

# **HESC4611 / 4622**

## **Clinical Practicum A / B**

**Course Outline**  
**Term 1, 2022**

**School of Health Sciences**  
**Faculty of Medicine & Health**

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# 1. Staff

| Position              | Name                | Email  | Consultation times          | Contact Details  |
|-----------------------|---------------------|--|-----------------------------|--|
| Course Co-Convener    | Amanda Burdett      | <a href="mailto:4611.4622.convenor@unsw.edu.au">4611.4622.convenor@unsw.edu.au</a> | 9-10am Mon-Fri              | Please contact via email or call on MS Teams during office hours |
| Course Co-Convener    | Dr Kemi Wright      |  |                             |  |
| Practicum Coordinator | Caroline Fitzgerald | <a href="mailto:exphys.prac@unsw.edu.au">exphys.prac@unsw.edu.au</a>               | 10am-12pm and 1-4pm Wed-Fri | Please call via MS Teams during office hours                     |

*A reminder that UNSW staff will endeavour to respond to all communication within 2-3 business days of receipt during their office hours. We appreciate your patience.*

## 2. Course information

Units of credit: 6

HESC4611 Pre-requisite(s): HESC3501, HESC3504, HESC3541, HESC3532, HESC3592

HESC4622 Pre-requisite: HESC4611

Teaching times and locations: [Class Details \(unsw.edu.au\)](#)

### 2.1 Course summary

This course will provide you with an opportunity to consolidate and extend clinical skills through clinical practicum hours at supervised placements, within an exercise science or exercise physiology workplace. Supervision will be provided by an accredited exercise scientist/physiologist or other suitably qualified health professional/s. These practicum hours are a requirement of the accrediting professional body (ESSA). Performance is monitored through a portfolio including logbooks, clinical workplace assessments (competencies), supervisor reports and placement evaluations, along with a final clinical examination.

To achieve full accreditation, you must demonstrate attainment of competency in exercise assessment and prescription and delivery within Clinical Practicum A/B by completing:

- Minimum 500 hours, consisting of at least:
  - 140 hours Exercise Science, made up of:
    - Minimum 80 hours in exercise assessment, prescription and delivery for non-clinical populations
    - Up to 60 hours any other activities reflecting AES scope of practice.
  - 360 hours Exercise Physiology, made up of:
    - Minimum 200 hours in core areas of practice
    - Remaining 160 hours in any area within AEP scope of practice ensuring:
      - ≤100 hours emerging/niche areas of practice
- HESC4622 students: must also complete the [ESSA Standards & Compliance Online Course](#)

**Note:** If students are unable to demonstrate competency within these hours, they are required to complete additional practicum course/s to achieve competency. There are currently some allowances for partial hours with [provisional accreditation](#), however competency must still be demonstrated.

## **2.2 Course aims**

1. To provide an opportunity to consolidate and extend clinical skills through supervised placements in the workplace.
2. To enable development of a breadth of clinical skills through working with a wide variety of clinical populations and in different workplaces, encompassing clinics and hospitals.
3. To develop an understanding of professional practice requirements in an industry environment.
4. To provide students with opportunities to extend communication skills with clients and other allied health and medical professionals.
5. To allow students to explore areas of professional interest to assist in guiding future career paths.
6. To contribute towards the professional registration requirements of Exercise and Sports Science Australia (ESSA, [www.essa.org.au](http://www.essa.org.au)) for registration as both an Accredited Exercise Scientist (AES) and Accredited Exercise Physiologist (AEP).

## **2.3 Course learning outcomes (CLO)**

At the successful completion of this course you (the student) should be able to:

CLO 1. Independently assess lifestyle behaviours and functional capacity, and perform health-risk appraisal and exercise tests, for apparently healthy and chronically ill people

CLO 2. Prescribe physical activity and exercise programs to maintain and promote good health for apparently healthy and chronically ill people

CLO 3. Implement motivational and lifestyle behaviour-change strategies to facilitate behaviour change and enhance self-management

CLO 4. Communicate effectively with clients from diverse backgrounds, your clinical supervisor, and other health professionals working in a multi-disciplinary team

CLO 5. Educate clients on the benefits of physical activity for prevention and management of disease, injury and disability

CLO 6. Integrate your knowledge, skills and clinical experience of exercise physiology using reflective practice

[See also: Student Advice – Graduate Outcomes](#)

## 2.4 Relationship between course and program learning outcomes and assessments

| Course Learning Outcome (CLO) | LO Statement   | Related Tasks & Assessment |
|-------------------------------|--|----------------------------|
| CLO 1                         | Independently assess lifestyle behaviours and functional capacity, and perform health-risk appraisal and exercise tests, for apparently healthy and chronically ill people | A1C1, A1C2, A2             |
| CLO 2                         | Prescribe physical activity and exercise programs to maintain and promote good health for apparently healthy and chronically ill people                                    | A1C1, A1C2, A2             |
| CLO 3                         | Implement motivational and lifestyle behaviour-change strategies to facilitate behaviour change and enhance self-management  | A1C1, A1C2, A2             |
| CLO 4                         | Communicate effectively with clients from diverse backgrounds, your clinical supervisor, and other health professionals working in a multi-disciplinary team               | A1C1, A1C2, A2             |
| CLO 5                         | Educate clients on the benefits of physical activity for prevention and management of disease, injury and disability   | A1C1, A1C2, A2             |
| CLO 6                         | Integrate your knowledge, skills and clinical experience of exercise physiology using reflective practice  | A1C2<br>A2                 |

## 3. Strategies and approaches to learning

### 3.1 Learning and teaching activities

This course offers a blended learning teaching approach. Most of your learning will be completed during your Work Integrated Learning (WIL; practicum placement), where you will apply the theoretical knowledge gained throughout Stages 1-3 of your degree to AES/AEP professional practice.

