KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Neuro Rehab Assistant

Agency/Company: GYM Program (Get Your Movement)

Location: Foothills Medical Centre, Unit 58 (Tertiary Neuro Rehab) and Health and Dr. Culos-Reed’s Wellness Lab, Faculty of Kinesiology, University of Calgary

Terms Available: Fall, Winter, or Spring

Number of Positions: 1-2

Specified Schedule: Must be available on Tuesdays and Thursdays, 6:30 - 8:30 pm

Project Duties/Responsibilities:

The GYM Program (Get Your Movement) is an after-hours exercise program offered exclusively to patients in Unit 58 (NeuroRehab). Referred by an Allied Health Care Professional (PT/OT), patients may attend the program ongoing during their in-patient stay. All patients referred to the program are screened by a Certified Exercise Physiologist (CEP), before a baseline assessment. Based on the referral, screening and assessment, the patient will have a weekly exercise program. Upon notice of upcoming discharge from Unit 58, the patient will receive a final assessment, and a report of changes will be made available to the patient and health care team.

Under strict supervision, the student will:

• Assist CEP with GYM program testing for U58 in-patient population. Testing assessments include functional movements (timed up and go), strength, balance and flexibility.
• Assist CEP with GYM program delivery by assisting participants with individual programs. The practicum student will be paired with an individual participant to perform activities; and/or may provide general overview to groups of patients that do NOT require one-on-one supervision and assistance.
• Complete any necessary communication paperwork with the U58 Allied Health Staff on the program participants. Paperwork is contained within a communication GYM binder, and includes reporting attendance, any changes to the exercise program, and any issues with exercises that may require feedback from the health care team.
• Enter individual fitness assessment data and compile baseline to completion health reports for participants
• Attend meetings as required with the GYM program team at the UofC (Dr. Culos-Reed’s Lab) for any GYM modifications or feedback.

Required Student Qualifications:

• CPR/First Aid Certification
• Completion of KNES 373 (Exercise Physiology)
• Police Information Check
• Immunization Record
Assets:
- KNES 367 (Adapted Physical Activity)
- KNES 397 (Health and Exercise Psychology)
- Certified Personal Training (CPT) certification.

On-Site Supervisor: Dr. Nicole Culos-Reed, Ph.D., nculosre@ucalgary.ca
Kinesiology Practicum Application
Placement: GYM Program (Get Your Movement)

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

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<tr>
<th>Practicum Term</th>
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<td>☐ Fall (year)</td>
<td>☐ Winter (year)</td>
<td>☐ Spring (year)</td>
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**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: ______________________

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ON-SITE SUPERVISOR PORTION

**Name:** Dr. Nicole Culos-Reed  **Organization:** University of Calgary, GYM Program

**Phone:** ______________________ **Email:** nculosre@ucalgary.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
- ☐ Immunization Record
- ☐ Initiate online Police Check
- ☐ HSPNet Consent Form
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 WHEREOF, the parties have duly executed this Agreement effective as of the day and year first written above.

Agency

Signed: ________________________________
Print Name: ________________________________
Title: ________________________________
Date: ________________________________

Student

Signed: ________________________________
Print Name: ________________________________
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 ___________________________