Rating 4 = < 70% | Assessment does not provide evidence of acceptable compliance |

A score of 70 – 79 % (Rating of 3) or less than 70% (Rating of 4) in any individual section triggers additional action and follow-up.

Administrative Review

Training Site _____ Review Date _____

Location _____

Reviewers _____

Training Site Staff _____

Discipline: This administrative review may be used for more than one discipline.
Directions: Score 1 point for each question or sub-question answered “yes” or “n/a”. Items marked “no” will be scored a 0.

**SECTION I
ORGANIZATION-FOCUSED FUNCTIONS**

| | BLS | ACLS | PALS |
|--|-----|------|------|
| 1. TS program administrator(s), for each discipline as applicable, must be available during an administrative review to answer any questions from reviewers and ensure that the requirements are understood. Was the TS administrator present for the entire administrative review? REVIEWER NOTES: TS Administrator must be present for TS review, for each discipline being reviewed. If TS Administrator is not present, STOP REVIEW AND RESCHEDULE. | | | |
| 2. Each TS must maintain the following documents: TS Affiliation/Appointment memorandum, MTN Administrative Handbook, MTN/AHA correspondence, MTN web site access is recommended. <u>Is there evidence that the TS maintains the following documents:</u> | | | |
| a. An original or copy of the current MTN Affiliation? | | | |
| b. An original or copy of the current PD Appointment memorandum? | | | |
| c. Hardcopy of the MTN Administrative Handbook (AH) and MTN/AHA correspondence (to include the MTN newsletter)? | | | |
| d. Documentation of any deficiencies identified by prior reviews? _____ Corrective action taken? | | | |
| e. An original or copy of the current PA Appointment form? | | | |
| f. An original or copy of all TSF Appointment forms? | | | |

| | | | |
|--|------------------|------------------|------------------|
| <p>3 Each TS must maintain an adequate number of Instructors and Training Site Faculty to meet the needs of its customers. Does the TS maintain an adequate number of TSFs and Instructors to meet the needs of its customers? (Please indicate total number of the following):</p> <p>_____ Training Site Faculty (1 TSF : 15 instructors) _____ Instructors (1 Inst : 6 Students)</p> | | | |
| <p>4. Each TS will appoint Training Site Faculty to ensure the ability of the TS to conduct Instructor Courses. Is there evidence that the TS has appointed Training Site Faculty?</p> | | | |
| <p>5. Each TS will ensure that Instructors have a current textbook to teach each level of course taught within the TS. Can the TS demonstrate that instructors have the most current and appropriate textbooks and are made available to teach?</p> | | | |
| <p>6. Each TS will submit complete semi-annual (BLS only) and annual reports by the required dates . Can the TS show evidence of submitting complete semi-annual/annual reports? Reviewer Note: (If a complete and accurate report was not submitted by the dates indicated then the answer is no, regardless of the date of initial submission.)</p> | | | |
| | | | |
| <p>REVIEWER TABULATION:</p> | <p>___ of 11</p> | <p>___ of 11</p> | <p>___ of 11</p> |

**SECTION II
COURSE-FOCUSED FUNCTIONS**

| | BLS | ACLS | PALS |
|--|-----|------|------|
| 1. Each TS shall have an agenda for each course level taught. Reviewer Note: Program agendas are used to allow both the instructor and student know the format of the course taught within that TS. | | | |
| a. Does the TS have an approved agenda for each course level taught? | | | |
| b. Does the agenda reflect required course content? | | | |
| c. Is the agenda provided to the students at least 2 weeks prior to the start of the course? | | | |
| 2. The TS conducting the course is responsible for card issuance and security. | | | |
| a. Does TS utilize current MTN or AHA course completion cards? | | | |
| b. Is there evidence of a process in place for securing cards IAW MTN AH? | | | |
| c. Is there evidence of a process in place for issuing cards? | | | |
| d. Can the TS demonstrate that issued cards are valid for a two-year period? | | | |
| e. Can the TS demonstrate that it issues cards within 30 days? | | | |
| f. Can the TS show evidence that cards are completed correctly IAW MTN AH? (i.e., date: month/year) | | | |
| 3. Each TS must maintain a post course report (PCR) for each course taught. Reviewer Note: Review at a minimum 10 or 5%, whichever is greater. If the section you are reviewing is missing from any course files, that section would score a 0. Due to the volume of courses, there <u>may</u> be a “master agenda” for the files and not one in each course roster for BLS. This should be reviewed, as appropriate. In the advanced disciplines the agenda must be in the individual course file. | | | |
| a. Is there evidence that a PCR is completed after each class? | | | |
| b. Are the PCRs retained for a minimum of three (3) years IAW MTN guidelines? | | | |

