



# **Pediatric Emergency Assessment, Recognition, and Stabilization Instructor Candidate Workbook**

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# Contents

Introduction.....	4
Background.....	5
The Early Days .....	6
AHA Mission .....	7
AHA Global Mission .....	7
Emergency Cardiovascular Care Mission.....	7
The Science Process and Why Materials Change Every 5 Years.....	8
Turning Science Into Training.....	9
Making an Impact .....	10
The Instructor-AHA Partnership.....	11
Step 1: Prepare .....	12
Preparing Yourself .....	12
Glossary .....	12
How to Find Information .....	14
The Role of TCs and TC Faculty.....	14
Preparing Your Materials.....	15
How to Get the Forms You Need to Teach.....	15
How to Get the Materials You Need to Teach.....	16
How to Get and Use a Course Agenda .....	16
How to Get Written Exams and When to Use Them.....	16
How to Get Skills Testing Documents .....	16
How to Get Course Completion Cards .....	17
Preparing the Room and Equipment.....	17
How to Prepare the Room.....	17
Setting Up the Equipment.....	18
Preparing the Students .....	19
Manual .....	19
Skills Testing and Skills Sheets .....	20
Step 2: Teach.....	21
Using Lesson Maps.....	21
How You Should Identify and Correct Weak Skills.....	21
Feedback .....	22
Debriefing .....	23

Answering Student Questions.....	23
Step 3: Test .....	24
Testing Accurately .....	24
Remediation .....	24
Step 4: Close .....	26
Course Paperwork.....	26
Rosters.....	26
Evaluations.....	27
Skills Testing Sheets .....	27
Written Exam Answer Sheets .....	27
Next Steps .....	27
Course Completion Cards .....	27
Cleaning the Classroom and Manikins .....	28
Step 5: Keep Current.....	29
Updates .....	29
Maintaining Instructor Status.....	29
Conclusion .....	30
Useful Information.....	31
Quick Self-Quiz .....	32
FAQ.....	33
Team Dynamics Debriefing Tool .....	335

## **Introduction**

Welcome to the American Heart Association (AHA) Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS®) Instructor Course.

At the AHA National Center, we often get questions about how the AHA works overall and where this course fits into the broader AHA spectrum. The following information answers those questions.

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## **Background**

- The Early Days
  - AHA Mission
  - AHA Global Mission
  - Emergency Cardiovascular Care Mission
  - The Science Process and Why Materials Change Every 5 Years
  - Turning Science Into Training
  - Making an Impact
  - The Instructor-AHA Partnership
-

## The Early Days

A pioneering group of physicians and social workers formed the first Association for the Prevention and Relief of Heart Disease in New York City in 1915. They were concerned about the lack of heart disease information. At that time, patients with heart disease were considered doomed, limited to complete bed rest. So these physicians conducted studies in New York City and Boston to find out whether patients with heart disease could safely return to work. Similar groups in Boston, Philadelphia, and Chicago evolved into heart associations in the 1920s.

Interest spread widely in other cities across the United States and Canada. Recognizing the need for a national organization to share research findings and promote further study, 6 cardiologists representing several groups founded the AHA in 1924. Here is a timeline of some key dates and events in the AHA's history:

1924	The AHA was founded.
1948	The AHA was transformed from a scientific society into a voluntary health agency with national headquarters located in New York City.
1975	A rapidly growing AHA moved its National Center to Dallas, Texas, to better serve affiliates and local divisions nationwide.
1980s	The AHA gained a foothold as a visible champion of public health. The AHA developed guidelines for the nation's healthcare system and supported the federal government's attempt to improve access to healthcare. The AHA focused its planning in 3 areas: cardiovascular science, cardiovascular education and community programs, and fundraising efforts.
Mid-1990s	The AHA's scientific findings began to move more quickly from laboratories and clinics to physicians' offices and American households.
1995	The AHA's strategic driving force for moving into the 21st century became providing credible information about heart disease and stroke for effective prevention and treatment.

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**AHA Mission** The AHA mission is to build healthier lives, free of cardiovascular diseases and stroke. That single purpose drives all we do.

The AHA is the nation's oldest and largest voluntary health organization dedicated to saving people from heart disease and stroke, America's No. 1 and No. 4 killers, respectively. The association is the trusted leader in emergency cardiovascular care and trains people around the world in how to save lives with CPR and first aid.

