APLS: Course Report

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| Course Venue |  | | Course Dates |  |
| Course Director |  | | Course Coordinator |  |
| Course Director Candidate | | No / Yes - Name: | | |

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| **Candidate details** | | | | |
| Number of candidates |  | | | |
| Testing results |  | Pass | Pass after retest | Fail |
| BLS |  |  |  |
| Airway |  |  |  |
| Defibrillation |  |  |  |
| Scenario |  |  |  |
| MCQ |  | N/A |  |
| Summary |  | Pass | Subsequent retest required | Fail |
| Candidates |  |  |  |
| Names of candidates recommended as potential Instructors | 1)  2)  3)  4) | | | |

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| **Course Assessment Resits** | | | | | |
| Name of Candidate | Testing Area Requiring Resit | | | | |
| MCQ (results) | Scenario (type) | Airway | Defibrillation | BLS |
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| **General Comments (venue, catering, noise levels etc) :** |
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| **Dinners** | |
| Number of attendees for Faculty Dinner |  |

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| **Faculty details:** | | | |
| Number of instructors | Instructors (full): I C’s 1st course: I C’s 2nd or subsequent course : | | |
| Instructor Candidates (IC) – Post GIC  All IC’s will complete at least 2 courses as IC’s  Overseas/Alternate Instructor Course Instructors  (OI)  Returning Instructors (RI) | Name (IC course No e.g. 1, 2, 3) | Recommended as a  full instructor | Recommended to complete subsequent I/C (use next section if needed) |
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| Were there any specific issues with the faculty (either individual instructors or as a group) that need to be brought to the attention of the Board or Course Committee? Please provide brief details. Further information may be sought by the Board if necessary. |
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| **Specific problems or issues identified by faculty for the attention of the Board or Course Committee. If related to equipment, please provide the barcode number of the asset.** |
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| **Were there any specific issues relating to the 6th edition information (manual or course material)?** |
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| If a Director candidate was present could you please comment on their performance and suitability to direct a course on their own. |
| Refer to Attributes of APLS Course Directors |

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| If a Coach was present - please provide feedback on the impact of having a coach was for you as a Director, faculty and subsequently candidates on this course. |
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| **Name of experienced instructors on this course who would be suitable (and interested in becoming) Course Directors. Please complete APLS Course Director Referee Form** | | |
| Refer to Attributes of Course Directors | | |

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| **Name of experienced instructors on this course who would be suitable (and interested in becoming) instructing on an Instructor Course. Please complete GIC Instructor Referee Form** |
| Refer to Attributes of GIC instructors |

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| **Were there any comments about candidates that may assist the Board if a subsequent application to become an instructor is received?**  **Please provide specific rationale for candidates who would not be supported by you/your faculty** |
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| **Director’s Signature:** | **Coordinator’s signature:** | **Date:** |
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**Course Coordinator Evaluation**

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| COURSE COORDINATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COURSE VENUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COURSE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COURSE DIRECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Thank you for agreeing to review the course co-odinator who coordinated on your course. This evaluation will be used to assist us in refining and improving the role of the coordinator.*

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| **Please rate the following skills of the course coordinator** | Poor | Adequate | Good | Very Good | Excellent |
| **1.** **Organisational Skills - Plans, prioritises & organises:** | | | | | |
| Course Paperwork- is well organised for skill stations/testing |  |  |  |  |  |
| Time Management - maintains session timings and assists in the smooth running of the course |  |  |  |  |  |
| Venue/skill station set-up to a satisfactory level |  |  |  |  |  |
| **2. Equipment Management Skills** | | | | | |
| Equipment is appropriately set-up at each skill station and in a timely manner |  |  |  |  |  |
| Identifies & problem-solves equipment issues |  |  |  |  |  |
| **3. Technical Skills** | | | | | |
| Is able to set-up audio-visual equipment |  |  |  |  |  |
| Identifies and problem-solves audio-visual equipment |  |  |  |  |  |
| **4. Communication Skills** | | | | | |
| Presents in a friendly, professional & respectful manner |  |  |  |  |  |
| Is approachable and supportive to faculty and candidates |  |  |  |  |  |
| Is able to effectively communicate course operational procedures to faculty and candidates |  |  |  |  |  |
| Effectively manages conflict resolution with faculty and candidates |  |  |  |  |  |
| COMMENTS: | | | | | |