| | | | |
|---|-----|--|--|
| 4. Does the TS maintain the following in their PCRs: | | | |
| a. A PCR cover sheet for BLS, ACLS, or PALS as appropriate with all sections completed? | | | |
| b. Assisting Instructor list? (Combined with cover sheet after June 2008) | | | |
| c. Instructor Renewal roster if applicable? (Not included after June 2008), After June 2008 Instructor Renewal form must be attached to the PCR. | | | |
| d. Individual Course Agenda? | | | |
| e. Completed Grade Report? | | | |
| f. Written exam for those students who are classified as “Incomplete”? | | | |
| g. Psychomotor skills sheet for those students who are classified as “Incomplete”? | | | |
| h. Summary of Course/Instructor Evaluations? Reviewer Note: Individual evaluations should be maintained when they display the potential for issues or problems. | | | |
| i. Dispute resolutions, if applicable? (Attached to roster) | | | |
| j. Copy of the CME letter for those training sites receiving CMEs from the MTN? | N/A | | |
| k. Does the TS submit PCR's within 30-days of the completed course? | N/A | | |
| 5. Each TS is responsible for providing the current exam to its Instructors, maintaining exam security and communicating the importance of maintaining security to Instructors. (See MTNAH: Chapter 2; Page10) | | | |
| a. Does the TS utilize current exams? | | | |
| b. Are pre-course exams covered during the course. | N/A | | |
| c. Is there evidence of a process in place for securing exams? | | | |

| | | | |
|---|-----------|-----------|-----------|
| d. Is there evidence of a process in place for distributing the exams to Instructors? | | | |
| e. Is there evidence that course exams are issued to students and proctored? | | | |
| 6. Each TS will have adequate space for courses that is conducive to learning. Does the TS have adequate space to conduct courses? | | | |
| 7. Each TS will have a textbook available for each participant before, during and after each course. <u>Is there evidence that the TS provides access to textbooks:</u> | | | |
| a. Prior to the course? | | | |
| b. During the course? | | | |
| c. After the course? | | | |
| d. Does the TS have an adequate supply of appropriate textbooks for courses offered? | | | |
| | | | |
| Reviewer Tabulation: | ___ of 29 | ___ of 32 | ___ of 32 |

| | | | |
|---|-----------|-----------|-----------|
| 3. Each TS will ensure an adequate number of courses each year to allow all Instructors to maintain their status | | | |
| a. Is there evidence of an adequate number of provider courses? | | | |
| b. Is there evidence that the TS has conducted any Instructor courses? | | | |
| 4. Each TS will update Instructors with the latest information on AHA courses, science guidelines, policies and procedures and training bulletins. Is there evidence that appropriate faculty attended required AHA updates? | | | |
| | | | |
| REVIEWER TABULATION: | ___ of 16 | ___ of 17 | ___ of 17 |

**SECTION IV
EQUIPMENT-FOCUSED FUNCTIONS**

| | BLS | ACLS | PALS |
|--|------------|-------------|-------------|
| 1. Each TS is responsible to ensure that appropriate equipment in sufficient quantity is available and in good working order at each course. | | | |
| a. Can TS produce a list of training equipment for courses taught? | | | |
| b. Is there a sufficient amount of equipment available for each course? Reviewer Note: refer to the attached lists for each course. Place the total number in the blocks appropriate for each course. (HS AED – 15, HS CPR – 13, BLS HCP – 16, ACLS – 28, PALS – 47) for BLS programs use highest number based on courses offered. (i.e. if all 3 CPR courses are offered use 16) Optional items are not counted in the total. | | | |
| c. Is the equipment in good working order? | | | |
| 2. Each TS is responsible to ensure appropriate cleaning/decontamination of equipment. | | | |
| a. Does the TS provide records that training equipment was cleaned IAW manufacturer's guidelines at course conclusion? | | | |
| b. Is there evidence that the TS has conducted training to it's Instructors on course equipment used within the facility? | | | |
| | | | |
| Reviewer Tabulation: | ___ of ___ | ___ of 32 | ___ of 51 |