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**AHA Global Mission** Through collaboration with global partners and through knowledge transfer of its proven programs and strategies, the AHA strives to reduce the global burden of cardiovascular disease and stroke.

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**Emergency Cardiovascular Care Mission** The AHA's Emergency Cardiovascular Care (ECC) Programs department is responsible for implementing program initiatives and providing guidance and support to the ECC Training Network. The ECC mission supports this responsibility.

The mission of ECC Programs is to reduce disability and death from acute circulatory and respiratory emergencies, including stroke, by improving the Chain of Survival in every community and in every healthcare system.

ECC Guiding Philosophy:

- Improve the Chain of Survival in every community
- Increase quality and timeliness of materials
- Identify and expand training
- Document effectiveness
- Improve efficiency

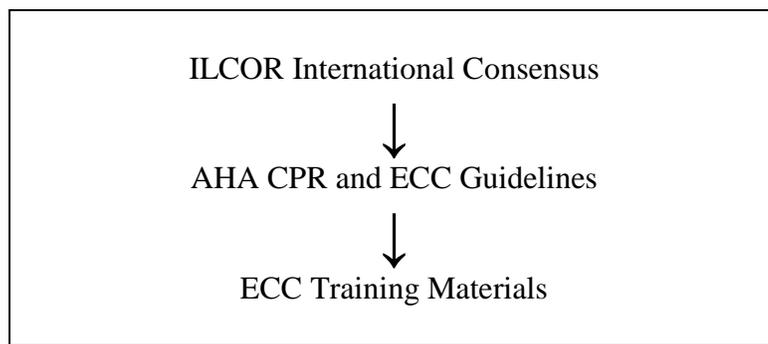
The goal of ECC Programs is to be the world's premiere resuscitation organization and serve the global community of scientists, healthcare providers, and citizens as a critical leader in discovery, processing, and transfer of resuscitation science. Its programs, products, and services focus on maximizing survival from life-threatening cardiovascular emergencies.

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**The Science  
Process and  
Why  
Materials  
Change Every  
5 Years**

Scientists and physicians from the International Liaison Committee on Resuscitation (ILCOR) continuously evaluate current and new evidence about resuscitation. Every 5 years, ILCOR holds an International Consensus Conference, during which these scientists and physicians discuss and debate and then come to a consensus about the best ways to apply the science in resuscitation. This is documented in the ILCOR *International Consensus on CPR and ECC Science With Treatment Recommendations*.

The AHA is a member council of ILCOR, and the AHA Guidelines are written on the basis of the ILCOR consensus.



This process allows the AHA to incorporate the most current science into its materials, so that faculty, instructors, and students have up-to-date information on the best practices.

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## **Turning Science Into Training**

The *2010 AHA Guidelines for CPR and ECC* are based on the most current and comprehensive review of resuscitation literature ever published, the *ILCOR 2010 International Consensus on CPR and ECC Science With Treatment Recommendations*. The 2010 evidence evaluation process included 356 resuscitation experts from 29 countries who reviewed, analyzed, evaluated, debated, and discussed research and hypotheses through in-person meetings, teleconferences, and online sessions (“webinars”) during the 36-month period before the 2010 International Consensus Conference. The experts produced 411 scientific evidence reviews on 277 topics in resuscitation and emergency cardiovascular care. The process included structured evidence evaluation, analysis, and cataloging of the literature. It also included rigorous disclosure and management of potential conflicts of interest.

The recommendations in the 2010 Guidelines confirm the safety and effectiveness of many approaches, acknowledge the ineffectiveness of others, and introduce new treatments based on intensive evidence evaluation and consensus of experts.

These new recommendations do not imply that care using past guidelines is either unsafe or ineffective. In addition, it is important to note that the new guidelines will not apply to all rescuers and all victims in all situations. The leader of a resuscitation attempt may need to adapt application of these recommendations to unique circumstances. The AHA may update courses if there is a published scientific breakthrough that impacts practices in our educational materials.

Part of the proceeds from AHA courses goes to funding research, which means that the AHA supports the scientists whose research may one day impact our course materials.

The AHA leads the charge in applying evidence-based science into every product it creates.

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## **Making an Impact**

Saving lives through training is only one way that the AHA reaches you. Here are some others:

- Childhood obesity prevention
- Heart-Check mark
- Go Red For Women<sup>®</sup>
- Patient and consumer educational materials
- Power To End Stroke<sup>®</sup>
- *My Heart. My Life.*<sup>™</sup>
- *Advocacy—You're the Cure*
- The Guideline Advantage<sup>™</sup>
- Professional education and professional membership
- Mission: Lifeline<sup>®</sup>
- Research

For more information visit [www.heart.org](http://www.heart.org).