There will be an online introductory lecture during o-week to provide information on course structure, expectations and assessments. Compulsory weekly tutorials will begin in week 1 which will be hybrid learning (i.e. delivered both online and face to face\* at the same time), to aid in development of your clinical competence. Each of the ESSA domains and Clinical Workplace Assessments (Competencies) will be covered during these tutorials, with knowledge and skills linked to both. You will be expected to

reflect on the knowledge, skills and experience gained during your placement/s and use those reflections to further develop during your tutorials. Knowledge and skills learned through both your practicum placement/s and tutorials will assist in preparing you for your final clinical examination.

*\* Adjustments will be made in line with COVID-19 as required.*

## 3.2 Expectations of students

Students are reminded that this course involves study and learning activities both within UNSW and externally through their clinical placements. The internal UNSW learning activities total approximately 20 hours throughout the term and students are expected (and strongly recommended) to do at least the same number of hours of additional study. Practicum placements will contribute to meeting ESSA requirements and will also involve additional study, as indicated through your own reflective practice and in addition to any supervisor feedback on areas to improve.

**Tutorials require 100% attendance as they count towards your practicum hours**, and as such require active engagement during each tutorial from each student. Where tutorials are completed online, these will use MS Teams (please [download the app](#) for best experience) – if online, you are expected to have **camera and sound on**. Regardless of format, **please wear clothing/footwear suitable for exercise** as we will be practicing clinical skills in most tutorials. Please note, we cannot take into consideration any extra-curricular activities in the planning of your tutorials, which may include employment, voluntary work, recreational (e.g. sports) and external academic activities/courses (e.g. TAFE).

### Roles and responsibilities during your Work Integrated Learning activity

Practicum placements should be a positive experience for both students and employers. At the completion of this course, students should have gained competence in their clinical skills.

Students also have responsibilities to ensure the safe and smooth operation of their practicum placement/s.

Firstly, students must prepare for their practicum. This includes:

- Reading all materials provided by UNSW staff to ensure that the requirements of the activity, especially any time commitments and travel involved, are fully understood.
- Making whatever arrangements are necessary to meet all time commitments e.g. considering caring responsibilities (for children or others), or travel and accommodation where necessary.
- Reading and signing the WIL Agreement and any other documents required (including placement specific materials e.g. Lifestyle Clinic, NSW Health).
- Submitting any required documentation such as police checks, working with children checks, and health checks by the deadlines set by UNSW staff.
- Completing any pre-WIL activity training designated by either UNSW staff and/or the partner organisation.

A workplace induction must be undertaken within the first few days and a risk assessment of the placement completed and submitted. The Practicum Coordinator will provide details of how and where to submit these documents.

Throughout the WIL activity you are responsible for:

- complying with the WIL Agreement, with reasonable directions of WIL staff, as well as with UNSW policies and procedures e.g. [Student Code of Conduct](#).
- meeting all the requirements associated with the WIL activity, the WIL course as a whole, and the program of study. This includes class-based and/or online learning activities and assessment tasks.

The Student Code of Conduct also sets out expectations that you will:

- treat all University staff, other students, and visitors to the University with courtesy, tolerance and respect. This extends to teaching staff in venues off-campus and online, and supervisors and others involved in workplace or clinical placements, fieldwork or other forms of a WIL activity.
- conduct yourself in an appropriate manner while on workplace or clinical placements, fieldwork or other forms of a WIL activity.
- ensure your actions or inactions as a student do not harm, or bring into disrepute, the University's reputation or good standing.

For more detail on all [Roles and Responsibilities in Work Integrated Learning at UNSW](#), which you can access [here](#). Leave during your clinical practicum term is only granted under exceptional circumstances and must first be approved by the course convenor and practicum coordinator.

Further to the [UNSW WIL Procedure](#), non-adherence to any practicum placement policies and procedures includes lack of punctuality, poor presentation, lack of courtesy, lack of professional communication, breach of client or client confidentiality, failure to follow processes required for safety, failure to comply with instructions of supervisors and failure to complete tasks as required by the practicum site, and any other behaviour deemed as unprofessional or poor performance.

**Failure to meet these basic expectations may result in termination of a placement or failure of the course.** If a placement is terminated, an appointment must be made promptly with the practicum coordinator and the course convenor. Possible outcomes include re-allocation to an alternative placement, being withdrawn from the course or failing the course. Please note, serious incidents of misconduct or unsatisfactory performance may result in immediate termination of the placement and failure of the course.