Equipment List for MTN Programs

| Equipment | Requirements | HS AED | HS CPR | BLS for HCP | ACLS | PALS |
|--|---|--------|--------|-------------|------|------|
| QUANTITY ON HAND | | | | | | |
| Student Workbook / Provider Manual | 1 / student & instructor | | | | | |
| PALS Course Guide | 1 / student | | | | | |
| Instructor manual with lesson maps | 1 / instructor | | | | | |
| ECC Handbook (optional) | 1 / student & instructor | | | | | |
| TV with DVD player or VCR or Computer with projector and screen | 1 / course | | | | | |
| Course DVD(s) or videotape(s) | 1 / course | | | | | |
| Adult manikin with shirt | 1 / every 3 students – (2 / every 12 student for ACLS) | | | | | |
| Airway Manikin | 2 / every 12 students | | | | | |
| Child manikin with shirt (optional for BLS if adult manikin can switch settings) | 1 / every 3 students | | | | | |
| Infant manikin with shirt | 1 / every 3 students | | | | | |
| AED trainer with adult AED training pads | 1 / every 3 students – (2 / every 12 students for ACLS) | | | | | |
| Child AED training pads or child AED pad picture page | 1 / every 3 students | | | | | |
| Adult mask | 1 / every 3 students or 1 / student | | | | | |
| Pediatric mask | 1 / every 3 students or 1 / student | | | | | |
| Infant mask | 1 / every 3 students or 1 / student | | | | | |
| IV equipment (catheters, fluid bags, tubing 3-way stopcocks, t-connectors, pole) | 1 / station | | | | | |
| Syringes | 1 / station | | | | | |
| IO needles | 2-3 / station | | | | | |
| IO Manikin | 1 / station | | | | | |
| 1-way valve | 1 / student | | | | | |
| Bag Mask (appropriate sizes) Reviewer note: if one size is missing the score is a 0. Included tubing and reservoir for ACLS and PALS | 1 per size / 3 students | | | | | |
| Oral and nasal airways | 1 set each station | | | | | |
| Nonrebreather mask | 1 / every 3 students | | | | | |
| Suction Catheters (various sizes) | 1 / station | | | | | |
| Endotracheal Tube Kit | 1 / station | | | | | |
| Exhaled CO2 Detector | 1 / station | | | | | |
| Nasal Canula | 1 / station | | | | | |
| Water-soluable lubricant | 1 / station | | | | | |
| Face shield (optional) | 1 / student | | | | | |
| Stopwatch | 1 / instructor | | | | | |
| Manikin Cleaning Supplies | Varies | | | | | |
| ECG Simulator | 1 / station | | | | | |
| Electrodes | 1 / station | | | | | |
| Rhythm generator | 1 / station | | | | | |
| Monitor capable of defibrillator/ synchronized cardioversion, transcutaneous pacing (TCP) | 1 / station | | | | | |
| Pacing pads, defibrillator pads, or defibrillator gel (if pads are not used), | 1 / station | | | | | |
| Epinephrine | 1 / station | | | | | |
| Atropine sulfate | 1 / station | | | | | |
| Albuterol | 1 / station | | | | | |
| Amiodarone | 1 / station | | | | | |
| Adenosine | 1 / station | | | | | |
| Glucose | 1 / station | | | | | |
| Lidocaine | 1 / station | | | | | |
| Magnesium Sulfate | 1 / station | | | | | |
| Procainamide | 1 / station | | | | | |
| Vasopressin | 1 / station | | | | | |
| Saline fluid bags / bottles | 1 / station | | | | | |
| IV pole | 1 / station | | | | | |
| Sharps Container (if using real needles) | 1 / station | | | | | |
| Length based / color-coded resuscitation tape | 1 / station | | | | | |
| Blood Pressure Cuff | 1 / station | | | | | |
| Total | | | | | | |

*** The above list is course equipment that will be accounted for during administrative reviews. Training sites are still required to have all required equipment as listed in each individual Instructor manual or instructor CD.