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**The  
Instructor-  
AHA  
Partnership**

The process for developing course materials is elaborate. After consensus is reached at the ILCOR meetings, the AHA writes its guidelines, and then a wide array of volunteer medical professionals work together with AHA staff, the AHA training department, and discipline-specific consultants to produce the texts and DVDs used in courses.

Courses are tested by members of the AHA and AHA Training Network, and feedback from the test courses is incorporated into the final product. Every word and image in those texts and DVDs is evaluated, revised, and finally vetted by experts. It's an extensive, detailed, and time-consuming process. The AHA undertakes this extensive process willingly to produce scientifically accurate and up-to-date course materials.

The AHA-instructor partnership is critical to the success of the courses. The AHA develops the DVD and texts that teach the student the science. The instructors are the hands-on implementers: they evaluate, coach, remediate, and help students learn the skills.

This is critical to the course's success. The DVD can't determine if candidates are practicing well—or learning well. The instructors are the ones who help students learn critical skills.

Thank you for helping us save lives.

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## Step 1: Prepare

### Preparing Yourself

- Glossary
- How to Find Information
- The Role of TCs and TC Faculty

### Preparing Your Materials

- How to Get the Forms You Need to Teach
- How to Get the Materials You Need to Teach
- How to Get and Use a Course Agenda
- How to Get Written Exams and When to Use Them
- How to Get Skills Testing Documents
- How to Get Course Completion Cards

### Preparing the Room and Equipment

- How to Prepare the Room
- Setting Up the Equipment

### Preparing the Students

- Manual
  - Skills Testing and Skills Sheets
- 

## Preparing Yourself

### Glossary

**Course Completion Card:** The card given to students who pass the provider course. You get it from your Training Center Coordinator.

**Emergency Cardiovascular Care (ECC):** A global business unit of the American Heart Association, responsible for publishing the official AHA Guidelines for CPR and ECC and providing lifesaving CPR, first aid, and advanced cardiovascular care training.

**Faculty:** The person who teaches instructor courses. Faculty are appointed. Faculty may be Training Center (TC) Faculty, Regional Faculty, or National Faculty.

- **TC Faculty:** The people who serve as quality assurance and educational leaders for the TC.
- **Regional Faculty:** The people who serve as science and curriculum experts to the TCs and instructors.
- **National Faculty:** The people who serve as science experts for their discipline (BLS, ACLS, PALS) in their region. Also, they often facilitate communication between the Regional ECC Committees and National ECC Program volunteers.

**Instructor:** The person who meets the AHA requirements for teaching a specific provider course. (Requirements vary, depending on the course.)

**Instructor Candidate:** The person taking a course to become an AHA Instructor.

**Instructor Network (IN):** Once you complete your instructor training, you'll join the IN. This website contains a wealth of information, from how to order materials you need to science updates. All instructors are required to join the IN.

**Instructor Number:** The unique number assigned to you once you register on the IN. This number will be on the back of your instructor card as well. You can also find your instructor number on your home page ("dashboard") when you log into the IN.

***Program Administration Manual (PAM):*** This book is a guide to the rules, regulations, and requirements for instructors, TCs, faculty members, and other people involved in AHA ECC programs.

**Provider Courses:** These are the courses that teach a defined set of skills and knowledge for a specific audience. Examples are PALS, ACLS, and Heartsaver.

**Student:** Anyone taking a provider course.

**Training Bulletins:** When policies are changed in the current PAM, the new policies are announced in Training Bulletins. Training Bulletins supersede the related information in the PAM.

**Training Center (TC):** The AHA has established a network of TCs. These centers' goal is to help deliver ECC educational courses and strengthen the Chain of Survival. All instructors must be aligned with a TC.

**Training Center Coordinator (TCC):** The person who can answer your questions related to the teaching and administration of AHA courses. The TCC is your first resource for information about AHA training programs.

**Training Memos:** Memos clarify current policies and introduce new educational materials and programs, as well as changes to existing programs.

## **How to Find Information**

The AHA is a large organization and has a number of departments, guides, and manuals. If you need to know something specific or have questions, there are several resources you can use. Check these resources in the following order, and you're most likely to find what you want quickly and easily.

