



# **Basic Life Support Instructor Course Faculty Guide**

**May 28, 2013**

# Contents

Introduction.....	3
Background.....	4
The Early Days .....	5
AHA Mission.....	6
AHA Global Mission.....	6
Emergency Cardiovascular Care Mission.....	6
The Science Process and Why Materials Change Every 5 Years.....	7
Turning Science Into Training.....	8
Making an Impact .....	9
The Instructor-AHA Partnership.....	10
How the BLS Instructor Course Works.....	10
Step 1: Prepare .....	11
Prepare Yourself .....	11
Find or List a Course.....	12
Prepare the Materials and Paperwork .....	13
Prepare the Equipment.....	15
Prepare the Room.....	16
Prepare the Instructor Candidate.....	18
Step 2: Teach.....	20
Overview of Competencies.....	20
Ethical and Professional Considerations.....	21
Faculty Role and Video-Based Lessons .....	22
Using Lesson Maps.....	22
Sample Course Agenda.....	24
Course Outline .....	25
Cleaning Manikins .....	28
BLS for Healthcare Providers and Heartsaver Audiences.....	28
Step 3: Test .....	29
How to Test Instructor Candidates .....	29
Monitoring Instructor Candidates.....	29
Step 4: Close .....	30
Participant Evaluations .....	30
Next Steps.....	30
Paperwork .....	30
Renewal.....	30
Mentoring.....	31
Step 5: Keep Current.....	32
Resources for AHA Updates.....	32
Maintaining Faculty Status .....	32
Forms .....	32
Lesson Maps .....	33

## Introduction

Welcome to the American Heart Association (AHA) *Basic Life Support (BLS) Instructor Course Faculty Guide*. This guide is for BLS National Faculty, Regional Faculty, and Training Center Faculty who are teaching a BLS Instructor Course.

At the AHA National Center, we often get questions about how the AHA works overall and where these courses fit into the broader AHA spectrum. The following is information that answers those questions, and you may find it useful to share with instructor candidates.

---

## 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
  - How the BLS Instructor Course Works
-

## 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.

---

**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.

---

**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.

---

**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

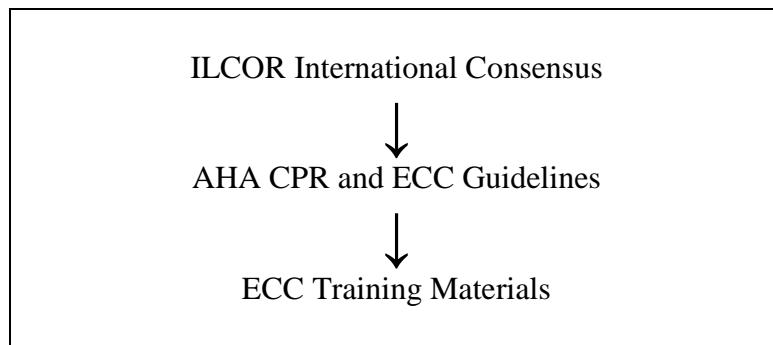
The goal of ECC Programs is to be the world's premiere resuscitation organization and serve the global community of scientists, healthcare providers, and citizens as a critical leader in discovery, processing, and transfer of resuscitation science. Its programs, products, and services focus on maximizing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

---

**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.

---

## **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.

---



## **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).

---

**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 students 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.

---

**How the BLS  
Instructor  
Course  
Works**

To become an AHA BLS Instructor, candidates need to complete an online module. This module is essentially prework, or preparation, for the classroom course, which you teach. The prework allows candidates to maximize their hands-on and practice time with you in the classroom.

There are 4 steps to becoming a BLS Instructor:

1. Candidates align with a Training Center.
  2. Candidates take the online module.
  3. Candidates take the classroom course.
  4. Candidates are monitored as they teach.
-

## Step 1: Prepare

- Prepare Yourself
  - Find or List a Course
  - Prepare the Materials and Paperwork
  - Prepare the Equipment
  - Prepare the Room
  - Prepare the Instructor Candidate
- 

### **Prepare Yourself**

Faculty should review all course materials before teaching a course. This is especially true for faculty who have not taught the course recently.