| | | | |
|---------------------|-------------------|-------------------|--------------------|
| | | | |
| | BLS | ACLS | PALS |
| SECTION I | __ of 11 = __ % = | __ of 11 = __ % = | __ of 11 = __ % = |
| Rating (1-4) | | | |
| SECTION II | __ of 29 = __ % = | __ of 32 = __ % = | __ of 32 = __ % = |
| Rating (1-4) | | | |
| SECTION III | __ of 16 = __ % = | __ of 17 = __ % = | __ of 17 = __ % = |
| Rating (1-4) | | | |
| SECTION IV | __ of __ = __ % = | __ of 32 = __ % = | __ of 51 = __ % = |
| Rating (1-4) | | | |
| TOTAL | __ of __ = __ % = | __ of 92 = __ % = | __ of 111 = __ % = |
| Rating (1-4) | | | |

| RATING | COMPLIANCE | REQUIREMENTS |
|-----------------------|---|---|
| 1 – (95-100%) | Assessment provides evidence of excellent compliance | Compliant, no requirements, best practice for total score |
| 2 – (80-94%) | Assessment provides evidence of acceptable compliance | Compliant, no requirements |
| 3 – (70-79%) | Assessment does not provide evidence of acceptable compliance | Non-compliant, additional documentation within 30 days |
| 4 – (< 70%) | Assessment does not provide evidence of acceptable compliance | Non-compliant, additional documentation within 30 days and a focused administrative review within 90 days |

APPENDIX E: COURSE MONITORING REVIEW

Military Training Network - Emergency Cardiac Care Program Course Monitoring Review

The following Course Monitoring Review is divided into three (3) sections:

- Section I Facility/Class Structure
- Section II Course Content
- Section III Equipment/Materials Available

Purpose: To Review:

- How the TS allocates resources to accommodate class size
- How the TS incorporates course content
- How the TS utilize required equipment and AHA materials

Where Will the Review Take Place: At the Training Site or the location where courses are taught.

When Will the Review Take Place: At the discretion of the MTN.

Who Will Participate:

Training Site:

- Program administrator for each program (BLS, ACLS, PALS) that is being assessed
- Training Site Faculty and Program Director(s) recommended
- Other staff you may designate

MTN:

- MTN staff member, National Faculty member or (non-resident) Program Director
- Additional Staff (optional)

What Will Occur: The reviewer or review team will:

- Monitor course to ensure that all pertinent standards have been met
- Make overall observations about compliance
- Provide consultation and education, as time permits

What are Some Tips for Success?

- Be familiar with the Instructor/Provider manual for the discipline being reviewed
- Be familiar with the exams for the discipline being reviewed
- Have your MTN Handbook, newsletters, and correspondence available

Scoring:

The scoring section includes a question, or questions, to help you focus on the performance expectation in the standard and identifies the levels of compliance expressed in frequency of compliance or quantitative or qualitative terms.

- The scoring reflects the level of compliance by section
- Each standard is scored independently by “Yes” answers
- An “NA” response will be scored as a “Yes”
- In an area where more than one component is being reviewed, a “yes” must be able to be scored for all. If any part scores a “No” then the entire component is a “No”

Ratings:

| | |
|--------------------|---|
| Rating 1 = 95-100% | Assessment provides evidence of excellent compliance |
| Rating 2 = 80-94% | Assessment provides evidence of acceptable compliance |
| Rating 3 = 70-79% | Assessment does not provide evidence of acceptable compliance |
| Rating 4 = < 70% | Assessment does not provide evidence of acceptable compliance |

A score of 70 – 79 % (Rating of 3) or less than 70% (Rating of 4) in any individual section triggers additional action and follow-up.

Course Monitoring Review

Training Site

Review Date

Location

Type of ECC Course

being reviewed: **BLS**

ACLS

PALS

Initial

Renewal

Instructor

| |
|--|
| CATEGORY 1 FACILITY/CLASS STRUCTURE |
|--|

| | BLS | ACLS | PALS |
|--|------------|-------------|-------------|
| 1. Is facility accessible? Comment: | __Y __N | __Y __N | __Y __N |
| 2. Is space adequate? Comment: | __Y __N | __Y __N | __Y __N |
| 3. Does Instructor-student ratio meet AHA guidelines? | __Y __N | __Y __N | __Y __N |
| 4. Is remediation provided to students who need it? Describe the method of remediation: | __Y __N | __Y __N | __Y __N |
| 5. Are students given the opportunity to evaluate the course? Does the TS utilize the AHA course evaluation form? Yes ____ No ____ If not, does the form give the student the opportunity to evaluate the instructor(s) they were exposed to? Yes ____ No ____ | __Y __N | __Y __N | __Y __N |
| 6a. Is there adequate floor and/or table space available to practice CPR? If not, please comment: | __Y __N | | |
| 6b. Is a physician Instructor present or immediately available by phone, fax, or other means? Comment: | | __Y __N | __Y __N |
| Numeric score for this section: | __ of 6 | __ of 6 | __ of 6 |
| Percent score for this section: | % | % | % |
| Additional comments on this section: | | | |
| Note to reviewer: Question 6 a. is specific to BLS as many facilities must have the added space for manikin practice, and said space may require special needs for the handicap or temporarily disabled. | | | |