1. Your Instructor Manual
2. Your TCC
3. Your TC Faculty
4. The IN
5. The PAM

The PAM provides information about how to administer courses in general. It has all the overall rules and guidance. The Instructor Manual tells you what you need for a specific course.

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## **The Role of TCs and TC Faculty**

TCs administer and run the courses and manage instructors. They also support the instructors by offering information and updates. TCs also make sure that the AHA courses taught through the TC meet AHA standards and are taught as intended.

Each TC has at least 1 TC Faculty member in each discipline. The faculty member is an expert in the subject and may also help the AHA develop and update courses. Faculty members are excellent resources for instructors.

Each TC will have specific instructions and ways of meeting AHA goals. The PAM outlines all AHA policies, but your TC may have policies that expand on those found in the PAM while still meeting the PAM's requirements. For example, the PAM says completed course paperwork must be submitted to your TC within 10 business days after the completion of the course. Your TC may require that the paperwork be submitted sooner, but not later, than the guidance in the PAM. TCs may have specific policies about

- How to register to teach classes
- How much notice you need to give the TC to arrange a class
- How to advertise
- How to communicate with students

In the back of this book, we have several blank pages for you to take notes. You can also list your TC's policies here:



**How to Get the Materials You Need to Teach**

You'll need the required student materials for the course you are teaching. You will also need all the equipment on the equipment list in your Instructor Manual. Your TCC can provide you with a list of the authorized AHA distributors in your area.

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**How to Get and Use a Course Agenda**

A course agenda is the basic outline of how the course will go. It should provide a map of the course for both you and the students so that everyone knows what to expect. Every Instructor Manual has sample course agendas that you can use and adapt to fit your specific needs.

As part of designing a course agenda, it's important to note which parts of a course can be adapted and which can't. For example, in PEARS, you can include the optional skills stations for equipment used to manage circulatory and respiratory emergencies.

No matter which course you are teaching, every course agenda should include the following information:

- How long the course is
  - The specific times for each section of the course
  - When breaks will occur and how long they will be
- 

**How to Get Written Exams and When to Use Them**

Get written exams from your TCC. Follow your TC's procedures about how and when to get the written exams. Have the exams ready before you teach the class.

Written exams should be secured. Follow your TC's policies and AHA guidelines for maintaining exam security. Additional information about exam security can be found in the PAM.

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**How to Get Skills Testing Documents**

The documents you need for skills testing can be found in your Instructor Manual and on your instructor CD (if applicable). You can also find them on the IN, or you can get them from your TCC.

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**How to Get Course Completion Cards**

You get course completion cards from your TCC; you may need to notify your TCC in advance. Learn your TC's policies before you plan a course.

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**Preparing the Room and Equipment**

Your Instructor Manual has information about how to set up a room and equipment for a specific course. The following are general guidelines, applicable to nearly every course.

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**How to Prepare the Room**

Setting up the room is an important part of the class's success. Arrange manikins so that students have enough space to move around the manikins and equipment without interfering with other students who are performing skills. For example, students need room to tap and shout and give compressions during CPR. Ideally, there will be sufficient room around each manikin for students to easily get to and move around the manikin.

Instructors need enough space to be able to monitor students, and so on. Some Instructor Manuals have sample floor plans you can follow. Some do not. Regardless, here are the key elements to setting up a room well:

- Have good acoustics and lighting—make sure all students can hear and see you.
  - The video screen should be clearly visible to all students.
  - The room should be clutter-free.
-

## **Setting Up the Equipment**

Different instructors have or use different equipment—manikins, for example, may vary slightly from manufacturer to manufacturer. Setting up equipment properly in advance makes classes run more smoothly. Here are some key elements to setting up equipment:

- Know your equipment. For example, different manikins have different pieces. Follow the manufacturer's directions, but be sure you know how to work your equipment and begin class with new and/or clean equipment.
- Make sure the manikins are clean and ready for use.
- Make sure the audiovisual equipment, including your remote control, is in working order.

Overall, the goal is to prepare all your materials ahead of time so that the class runs smoothly. Each Instructor Manual has a complete list of the materials you'll need to teach your course. Use the list to prepare before class.

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## Preparing the Students

Students also should prepare before class. Many won't. Some will. One of your jobs is to provide students all the information they need so that they can come to class prepared. In general, students need to know

- When and where the class will take place
- What to bring with them
- How to dress for the course

Students should also complete any precourse work that might be required and let you know if they have a latex allergy or need other special accommodation (Americans with Disabilities Act).

Sending a letter by email or the postal service is a good idea. We have included a sample precourse letter in the Instructor Manual. Use it and adapt it to fit your specific needs.

Each student should receive a *PEARS Provider Manual* to read before coming to class. Encourage students to review the manual frequently after the course to refresh themselves on important concepts such as the PEARS Systematic Approach and management of respiratory emergencies and shock.

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### Manual

Each student should also be given a *PEARS Provider Manual* to read before coming to class. The manual is part reference guide and part workbook. Students may write notes in the book and should also refer back to it after class is over. Students who frequently refresh their memories about skills remember the skills longer. Reminding students to review the manual and refresh themselves on skills can help them perform better.

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**Skills Testing  
and Skills  
Sheets**

You'll give skills tests to each student. One of the best ways students can prepare for a skills test is to know early-on what is expected of them. Let students know before the course that the BLS Competency Testing section of their *PEARS Provider Manual* contains the 1- and 2-Rescuer Child BLS With AED and 1- and 2-Rescuer Infant BLS Skills Testing Sheets. Students can also find the Learning Station Competency Checklists in the appendix of the *PEARS Provider Manual*.

Before class starts, give the students copies of the sheets you use to test them. Let them see exactly what they will be expected to do.

Encourage the students to use the skills sheets during class and to make notes as they learn.

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## Step 2: Teach

- Using Lesson Maps
  - How You Should Identify and Correct Weak Skills
  - Feedback
  - Debriefing
  - Answering Student Questions
- 

### Using Lesson Maps

As with many classes taught at the national and international levels, ensuring consistency is a challenge. To help with this challenge, a set of Lesson Maps has been designed to indicate which material needs to be covered when. The Lesson Maps aid instructors and, along with the video, ensure consistency from class to class.

You'll learn more about how to use Lesson Maps when you have practice sessions and role-play in the classroom portion of this course. Some general principles guide each map. Here are some key pieces of information:

- **Resources:** Indicates what you'll need to teach a particular lesson
  - **Student Role and Objectives:** Tells you what the students should be doing and what they should be learning
  - **Instructor Role:** Tells you what you should be doing
- 

### How You Should Identify and Correct Weak Skills

This is one of the most important parts of an instructor's job. The AHA goes to great lengths to create the science-based materials. However, no matter how good the research and science are, only good hands-on skills will save lives. Instructors are the ones who are responsible for helping students learn the critical skills.

#### *To identify weak skills:*

Use the critical skills description lists and the skills testing sheets for the BLS portion of the skills test. The critical skills descriptions sheet lists all the things that a student needs to know how to do. Pay close attention not only to what is described but also to the order of the actions. You should know these skills by heart before you start teaching so that you will know exactly when a student misses an important step.

The same is true for other skills. It is also very important to pay attention not just to how each person performs the skills on the

“patient” but also to how each team member communicates and functions within the team.

***To improve student performance:***

While students are practicing, offer positive and corrective feedback. Begin with what students are doing well. Describe what they are doing right. Then offer suggestions for how they can improve.

You may also consider using skills testing sheets while students practice. Fill it out or simply show it to the student. Sometimes being clear about exactly what they are being tested on helps students improve performance.

It also helps to watch for common errors, which vary from course to course. Some examples of common errors in the PEARS course include

- Ineffectively communicating with team members
- Not performing high-quality CPR
- Not recognizing mild vs severe respiratory distress
- Not recognizing compensated vs hypotensive shock

The video will show you some common errors that students make, as well as scenarios in which students complete the skills test correctly.

---

**Feedback**

Constructive feedback during hands-on practice can help students improve their skills. Feedback targets students’ actions, letting students know which actions need to be continued or changed. For example, you might say, “Compressions should be 100 beats per minute. Your compressions were at 90 beats per minute. Push faster.” Feedback should be positive and specific, letting the students know exactly what they should do to improve.

---

## **Debriefing**

Debriefing is a discussion that you facilitate. Students are asked to reflect on their actions and rationale, how performance could be improved in the future, and what they've learned through the practice. Debriefing helps students identify and change errors in their thinking. After a practice session or role-play, ask students how they thought the session or role-play went. The goal is for students to analyze their performance and determine how to improve.

As the instructor, your job is to listen to the student's analysis and provide guidance:

- Confirm when his analysis is right: "I agree, Tim. You did an excellent job of coordinating the team, particularly at the beginning when Mary wasn't sure what to do."
  - Offer concrete suggestions for ways he could further improve: "During the switch from rescuer 1 to rescuer 2, there was a lapse of 11 seconds between compressions. Working to minimize the interruptions in compressions will give the patient the best chance for survival."
- 

## **Answering Student Questions**

Some students ask questions that are outside the scope of the course. When this happens, you can provide them the answer if you have it. If you don't have the answer, tell students you aren't sure of the answer yet and will get back to them.

The IN has a list of FAQs. Your TCC is also an excellent resource; your TCC will likely either have the answer to the question or be able to direct you to the person who has the answer.

---

## Step 3: Test

- Testing Accurately
  - Remediation
- 

### Testing Accurately

The skills tests are conducted in-person. You will test students one at a time, using the skills sheet/checklist. For more specific instructions, see the Instructor Manual, which describes in detail how to test students. The Instructor Course video also shows how to conduct a skills test.

Instructors can be under pressure to pass students who don't necessarily have the skills to pass. Sometimes an instructor may have his boss or a friend in a class. Other times, an instructor may be worried about the repercussions for her TC or business if the client or student isn't happy. Or a student may not be able to work without a course completion card—a situation that can evoke sympathy in an instructor. There are a number of complicated reasons why an instructor may be inclined to pass a student before the student is ready.

However, it's important to make sure the students are properly prepared and can perform high-quality CPR, in addition to advanced techniques. High-quality CPR improves the chance of survival.

Issue course completion cards only to students who have successfully completed all of the AHA course completion requirements.

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### Remediation

If a student takes a skills test or written exam and doesn't perform all the steps correctly, then the student needs remediation. Remediation is the student's chance to go back over the material immediately after the skills test or written exam. You guide students during remediation to help them learn the pieces they were missing. Then the students take the skills test or written exam again, either immediately or at a later date.

Some of the ways you may provide skills testing remediation include

- Monitoring and mentoring students to identify and resolve weaknesses
- Requesting additional skills practice
- Assigning additional reading

- Referring students to other courses or assessment stations to your satisfaction

If a student scores less than 84% on the written exam, he needs remediation. Because there is only one version of the video written exam, you can provide oral remediation until you are satisfied the student has passed the exam. You can also have the student take the video exam a second time, or, if the student is having serious difficulty, you can ask the student to retake the entire course.

You can find more information about skills testing and remediation in the PAM.

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## Step 4: Close

### Course Paperwork

- Rosters
- Evaluations
- Skills Testing Sheets
- Written Exam Answer Sheets

### Next Steps

- Course Completion Cards
  - Cleaning the Classroom and Manikins
- 

## Course Paperwork

You'll complete paperwork both during and after a course and then submit it to your TC according to its policies. The PAM also includes more information on paperwork.

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### Rosters

Rosters document successful course completion. As a result, you must make sure all roster information is complete and accurate.

A new roster should be completed for each course. Only students who attend the day of the course can be listed on the roster.

Sometimes students will take an online course and you will perform their skills testing. You can submit one roster for each day of skills testing. Online course completion certificates should be submitted with the roster.

Course rosters can be found on the IN.

---

**Evaluations**

You'll give students a course evaluation so that they can let you know how they thought the class went—what worked and what didn't.

Evaluations are required and can be a very useful tool. Looking at several sets of evaluations can show which parts of the classes are working really well from the students' perspectives. Evaluations also can show what's confusing to students and where they might need more help.

As the class draws to an end, hand out evaluations to students. Collect the forms when the students are done. Read them carefully and use them to help decide how to strengthen your teaching.

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**Skills Testing Sheets**

If a student needs remediation, make and keep a copy of the student's original skills testing sheet. Follow your TC's policies about what to do with that copy.

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**Written Exam Answer Sheets**

Students will use answer sheets to record their answers from the written exam. Collect both the written exam and the answer sheets at the end of the course.

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**Next Steps**

Once the course is completed, let the students know when they can expect to get their course completion cards. You'll also need to clean the classroom and manikins.

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**Course Completion Cards**

Course completion cards can be purchased only by your TC. Follow your TC's policies about how to get course completion cards.

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**Cleaning the  
Classroom  
and Manikins**

After your course, make sure you leave the classroom tidy. Rearrange the furniture so that the classroom looks the same way as when you first saw it. Clean and store manikins and other course equipment that you used. The PAM contains information on manikin decontamination.