Keep track of how many people are enrolled in the course. Determine how many faculty members are needed to teach and who will be lead faculty. The size for each BLS Instructor Course is flexible, and there is currently no research-based best instructor-to-student ratio. The practice lessons of the course, however, are designed for a ratio of up to 7 candidates to 1 faculty member.

You need a minimum of 3 candidates in a class to have enough people for skills practice. Instructor candidates need to learn to monitor people working on 2 manikins. For that reason, the minimum number of candidates is 3. Two will work on manikins, while the third monitors them both. However, 1 instructor candidate may monitor up to 3 people on each manikin.

---

**Find or List a Course**

Use the AHA's Find a Course online tool to list the Training Center profile and/or classes scheduled. Instructor candidates are able to access this information through the online tool or by phone at 1-877-AHA-4CPR (242-4277). This tool is for US courses only.

Training Center profile information is entered through the Training Center Coordinator's access to the AHA Instructor Network. Scheduled classes can be entered through the AHA Instructor Network by either Training Center Coordinators or faculty; however, faculty should check with their Training Center Coordinators for any rules or restrictions the Training Center has established regarding faculty entering their classes.

Many Training Centers also have websites on which they post information about their courses.

**Find a Course Tool:** [www.heart.org/cpr](http://www.heart.org/cpr)

**AHA Instructor Network:** [www.ahainstructornetwork.org](http://www.ahainstructornetwork.org)

---

**Prepare the Materials and Paperwork**

Once you have decided when you'll be teaching this course, order any materials you might need. Make sure you have 1 or more copies of all the books instructor candidates will refer to during the class. Also make sure that the candidates each have all the books and materials they will need.

Make sure you have all additional support materials, such as pocket reference cards.

If you need to order manikins, books, or support materials, contact an AHA distributor. The distributors are listed on the Instructor Network.

Only a Training Center Coordinator can order instructor cards.

The materials available for this course are listed here:

<b>Item</b>	<b>Description</b>	<b>Where to Get It</b>	<b>How to Use It</b>
<b>Training Center Faculty Guide with Lesson Maps for BLS Instructor Course</b>	Text with information about how to teach the BLS Instructor Course	Your Training Center Coordinator	Review it before class and use it during class
<b>BLS Instructor Course DVD</b>	The DVD contains the material that candidates learn and that faculty use to evaluate candidates	AHA distributors	Review it before class and play it during class
<b>BLS Course materials: Instructor Manuals with Lesson Maps and DVDs (BLS for Healthcare Providers and Heartsaver)</b>	Manuals and DVDs for the BLS Courses	AHA distributors	Review them before class and use them during class; ask candidates to take out appropriate Lesson Maps when it is time for role-play lessons

<b>BLS Instructor Candidate Workbook</b>	Material covering the essential principles of teaching BLS	Instructor Network	Refer to this if candidates ask questions covered in the online portion of this course
--	--	--------------------	--

---

**Prepare the Equipment**

The following table lists the required equipment for the BLS Instructor Course:

Quantity	Equipment
1 per candidate	1-way valve and pocket mask
	Course agenda
	Critical skills testing checklists and skills sheets
	Skills practice sheets
	Written exams
	Candidate Workbook and discipline-specific manual(s)
	Student Manual for discipline-specific course
1 per set of 4 candidates (4:1 ratio)	AED trainer with adult and child pads
	Manikins with shirts: <ul style="list-style-type: none"> <li>• Adult</li> <li>• Child (optional)</li> <li>• Infant</li> </ul>
	Pocket mask (if not enough for 1 per candidate)
	Stopwatch
	Bag-mask devices appropriate for manikins
1 per course	TV with DVD player <i>or</i>
	Computer with DVD player, projector, and screen
	Instructor Course DVD
	Class DVDs: BLS for Healthcare Providers DVD and Heartsaver First Aid CPR AED DVD set
	Course roster
	Manikin cleaning supplies (such as alcohol pads)
1 per Training Center Faculty member	Training Center Faculty Guide with Lesson Maps
	Instructor CD from discipline-specific course