**CATEGORY 2
COURSE CONTENT**

| | BLS | ACLS | PALS |
|---|------------|-------------|-------------|
| 1. Are student provided with a course outline? | __Y __N | __Y __N | __Y __N |
| 2. Is course outline consistent with AHA guidelines? Comment: | __Y __N | __Y __N | __Y __N |
| 3. Is core content covered? Comment: | __Y __N | __Y __N | __Y __N |
| 4. Are skills performance checklists used and competency evaluated? If not, please comment: If megacode is used for competency evaluation, please indicate group size: | __Y __N | __Y __N | __Y __N |
| 5a. Provider course only: Is skills practice time appropriate? If not, please comment: | __Y __N | __Y __N | __Y __N |
| 5b. Instructor course only: Did participants give presentations with peer feedback? If not, please comment: | __Y __N | __Y __N | __Y __N |
| 6. Is the most current written examination used? | __Y __N | __Y __N | __Y __N |
| 7. Is proficiency in performing CPR including AED evaluated during the course? If not, please comment: | __Y __N | __Y __N | __Y __N |
| Numeric score for this section: | __ of 7 | __ of 7 | __ of 7 |
| Percent score for this section: | % | % | % |
| Additional comments on this section: | | | |
| <p>Note to reviewer: Questions 1, 2, and 3: TSs must have their own outline made available to every student during the course and to the reviewer prior to the course. This outline should reflect the core content of the course and that content should be consistent with AHA guidelines.</p> <p>Question 4: Skills performance check sheets provided in the AHA instructor manuals may be used. If not, then the skills check sheets used must reflect whether the core skills have or have not been met.</p> <p>Question 5a: Can be broken down into two questions - Was every participant given equal opportunity to practice? And, Was time sufficient for successful return demonstration of skills.</p> | | | |

**CATEGORY 3
EQUIPMENT/MATERIALS AVAILABLE**

| | BLS | ACLS | PALS |
|---|--------------------|--------------------|--------------------|
| 1. Does each student have appropriate textbooks available for use before, during, and after the course? | __Y __N | __Y __N | __Y __N |
| 2. Is the required equipment available? If anything is missing, please comment: | __Y __N | __Y __N | __Y __N |
| 3. Is all equipment clean and in good working order? Comment: | __Y __N | __Y __N | __Y __N |
| 4. Are AHA audiovisual materials used? Please comment: | __Y __N __NA | __Y __N __NA | __Y __N __NA |
| Numeric score for this section: | __ of 4 | __ of 4 | __ of 4 |
| Percent score for this section: | % | % | % |
| Additional comments on this section: | | | |
| Note to reviewer: Question 4: The check off category “NA” counts in the scoring and is made available because some options are allowed regarding the use of AHA audiovisual aids. Such as the renewal course where it is optional or when media equipment fails or becomes unavailable and the Instructor provides the information in the same manor. In any case please comment on how the material is presented. | | | |

| TOTAL SCORING | | | |
|----------------------|-----------|-----------|----------|
| | BLS | ACLS | PALS |
| Total numeric score: | ___ of 17 | ___ of 17 | __ of 17 |
| Total percent score: | % | % | % |

| TRAINING CENTER SCORING | | | |
|-------------------------|-------------|-------------|-------------|
| | BLS | ACLS | PALS |
| Section I | of 6 = % = | of 6 = % = | of 6 = % = |
| Rating (1-4) | | | |
| Section II | of 7 = % = | of 7 = % = | of 7 = % = |
| Rating (1-4) | | | |
| Section III | of 4 = % = | of 4 = % = | of 4 = % = |
| Rating (1-4) | | | |
| TOTAL | of 17 = % = | of 17 = % = | of 17 = % = |
| Rating (1-4) | | | |

| RATING | COMPLIANCE | REQUIREMENTS |
|---------------|---|---|
| 1 – (95-100%) | Assessment provides evidence of excellent compliance | Compliant, no requirements, best practice for total score |
| 2 – (80-94%) | Assessment provides evidence of acceptable compliance | Compliant, no requirements |
| 3 – (70-79%) | Assessment does not provide evidence of acceptable compliance | Non-compliant, initiates an unannounced course monitoring |
| 4 – (< 70%) | Assessment does not provide evidence of acceptable compliance | Non-compliant, additional documentation within 30 days and a focused administrative review within 90 days |

