



## KINESIOLOGY PRACTICUM DESCRIPTION

**Practicum Position Title:** Cardiac Rehabilitation Kinesiologist

**Agency/Company:** [TotalCardiology | Rehabilitation](#)

**Available:** Fall, Winter, or Spring

**Schedule:** TBD according to the Organization and the Practicum Student's schedule (5-6 hours / week in Fall & Winter Terms and 10-12 hours / week in Spring Term).

**Number of Positions:** 1-2

### Project Duties/Responsibilities:

*TotalCardiology | Rehabilitation (TCR)* was established in 1995 and is the current provider of the Alberta Health Services contracted cardiac rehabilitation services. TCR is committed to the promotion of numerous heart healthy behaviours, including exercise training, nutrition guidance, and stress management. Their dynamic multi-disciplinary team of health professionals provide education, counseling, and interventions to achieve individualized risk factor modification and management. Through research and innovative treatment strategies, they strive to be leaders in the promotion of cardiac wellness and rehabilitation. Additionally, TCR aims to provide program participants with the knowledge and skills to take responsibility for their heart health and to foster life-long well-being. TCR has a dedicated team of over 30 full-time staffing equivalents with extensive experience and expertise, which include clinical exercise physiologists, kinesiologists, registered nurses, a registered dietitian, a clinical psychologist, and administrative support staff.

### Practicum students will be given the opportunity to:

- Facilitate aerobic exercise sessions for cardiac rehabilitation patients, assisting with patient education, and helping monitor patient safety
- Shadow and gain experience with motivational interviewing and other health coaching techniques in attempt to modify and manage patient risk factors
- Attempt and learn resting and exercise blood pressures as appropriate
- Assistance with patient flow, exercise equipment set up, warm up/conditioning phase/cool down procedures and explanation of exercise-related terminology

### Locations:

- Sunridge Goodlife Fitness: Tuesdays 8:00am to 12:00pm
- Canyon Meadows Goodlife Fitness: Wednesdays 8:00am to 12:00pm or 1:00 pm to 3:00 pm
- Beacon Hill Goodlife Fitness: Thursdays 8:00am to 12:00pm

### Additional practicum duties may include:

- Shadow and potentially lead stretching and resistance training classes
- Attending patient education classes and reviewing patient education materials for program orientation
- Shadowing exercise stress testing

### Required Student Qualifications:

- Completion of KNES 375 (Tests and Measurements)
- Completion of KNES 373 (Exercise Physiology)

### Assets:

- Exercise Physiology Major
- KNES 495 (Physiological aspects of Aging, Disease and Physical Activity)
- KNES 437 (Advanced Nutrition)
- Working toward ACSM or CSEP Certified CEP or CPT
- Up-to-date First Aid and CPR certification

**On-Site Supervisors:** Christina Ingram, CSEP-CEP, [cingram@totalcardiology.ca](mailto:cingram@totalcardiology.ca); Nicky Wortley, ACSM-CEP, [nwortley@totalcardiology.ca](mailto:nwortley@totalcardiology.ca)

# Kinesiology Practicum Application

## Placement: [TotalCardiology | Rehabilitation](#)

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

**Submit together to**  
**[knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca):**

- Completed Practicum Application
- Confidentiality Agreement

**Submit to TotalCardiology:**

- First Aid & CPR Cert.

### 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](mailto: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:** \_\_\_\_\_ @ucalgary.ca

**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) or work/volunteer experience with person(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:** Christina Ingram, CEP; Nicky Wortley, CEP                      **Organization:** TotalCardiology

**Phone:** 403 571 6950                      **Email:** [cigram@totalcardiology.ca](mailto:cigram@totalcardiology.ca);  
[nwortley@totalcardiology.ca](mailto:nwortley@totalcardiology.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 (60-72 hours) within the term dates above, and spread evenly throughout the term (approx.. 5-6 hrs/wk in Fall and Winter / 10-12 hrs/wk in Spring)
  - I will complete a mid-point and final evaluation for the practicum student
  - I will provide sufficient supervision, and guidance during this practicum placement
  - I will send any changes / updates to [knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca) for approval / updating

I agree with the above-mentioned terms and conditions.

**On-Site Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **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](mailto: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**

**Student**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

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