**Prepare the Room**

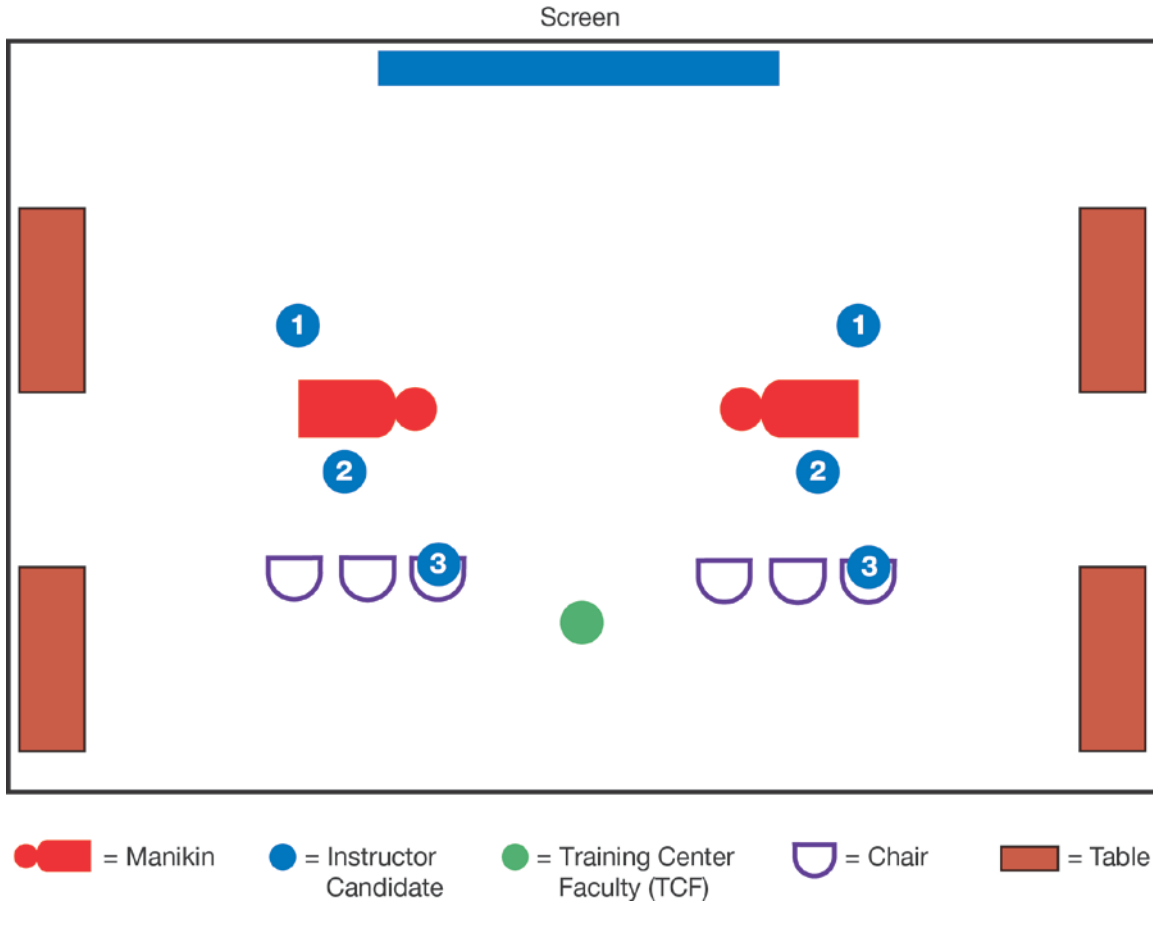
You can teach an average instructor course of 7 instructor candidates with 1 faculty member and 4 manikins in 1 large room. One faculty member can supervise 2 groups of 3 candidates. In each of the candidate groups, 1 candidate will play the instructor's role, while 6 others work on manikins. The room should comfortably accommodate the candidates with open space at the front of the classroom for manikins, candidates, chairs, tables, and space to move around easily. A large instructor course of 14 instructor candidates can be taught with 1 faculty member in 1 large room: 1 faculty member and 2 groups of 7 candidates. In each candidate group, 1 plays the role of "instructor" and monitors 2 groups of 3 "students." The large room should comfortably hold at least 15 people.

The rooms should have

- Good acoustics
- Good lighting that can be dimmed or adjusted for video presentations
- An instructor-controlled DVD player and screen large enough to be viewed by all candidates
- Several tables for supplies and practicing skills
- Ideally, carpeted floors for skills practice
- A chair for each instructor candidate



## Sample Room Floor Plan



## **Prepare the Instructor Candidate**

### **Prerequisites**

The instructor course is an intensive course for those individuals who have already successfully completed the discipline-specific provider course. This course is designed to train instructor candidates to conduct provider and update courses on the latest AHA guidelines and skills set for the specific discipline being taught. The role and scope of practice of healthcare providers vary greatly globally, so there are no profession-specific guidelines for becoming an AHA instructor in a specific discipline. Instructor candidates should exemplify integrity, demonstrate strong ethics, communicate clearly, and model a dedication to quality training.

Instructor candidates must meet certain requirements before taking the instructor course. Before attending the BLS classroom portion of an instructor course, all instructor candidates must

- Be at least 16 years of age
- Be aligned with an AHA Training Center
- Have a current/official AHA BLS Provider course completion card
- Be proficient in the skills of BLS
- Complete BLS Instructor Essentials
- Complete an Instructor Candidate Application

This instructor course has 2 parts. The first part is the BLS Instructor Essentials module, which contains essential information about teaching BLS for the AHA. Every candidate must take this module. Faculty need to take the Instructor Essentials module as well so that they know what to expect from the instructor candidates.

The second part is the classroom portion, which you lead.

The goal of dividing the course into online and classroom-based portions is to maximize in-class learning and make sure that candidates get as much hands-on practice time with an experienced faculty member as possible.

If you have any questions about prerequisites, please consult your Training Center Coordinator or Regional Faculty, and/or refer to the *Program Administration Manual (PAM)*.

### **Forms**

We recommend sending a letter or email to candidates before the course starts. A sample of a precourse letter follows; you may edit it to suit your needs. It should include information about when and

how to return all forms and proof that all prerequisites have been met.

### **Sample Precourse Letter to Instructor Candidates**

(Date)

Dear Instructor Course Candidate:

Welcome to the instructor course.

#### **When and Where**

The class will be

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

#### **How to Get Ready**

The instructor course covers a lot of material in a short time. Please bring your BLS and Heartsaver Instructor Manuals with Lesson Maps, BLS for Healthcare Providers Student Manual, the appropriate Heartsaver Student Workbook, and BLS Instructor Candidate Workbook with you to class. They will help you learn more during the course and make you more comfortable with the material. You will also need to bring your completion certificate from the Instructor Essentials online module.

#### **What to Wear**

Please wear loose, comfortable clothing. You will be practicing skills that require working on your hands and knees, bending, standing, and lifting.

#### **Special Considerations**

If you have any physical conditions that might prevent these activities, please tell one of the faculty members before the class. The faculty may be able to adjust the equipment if you have back, knee, or hip problems. Also please tell your faculty member if you are allergic to latex.

We look forward to welcoming you on \_\_\_\_\_ (day and date of class) \_\_\_\_\_. If you have any questions about the course, please call \_\_\_\_\_ (name) \_\_\_\_\_ at \_\_\_\_\_ (telephone number) \_\_\_\_\_.