REVIEWER'S SIGNATURE/COMMENTS

Reviewer's overall comments:

MTN Staff Print Signature Date:

National Faculty
(optional) Print Signature Date:

BLS

TS Program
Director Print Signature Date:

TS Administrator Print Signature Date:

ACLS

TS Program
Director Print Signature Date:

TS Administrator Print Signature Date:

PALS

TS Program
Director Print Signature Date:

TS Administrator Print Signature Date:

Review reported to Commander/Commanding Officer on:

Date: _____ / _____
MTN Staff

APPENDIX F: INSTRUCTOR MONITOR FORM

MILITARY TRAINING NETWORK INSTRUCTOR MONITOR FORM

Name of Instructor: _____

Type of Instructor: ACLS BLS PALS

Instructor's Unit of Assignment: _____

Reason for Monitoring: Initial Recognition PCS / New Arrival Instructor Course Date: _____

Renewal Instructor Card Expiration Date: _____

Remediation (for repeat monitoring as needed if previous monitoring is unsuccessful)

Previous Monitoring Date: _____

Previously Monitored by: _____

Name of Reviewer: _____

Reviewer's Status (check all that apply): Program Director Training Site Faculty Course Director

Monitoring Date: _____ Monitoring Location: _____

Name of Course taught (i.e., BLS Healthcare Provider Course): _____

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

- | | |
|---|---|
| <input type="checkbox"/> Lecture | <input type="checkbox"/> Evaluation/Skills Stations |
| <input type="checkbox"/> Teaching/Skills Stations | <input type="checkbox"/> Remediaton |

Instructor Monitor Checklist

Instructions: Check appropriate box (E = Excellent, S = Satisfactory, NI = Needs Improvement) for all criteria that apply to the monitoring process. Instructor teaching and student evaluation skills are to be monitored. Please complete all areas.

****Comments on all areas indicated as "Needs Improvement."**

| | E | S | NI ** | Comments |
|--|--------------------------|--------------------------|--------------------------|----------|
| Teaching Effectiveness | | | | |
| Organizes physical set-up to facilitate learning by students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Introduces objectives/outlines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Covers core content following outline consistent with AHA guidelines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Summarizes key information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrates mastery of course content / ability to respond to student questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrates willingness and ability to demonstrate skills (when applicable) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Allows adequate time for skills practice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Uses interactive teaching style/ encourages student participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Manages time effectively (begins/ends on time, avoids digression from key | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--|
| points) | | | | |
| Provides effective and ongoing feedback to students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrates professionalism (appropriate attire, use of terminology, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | E | S | NI ** | Comments |
|--|--------------------------|--------------------------|--------------------------|----------|
| Evaluation Effectiveness | | | | |
| Uses performance checklists (as available) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Evaluates fairly, using current AHA guidelines and materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Provides or recommends appropriate remediation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Materials/Equipment | | | | |
| Uses equipment that is clean and in good working order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Uses appropriate standard (universal) precautions whenever applicable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Uses current AHA materials (video, tool kits, etc.) to deliver content | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| All students are using AHA textbook | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Refers to AHA textbook during teaching and/or evaluation feedback | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrates ability to use and troubleshoot audiovisual equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Signatures / Recommendations

Instructions: Please use the Instructor Monitor checklist as a basis of recommendations. Reviewer should send completed form to Instructor's training site Program Administrator.

Reviewer's Recommendations / Comments:

Do you recommend new/renewal of Instructor status for this Instructor Candidate/Instructor? Yes No

If "No", please summarize your rationale and provide recommendations for remediation (please attach additional comments as needed).

Signature of Reviewer: _____

Date:

Instructor's Comments (please attach additional comments as needed);

Signature of Instructor: _____

Date: