KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Exercise Site Support

Agency/Company: Alberta Healthy Living Program, Alberta Health Services

Location: Varies

Terms Available: Fall or Winter

Number of Positions: 2

Project Duties/Responsibilities:

The Alberta Healthy Living Program is an Alberta Health Services program for people living with various chronic conditions, such as diabetes, high blood pressure, heart disease, arthritis, chronic lung disease, etc. Specifically, the program is based on the concept of self-management and is designed to teach participants how to better manage their health, using exercise and physical activity in a safe and appropriate manner. Participants attend the program for eight weeks and will learn some of the basic principles of exercise and how to incorporate them into an exercise program that suits their needs and abilities. The team consists of various health care professionals, including kinesiologists, physiotherapists, occupational therapists, respiratory therapists, dieticians and social workers.

Practicum students will:

• Gain experience working with patients with chronic disease in a group exercise setting
• Complete patient interview and assessment including all applicable outcomes measures, interpretation of results and exercise prescription and provide exercise counselling during the patients group exercise class
• Attend Exercise Orientation Intake Session
• Participate in development, implementation and evaluation of appropriate exercise therapy based on patient history, patient goals and preferences and performance in exercise tolerance testing in consultation with other health care professionals as required
• Assist patients with pre/post exercise class measurements including blood sugar, blood pressure, oxygen saturation, RPE, and completion of exercise logs
• Help monitor patient exercise performance, technique, symptoms and progression
• Research an exercise and health related “special topic” and present to exercise class participants (10-15 minutes)
• Complete approved Exercise Site Support project

Required Student Qualifications:

• Current CPR Certificate
• Police Information Check
• Up-to-date vaccinations
• Working toward CPT-CEP certification (hours accumulated will count toward future certification)

Assets:

• KNES 433 (Health & Physical Activity) an asset

On-Site Supervisor: Colin Kay, colin.kay@albertahealthservices.ca
Kinesiology Practicum Application

Placement: Alberta Healthy Living Program, AHS

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES.
Students may participate in up to three practicums, with no more than two at the same location.

INSTRUCTIONS
1. Contact the on-site supervisor to arrange an interview.
2. Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
3. Submit application and required documentation (if applicable) to knespracticum@ucalgary.ca; our office will email your @ucalgary address within 5 business days with next steps for you and your On-Site Supervisor.

STUDENT PORTION – COMPLETE PRIOR TO INTERVIEW

Practicum Term
- Fall ________ (year)
- Winter ________ (year)
- Spring ________ (year)

Student Information
Name: ____________________________ UCID: ____________________________
Phone Number: ____________________________ Email: ____________________________

Student Practicum Expectations: Why have you chosen this practicum placement? (1-2 sentences)

Code of Conduct
Students are responsible for compliance with the University of Calgary’s Code of Conduct.
- Yes  ☐ No I have read and understood the University of Calgary’s Code of Conduct.
- Yes  ☐ No Do you have a pre-existing relationship(s) with person(s) or group(s) associated with this practicum placement?
  If yes, please briefly explain the nature of the relationship:

I agree that:
- No salary or payment will be received based upon my participation in a Kinesiology practicum placement
- I will meet the expectations of the practicum placement for which I am applying
- I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).
- I will complete 60-72 hours within the dates of the term.

Start Date (first day of lectures) ____________________________
End Date (last day of lectures) ____________________________

☐ I agree with the above-mentioned terms and conditions.

Student’s Signature: ____________________________ Date: ____________________________

ON-SITE SUPERVISOR PORTION

Name: Colin Kay Organization: Alberta Health Services

Phone: ____________________________ Email: colin.kay@albertahealthservices.ca

As the On-Site Supervisor, I agree that:
- No salary or compensation will be given to the practicum student
- I will provide sufficient hours, supervision, and guidance during this practicum placement
- I will complete a mid-point and final evaluation for the practicum student.

☐ I agree with the above-mentioned terms and conditions.

On-Site Supervisor’s Signature: ____________________________ Date: ____________________________

Submit together to knespracticum@ucalgary.ca:
☐ Completed Practicum Application
☐ Confidentiality Agreement
☐ CPR Cert.
☐ Immunization Record
☐ Submit online Police Check
CONFIDENTIALITY AGREEMENT

Practicum students and the agency must complete the signed confidentiality agreement and submit it (along with the practicum application form) to knespracticum@ucalgary.ca.

THIS AGREEMENT is made as of the ______ day of ______ , 20__.

BETWEEN:

__________________________________________________________________________

(hereinafter called the “Agency”)

AND:

__________________________________________________________________________

(hereinafter called the “Student”)

Whereas:

It is the Student’s legal and ethical responsibility to protect the privacy, confidentiality and security of all records, proprietary information and other confidential information relating to the Agency, including business, employment and medical information relating to patients, members, employees and health care providers. (“Confidential Information”).

And whereas:

The Agency has adopted policies and procedures regarding Confidential Information including its policies and procedures for complying with the Freedom of Information and Protection of Privacy Act and the Health Information Act (“Policies and Procedures”).

In witness hereof, the parties agree as follows:

1. The Agency agrees to disclose and the Student agrees to receive Confidential Information in furtherance of participating in his/her practicum with the Agency, as set out in the Practicum Agreement.

2. The Agency agrees to advise, instruct and guide the Student as to the Policies and Procedures.

3. Upon receipt of the information set out in paragraph 2 herein, the Student agrees to use his/her best efforts to comply with the Policies and Procedures and to protect the Confidential Information, or any part thereof, and prevent it from being disclosed to any person contrary to the Policies and Procedures.

IN WITNESS WHEROF, the parties have duly executed this Agreement effective as of the day and year first written above.

Agency

Signed: ___________________________ Signed: ___________________________

Print Name: ___________________________ Print Name: ___________________________

Title: ___________________________ Date ___________________________

Student

Date: ___________________________

2500 University Drive N.W., Calgary, Alberta, Canada T2N 1N4 ucalgary.ca/knes
Consent Form for Use and Disclosure of Student Information

Student Number: ____________________________ Educational Program: ____________________________

First Name: ____________________________ Middle Initial: ______ Last Name: ____________________________

1. Permission to Use and Disclose Your Student Related Personal Information and Personal Health Information

By signing this consent, you authorize your educational Program ____________________________ to:

- Collect, use and/or disclose your personal information (name and student profile information that is under the custody and control of your Program) to authorized staff of Receiving Agencies for the purpose of locating and coordinating an appropriate placement experience (e.g. clinical practica, fieldwork, or preceptorship) as required by your educational program;

- Use your student related personal information and personal health information relating to placement prerequisites, for the purpose of tracking your compliance against Receiving Agency safety and infection control prerequisites for accepting students. Placement prerequisites that may be tracked include personal information such as CPR certification or criminal records check status, and personal health information such as immunity/immunization status of vaccine-preventable diseases. Placement prerequisite information is used only by staff involved with your educational program, and is never disclosed to users external to your educational program.

- Disclose your personal information to the owner and administrator of the HSPnet system, namely Provincial Health Services Authority British Columbia (PHSA), to allow PHSA to indirectly collect your personal information to provide HSPnet student placement services.

2. Consent Period

This consent is effective immediately and shall remain valid for up to six years, or shall be voided upon your completion of the Program, your formal withdrawal from the Program, or upon written request as described below.

3. Your Rights With Respect to This Consent

3.1 Right to Refuse Consent - You have the right to refuse to sign this consent, and if you refuse your placement will be processed manually at the earliest convenience of the Program and Receiving Agency.

3.2 Right to Review Privacy & Security Policies - A copy of the document entitled Identified Purposes and Handling of Personal Information in HSPnet, which summarizes Privacy and Security policies relating to how we may use and disclose your personal information via HSPnet, is distributed with this Consent Form. You may wish to review the complete Privacy and Security Policies for HSPnet before signing this consent. The Privacy and Security Policies may be amended from time to time, and you may obtain an updated copy by contacting privacy@hspcanada.net.

3.3 Right to Request Restrictions on Use/Disclosure – You have the right to request that we restrict how we use and/or disclose your personal information or personal health information via HSPnet for the purpose of locating and coordinating a suitable placement experience. Such requests must be made in writing to the placement coordinator for your Program. If we agree to a restriction you have requested, we must restrict our use and/or disclosure of your personal information in the manner described in your request. If this restriction precludes our ability to coordinate your placement via HSPnet, then your placement will be processed manually at the earliest convenience of the placement coordinator and receiving agency.

3.4 Right to Revoke Consent - You have the right to revoke this consent at any time. Your revocation of this consent must be in writing to the placement coordinator for your Program. Note that your revocation of this consent, or the voiding of this consent upon your completion or withdrawal from the Program, would not be retroactive and would not affect uses or disclosures we have already made according to your prior consent.

3.5 Right to Receive a Copy of This Consent Form - You may request a copy of your signed consent form.

Collection of your personal information is done under the authority of the privacy legislation that applies to educational institutions in your province. For more information visit www.hspcanada.net/privacy/index.asp.

I hereby authorize my educational Program to use and/or disclose my personal information via HSPnet for the purpose of locating and coordinating appropriate student placement(s) as required by the curriculum.

Signature of Student ____________________________ Date ________________