Sincerely,

(Title)

\_\_\_\_\_

## Step 2: Teach

- Overview of Competencies
  - Ethical and Professional Considerations
  - Faculty Role and Video-Based Lessons
  - Using Lesson Maps
  - Sample Course Agenda
  - Course Outline
  - Cleaning Manikins
  - BLS for Healthcare Providers and Heartsaver Audiences
- 

### Overview of Competencies

The goal of this course is to prepare candidates to teach BLS classes. Each of the learning stations is designed to help students learn in situations that are as close to real life as possible. Educational science suggests that this is one of the most effective ways to prepare students for real-life emergencies. The closer you can make the scenarios to real-life situations, the better.

The candidates should be competent in all of the following:

- **Skills:** Instructors need to be proficient in all the skills of the disciplines they teach.
  - **Course delivery:** Instructors need to teach AHA materials correctly and as they were intended.
  - **Testing:** Instructors have to be able to test students effectively.
  - **Professionalism:** Instructors need to maintain a high standard of ethics and professionalism when teaching AHA courses.
  - **Program administration:** Instructors need to be able to manage time, space, materials, and paperwork in compliance with AHA guidelines.
-

## **Ethical and Professional Considerations**

There are 2 main reasons why it's especially important for faculty to behave impeccably when it comes to ethics and professional behavior. The first is that it's important to the overall AHA mission, and the second is that faculty teach candidates through their actions as well as their words.

### **Faculty and the Mission**

The main goal of the AHA is to save as many lives as possible. To that end, the AHA is committed to teaching lifesaving skills such as CPR.

It's crucial that instructors be prepared both to teach well and to test their students well. Faculty have the responsibility to pass candidates when, and only when, candidates are ready. If candidates aren't ready, they won't be able to teach and test students well, and students may miss out on learning lifesaving skills.

### **Ethical Teaching Under Pressure**

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 Training Center or business if the client/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 let a student slide and then pass the student before the student is ready.

When it comes to testing and issuing course completion cards, instructor candidates need to understand what's at stake. Faculty can help candidates by acknowledging the complexities of some situations and by clarifying instructor responsibilities.

### **Ethical Faculty Behavior**

Model ethical behavior in all aspects of your class, especially in testing. Showing instructor candidates how to behave is far more compelling than simply telling them.

---

**Faculty Role  
and Video-  
Based  
Lessons**

There are 2 key elements to this course (and all AHA courses). The AHA provides the content, and the faculty make sure that instructor candidates have learned, and can adequately perform, the skills necessary for teaching a course.

The AHA uses a rigorous process to determine the best practices on the basis of scientific evidence. (See the Introduction for details on how the AHA science process works.) Once the AHA guidelines are written, then the course content is determined. The content is provided in the video.

The faculty implement the content, making sure that the instructor candidates know how to do the things that are shown in the video. Faculty monitor, observe, and coach instructor candidates so that candidates are then ready to teach students. Giving candidates immediate feedback during skills practice helps them learn.

Using videos and dedicating significant time to role-playing are effective tools in helping candidates learn. Using the video also helps make sure that instructor courses are consistent across the world, so that all instructors learn the same skills, and Training Centers know exactly what it means if an instructor says that she has completed instructor training.

---

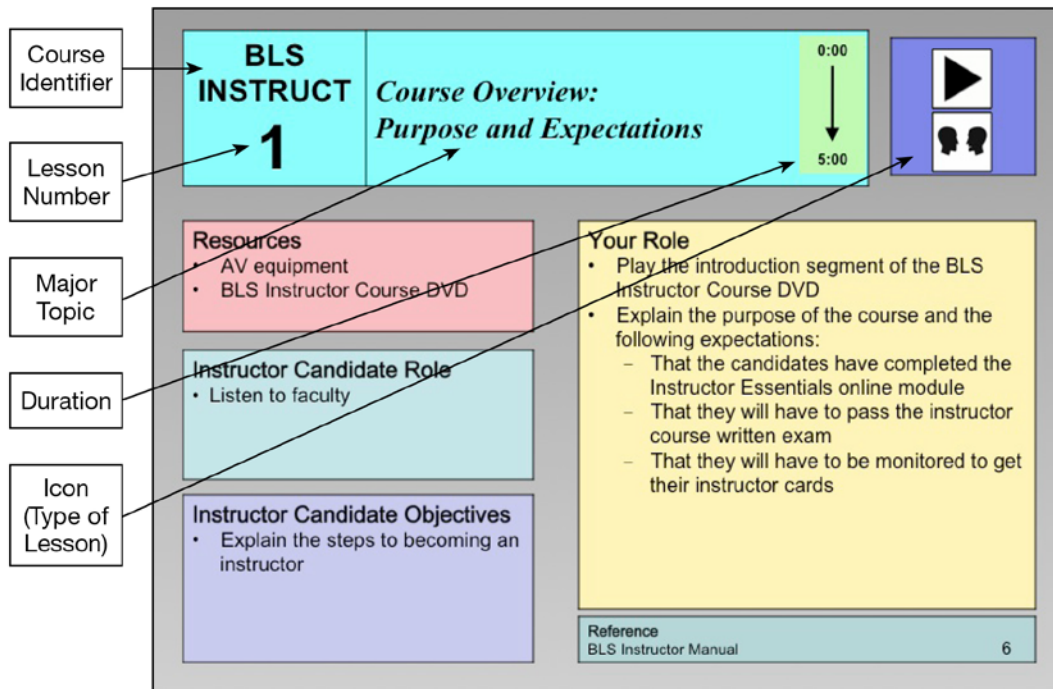
**Using Lesson  
Maps**

Lesson Maps tell faculty what is going on and what is coming next. Faculty use them during class to keep the class running smoothly and to model how to use Lesson Maps for the instructor candidates. Instructors also use Lesson Maps in their courses.

Some instructors don't realize the importance of using Lesson Maps. As a result, the students don't learn everything they need to perform in a real emergency.

If the faculty emphasize the importance of using Lesson Maps, then instructors are more likely to follow them and students are more likely to learn what they need to know.

Here's a sample Lesson Map, with all the numbers, letters, and icons explained.



Use Lesson Maps as shown here:

When	Then you can
<b>Before you teach</b>	Review the maps to understand <ul style="list-style-type: none"> <li>The objectives for each lesson</li> <li>Your role for each lesson</li> <li>The resources that you need for each lesson</li> </ul>
<b>As you teach</b>	Follow each Lesson Map as you conduct the course. <ul style="list-style-type: none"> <li>Remind candidates what they will see in each video segment.</li> <li>Make sure you have all resources and supplies ready for each lesson.</li> <li>Make notes on your Lesson Maps, such as what page numbers to reference in Instructor Manuals.</li> </ul>

**Sample Course Agenda**

The following is a sample course agenda. You may alter it slightly, depending on when you want to incorporate breaks, etc.

**Sample Agenda for BLS Instructor Course**










14 Students, 2 BLS Faculty  
Approximately 7 hours with breaks











8:30 Welcome		
8:35 <b>Lesson 1:</b> Course Overview: Purpose and Expectations		
8:40 <b>Lesson 2A:</b> Effective Instructor Behaviors		
8:55 <b>Lesson 2B:</b> Challenging Learners		
9:05 <b>Lesson 3:</b> Poor Instructor Behaviors		
<i>Divide class into 2 groups</i>	<b>Lesson 4</b> Role-Play: Practice While Watching	<b>Lesson 4</b> Role-Play: Practice While Watching
9:15	Group 1	Group 2
<i>One large group</i>		
10:15 Break		
10:30 <b>Lesson 5:</b> Heartsaver Skills Testing Mistake Scenario 1: Using an Epinephrine Pen		
10:35 <b>Lesson 6:</b> Heartsaver Skills Testing Mistake Scenario 2: Adult CPR AED		
<i>Divide class into 2 groups</i>	<b>Lesson 7</b> Skills Station Practice: Adult CPR AED Skills	<b>Lesson 7</b> Skills Station Practice: Adult CPR AED Skills
10:45	Group 1	Group 2
<i>One large group</i>		
11:45 Lunch		
<i>Divide class into 2 groups</i>	<b>Lesson 8</b> Skills Station Practice: Infant CPR Skills	<b>Lesson 8</b> Skills Station Practice: Infant CPR Skills
12:15	Group 1	Group 2
<i>One large group</i>		
1:00 <b>Lesson 9:</b> BLS Skills Testing Mistake Scenario 1: Adult CPR AED		
1:05 <b>Lesson 10:</b> BLS Skills Testing Mistake Scenario 2: Adult CPR AED		
1:10 <b>Lesson 11:</b> BLS Skills Testing Mistake Scenario 3: Infant BLS		
<i>Divide class into 2 groups</i>	<b>Lesson 12</b> Role-Play: Skills Testing and Remediation	<b>Lesson 12</b> Role-Play: Skills Testing and Remediation
1:15	Group 1	Group 2
<i>One large group</i>		
1:55 <b>Lesson 13:</b> Training Center–Specific Policies		
2:25 <b>Lesson 14:</b> Comparison of Heartsaver Courses		
2:40 Break		
2:55 <b>Lesson 15:</b> Written Exam		
3:25 <b>Lesson 16:</b> Summary		












**Course  
Outline**

**Outline for BLS Instructor Course**

<b>Lesson Identifier</b>	<b>Course Event</b>	<b>Type of Lesson, Minutes</b>
<b>BLS INSTRUCT START</b>	Welcome	 5
<b>BLS INSTRUCT 1</b>	Course Overview: Purpose and Expectations	  5
<b>BLS INSTRUCT 2A-2B</b>	Effective Instructor Behaviors	  25
<b>BLS INSTRUCT 3</b>	Poor Instructor Behaviors	  10
<b>BLS INSTRUCT 4A-4B</b>	Role-Play: Practice While Watching	  60

Lesson Identifier	Course Event	Type of Lesson, Minutes
<b>BLS INSTRUCT</b> 5	Heartsaver Skills Testing Mistake Scenario 1: Using an Epinephrine Pen	  5
<b>BLS INSTRUCT</b> 6	Heartsaver Skills Testing Mistake Scenario 2: Adult CPR AED	  10
<b>BLS INSTRUCT</b> 7	Skills Station Practice: Adult CPR AED Skills	  60
<b>BLS INSTRUCT</b> 8	Skills Station Practice: Infant CPR Skills	  45
<b>BLS INSTRUCT</b> 9	BLS Skills Testing Mistake Scenario 1: Adult CPR AED	  5

Lesson Identifier	Course Event	Type of Lesson, Minutes
<b>BLS INSTRUCT 10</b>	BLS Skills Testing Mistake Scenario 2: Adult CPR AED	  5
<b>BLS INSTRUCT 11</b>	BLS Skills Testing Mistake Scenario 3: Infant BLS	  5
<b>BLS INSTRUCT 12</b>	Role-Play: Skills Testing and Remediation	 40
<b>BLS INSTRUCT 13A-13B</b>	Training Center–Specific Policies	 30
<b>BLS INSTRUCT 14</b>	Comparison of Heartsaver Courses	 15
<b>BLS INSTRUCT 15</b>	Written Exam	 30
<b>BLS INSTRUCT 16</b>	Summary	 15

**Cleaning  
Manikins**

Follow the same procedures for cleaning manikins as you would during a provider course. Instructor candidates need to know about the Equipment Decontamination Guidelines for CPR Training on the Instructor Network. Also remind them that they will need to follow their Training Center's policies for cleaning equipment.