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## Step 5: Keep Current

- Updates
  - Maintaining Instructor Status
- 

### Updates

When AHA materials are updated, you will need to complete an update on the changes to continue teaching. Your TCC will tell you how to complete mandatory updates. This information will also be available on the IN.

Each month the AHA publishes a newsletter for instructors: the *ECC Beat*, located on the IN. Log on to the IN at least once a month to read the *ECC Beat*. Your dashboard on the IN will show you anything new that's been posted to the IN, including training memos and bulletins.

Reading updates, memos, bulletins, and the *ECC Beat* will keep you up to date as an instructor.

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### Maintaining Instructor Status

Instructors need to maintain their instructor status. If you want to know more about maintaining status, refer to your TCC or the PAM, which has detailed information on the subject.

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## **Conclusion**

Thanks for taking this course. We look forward to you joining the AHA IN.

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## Useful Information

My Training Center Coordinator (TCC) is

\_\_\_\_\_.

The best way to contact my TCC is \_\_\_\_\_.

My Training Center (TC) ID number is \_\_\_\_\_.

The best person to contact about course cards and paperwork is

\_\_\_\_\_.

If I have questions about AHA course content, I should contact \_\_\_\_\_.

These are the steps for getting exams from my TCC:

\_\_\_\_\_.

\_\_\_\_\_.

These are the steps for getting course completion cards from my TCC:

\_\_\_\_\_.

\_\_\_\_\_.

To renew my instructor card, my TCC needs me to do the following:

\_\_\_\_\_.

\_\_\_\_\_.

TCs have agreements with the AHA about where, geographically, they can offer classes. My TC's area is \_\_\_\_\_.

## Quick Self-Quiz

Write your responses in the space below.

1. What is the PAM?
2. Where do I get skills sheets, rosters, and paperwork?
3. How do I maintain instructor status?
4. How does an instructor become a TC Faculty member?
5. Where do I find information on remediation?

## FAQ

*Q: Do I need to have a current provider card to take the instructor course?*

A: Yes, you must have a current provider card to take the instructor course.

*Q: Do I have to have a current provider card to maintain my instructor status?*

A: Instructors must maintain current provider status. Status can be established in 2 ways: with a current provider card or through a demonstration of acceptable provider skills and the successful completion of the provider written exam. Find out the policy for your TC.

*Q: What do I need to do if I am scheduled to teach a course but cannot make it?*

A: Notify your TCC or TC Faculty promptly. Make reasonable attempts to contact the students if no replacement can be found for you.

*Q: What do I do if someone gets ill or injured during a course?*

A: Ask your TCC for any specific policies that you should follow regarding illness or injuries during your course.

*Q: What do I do if someone has a physical disability?*

A: All reasonable accommodations can be made for persons with disabilities. AHA will not authorize any core curriculum changes in any course. Each student must be able to successfully perform all course requirements (skills tests and written exams as indicated) to receive a course completion card. For more assistance, contact your TCC or TC Faculty.

*Q: How much should we charge for the courses?*

A: AHA does not set fees for courses. Contact your TCC.

*Q: Is there a dress code for teaching courses?*

A: All AHA Instructors are to have good hygiene and dress appropriately for the course being taught. Your TCC may have specific guidance also.

*Q: Is there an age requirement for students?*

A: The AHA does not set an age requirement for provider courses. Students must be physically able to perform the required elements of the course. Students in a PEARS course should be healthcare providers who may encounter pediatric patients in their profession but do not provide care daily for children who are critically ill or injured. More information on who can take a PEARS course is found in the *PEARS Instructor Manual*.

*Q: Is there an age requirement to become an instructor?*

A: The AHA has set a minimum age requirement of 18 to become a PEARS Instructor. Instructor candidates also need to be licensed or certified in a healthcare occupation in which the PEARS skills are within their professional scope of practice.

*Q: My instructor card has expired. Is there a “grace period”?*

A: There isn’t a “grace period” recognized by AHA for courses for providers or instructors. There are special exceptions that your TCC can take into consideration, and these exceptions are listed in the PAM.

*Q: I want to use the AHA and/or authorized provider course logo on flyers or other forms for my class. Can I?*

A: Contact your TCC for assistance. You can also find information in the PAM.

*Q: Can I offer continuing education credit for the courses I teach? Does the AHA offer continuing education credit for all AHA courses?*

A: Contact your TCC for assistance.

*Q: I’ve moved. How do I find a new TC to teach with?*

A: Find TCs in your area by using the Find a Course tool at [www.heart.org/cpr](http://www.heart.org/cpr).