---

**BLS for  
Healthcare  
Providers and  
Heartsaver  
Audiences**

Instructors need to know the difference between the audience for the BLS for Healthcare Providers (BLS HCP) Course and the audience for the Heartsaver<sup>®</sup> courses.

BLS HCP is designed for healthcare professionals.

Heartsaver is designed for lay rescuers. Often, people in the Heartsaver courses may be members of their company's first aid team.

---

## Step 3: Test

- How to Test Instructor Candidates
  - Monitoring Instructor Candidates
- 

### **How to Test Instructor Candidates**

Instructor candidates take a written exam at the end of the course. They must score 84% or higher to pass.

You can get the written exam from your Training Center Coordinator.

Candidates who do not pass the written exam the first time may take a second version of the test.

---

### **Monitoring Instructor Candidates**

After completing the instructor course, the instructor must be monitored by a faculty member while teaching. It may take several classes before an instructor candidate is ready to teach on her own. The faculty member determines when the candidate is ready to teach on her own. At that point, an instructor card is issued. Refer to the PAM for specific instructions about filling out an instructor card.

You can get an instructor card from your Training Center Coordinator.

---

## Step 4: Close

- Participant Evaluations
  - Next Steps
  - Paperwork
  - Renewal
  - Mentoring
- 

### **Participant Evaluations**

Get course evaluation forms from your Training Center Coordinator. Give the instructor candidates the 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 very useful tools. Looking at several sets of evaluations can show faculty which parts of their classes are working well from the candidates' perspective. Evaluations also can show what's confusing to candidates and where candidates might need more help; faculty can then adapt their teaching styles to help candidates learn better.

As the class draws to an end, hand out evaluations to instructor candidates. Collect them when candidates are finished. Read them carefully and decide how to strengthen your teaching. Turn them in to your Training Center, along with the rest of your paperwork, according to your Training Center's policies.

---

### **Next Steps**

Let the instructor candidates know what they will be expected to do after this course ends. Explain how monitoring works, and remind them of the resources they have at their disposal, particularly the Instructor Network. Let them know that their Training Centers will have their own specific policies as well.

---

### **Paperwork**

Complete the postcourse paperwork. Make sure that the roster was accurate and that you have a grade report and summary evaluation.

---

### **Renewal**

The PAM has information on renewing instructors' credentials.

---

## **Mentoring**

Mentoring is a nonevaluative process through which both a mentor and a mentee can strengthen their skills and deepen their knowledge.

Instructor candidates should master provider skills before taking this course. The teaching skills the candidates learn in this course are an important step toward mastery of BLS instruction.

After this course is completed, and after the instructor has been monitored and received an instructor card, she is ready to teach. More experienced instructors and faculty can help her become a better instructor by mentoring her and sharing wisdom gleaned through years of experience. Mastering subject matter and skills takes a long time; less experienced instructors can benefit from the wisdom of more experienced instructors.

Instructors can also mentor students, particularly in terms of professionalism, team work, communication, and quality of performance. Encourage instructor candidates to mentor their students.

Through conversations with mentees, mentors often strengthen their own skills. They gain new perspectives, think through new challenges, and often clarify their own thinking. Mentoring is a mutually beneficial relationship. Please consider mentoring a new instructor and encourage new instructors to seek mentors. Mentoring is one the best ways to build expert instructors and, consequently, one of the best ways to help more people save lives.

---

## Step 5: Keep Current

- Resources for AHA Updates
  - Maintaining Faculty Status
  - Forms
- 

**Resources for AHA Updates** Check the Instructor Network for any AHA updates. Overall, the best resources for an instructor are the Training Center and the PAM.

---

**Maintaining Faculty Status** To teach instructor courses, faculty need to maintain their faculty status. Faculty who want to know more about maintaining their status should refer to the PAM, which has detailed information on the subject.

---

**Forms** For forms, such as the Instructor Renewal Form and Course Evaluation, please refer to the Instructor Network or consult your Training Center Coordinator.

---



## Lesson Maps