- Enter your ZIP code.
- Select the class you need.
- A list of TCs in your area will appear.
- Contact these organizations directly.

*Q: How can I form my own Training Site?*

A: The TCC makes this decision based on the needs of the TC. TCs are not required to have a Training Site.

*Q: Can I teach in Canada?*

A: US instructors are not permitted to teach in Canada unless they are aligned with a Heart and Stroke Foundation of Canada training program.

*Q: How do I teach internationally (separate from Canada)?*

A: Training outside of the United States and its territories requires special permission because of international agreements made with certain countries.

To provide International Training:

- Download the “International Training Approval Request” form from the IN.
- Fill the form out completely.
- Email the form to ECC International Training ([eccinternational@heart.org](mailto:eccinternational@heart.org)).

Incomplete or vague information on the form could delay processing of the request. Your application request will be given all due diligence.

You will also need to review the training memo “[International Training by U.S. Instructors](#)” from December 2008. It’s on the IN.

## Team Dynamics Debriefing Tool

### Instructions

- Use the table below to guide your debriefing.
- Observe and record elements of team dynamics.
- Identify 2 or 3 elements of team dynamics to discuss per debriefing session.

ACTION	GATHER	ANALYZE	SUMMARIZE
<p><b>Closed-Loop Communication</b></p> <ul style="list-style-type: none"> <li>• Orders acknowledged and confirmed when given</li> <li>• Orders announced when executed</li> </ul> <p><b>Clear Messages</b></p> <ul style="list-style-type: none"> <li>• Team members speak clearly</li> <li>• Orders are questioned when doubt exists</li> </ul> <p><b>Clear Roles</b></p> <ul style="list-style-type: none"> <li>• All team members have appropriate roles</li> <li>• Roles are reallocated when appropriate</li> </ul> <p><b>Knowing One's Limitations</b></p> <ul style="list-style-type: none"> <li>• Calls for assistance</li> <li>• Seeks advice when appropriate</li> </ul>	<p><b>Student Observations</b></p> <ul style="list-style-type: none"> <li>• Can you describe the events from your perspective?</li> <li>• How well do you think your interventions worked?</li> <li>• Can you review the events of the scenario? (<i>directed to the recorder</i>)</li> <li>• What could you have improved?</li> <li>• What did the team do well?</li> </ul>	<p><b>Done Well</b></p> <ul style="list-style-type: none"> <li>• How were you able to [<i>insert action here</i>]?</li> <li>• Why do you think you were able to [<i>insert action here</i>]?</li> <li>• Tell me a little more about how you [<i>insert action here</i>].</li> </ul>	<p><b>Student-Led Summary</b></p> <ul style="list-style-type: none"> <li>• What are the main things you learned?</li> <li>• Can someone summarize the key points made?</li> <li>• What are the main take-home messages?</li> </ul>
<p><b>Knowledge Sharing</b></p> <ul style="list-style-type: none"> <li>• Sharing information between team members</li> <li>• Asks for ideas and suggestions</li> </ul> <p><b>Constructive Intervention</b></p> <ul style="list-style-type: none"> <li>• Identifies priorities</li> <li>• Questions colleagues who make mistakes</li> </ul> <p><b>Reevaluation and Summarizing</b></p> <ul style="list-style-type: none"> <li>• Reevaluates patient</li> <li>• Summarizes patient condition and treatment plan</li> </ul> <p><b>Mutual Respect</b></p> <ul style="list-style-type: none"> <li>• Speaks in a professional, friendly tone of voice</li> <li>• Provides positive feedback</li> </ul>	<p><b>Instructor Observations</b></p> <ul style="list-style-type: none"> <li>• I noticed that [<i>insert action here</i>].</li> <li>• I observed that [<i>insert action here</i>].</li> <li>• I saw that [<i>insert action here</i>].</li> </ul>	<p><b>Needs Improvement</b></p> <ul style="list-style-type: none"> <li>• Why do you think [<i>insert action here</i>] occurred?</li> <li>• How do you think [<i>insert action here</i>] could have been improved?</li> <li>• What was your thinking while [<i>insert action here</i>]?</li> <li>• What prevented you from [<i>insert action here</i>]?</li> </ul>	<p><b>Instructor-Led Summary</b></p> <ul style="list-style-type: none"> <li>• Let's summarize what we learned...</li> <li>• Here is what I think we learned...</li> <li>• The main take-home messages are...</li> </ul>