### Uniforms

Ensure you wear the UNSW Exercise Physiology practicum uniform at all times during your placement, unless the clinic service in which you are placed has an alternative requirement. Extra uniforms are available for purchase from the UNSW Grad Shop.

### Organising placements

To maximise the quality, safety and integrity of the clinical experience, it is imperative that placements are arranged and monitored through formal processes arranged by the practicum coordinator.

Due to the limitations imposed by COVID-19, **students are requested to approach clinics and/or supervisors to enquire about completing hours.** However, **you must notify the Practicum Coordinator** about this and the suitability of these placements is still at the discretion of the Practicum Coordinator and Course Convenor. Moreover, **commencement at these placements can only occur once they have been approved by the Practicum Coordinator** pending the necessary risk assessment and Work Integrated Learning procedures have been met.

*Students should not contact placement supervisors nor start that placement until 1) the placement suitability has been confirmed and student is directed to arrange commencement or 2) they have been allocated a placement and are directed to contact the supervisor.*

## 4. Course schedule and structure

This course consists of 10 hours of class contact hours. You are expected to take an additional 20 hours of non-class contact hours to complete assessments, readings and exam preparation.

| Week           | Starts Monday | ESSA Domain + Clinical Workplace Assessment (competency)          |  | Related CLO   |
|----------------|---------------|---|--|---------------|
| <b>O-week</b>  | 7/02/2022     | <i>Introductory lecture<br/>(inc. logbooks + competencies)</i>    |  | CLO 1 – CLO 5 |
| <b>Week 1</b>  | 14/02/2022    | Cardiovascular  | Clinical communication                   | All CLOs      |
| <b>Week 2</b>  | 21/02/2022    | Musculoskeletal   | Anthropometry                            | All CLOs      |
| <b>Week 3</b>  | 28/02/2022    | Metabolic   | Behaviour Change & Reporting             | All CLOs      |
| <b>Week 4</b>  | 7/03/2022     | Mental Health   | Functional capacity testing              | All CLOs      |
| <b>Week 5</b>  | 14/03/2022    | Neurological  | Aerobic testing                          | All CLOs      |
| <b>Week 6</b>  | 21/03/2022    | <i>Flex week (no tutes)</i>                                       |  |               |
| <b>Week 7</b>  | 28/03/2022    | Cancer  | Strength testing                         | All CLOs      |
| <b>Week 8</b>  | 4/04/2022     | Renal   | Exercise Programming & Exercise Delivery | All CLOs      |
| <b>Week 9</b>  | 11/04/2022    | Respiratory   | Program evaluation                       | All CLOs      |
| <b>Week 10</b> | 18/04/2022    | <i>Exam practice (time/date will be scheduled closer to date)</i> |  | All CLOs      |
| <b>Study</b>   | 25/04/2022    | <i>n/a</i>  |  |               |
| <b>Exams</b>   | 2/05/2022     | <i>Final clinical exam (time/date can be viewed via myUNSW)</i>   |  | All CLOs      |

Note: while each Clinical Workplace Assessment (CWA) competency has been aligned with a specific ESSA domain, this does not mean that competency can only be assessed with a client matching that domain. They are structured this way to allow you practice during your tutorials with tutor feedback prior to being assessed within your clinical placement by your placement supervisor.



## 5. Assessment

### 5.1 Assessment tasks

These tasks have been chosen as tools to enhance and guide your learning as well as a way of measuring performance and are therefore a central teaching strategy in this course. The assessments for this course comprise a practicum skills portfolio (50%) and a clinical skills exam (50%).

| Assessment task  | Weight | Due date  |   |
|--|--------|---|---|
| <b>Assessment 1:</b>   |        |   |   |
| Practicum Skills Portfolio, comprising:  | 50%    | Deadline is 6pm on the dates noted below.   |   |
| a. <i>Practicum logbook</i>  | (15%)  | Initial (feedback only)<br>Midway (feedback only)<br>Final upload, including supervisor/s sign off  | Friday 18/02/2022<br>Friday 25/03/2022<br>Monday 25/04/2022   |
| b. <i>Clinical Workplace Assessment "Competencies" and supervisor report/s</i> | (30%)  | Clinical communication<br>Anthropometry<br>Behaviour Change & Reporting<br>Functional capacity testing<br>Strength testing<br>Aerobic testing<br>Exercise Programming & Exercise Delivery<br>Program Evaluation & supervisor report/s | Friday 25/02/2022<br>Friday 4/03/2022<br>Friday 11/03/2022<br>Friday 18/03/2022<br>Friday 1/04/2022<br>Friday 8/04/2022<br>Friday 15/04/2022<br>Friday 22/04/2022 |
| c. <i>Placement evaluation</i>   | (5%)   | Friday 22/04/2022   |   |
| <b>Assessment 2:</b>   |        |   |   |
| Final Clinical Examination   | 50%    | 2 <sup>nd</sup> to 6 <sup>th</sup> May (check myUNSW)   |   |

Where final assessments cannot be completed due to any applicable restrictions relating to the current COVID-19 pandemic, grades will be switched to satisfactory/fail.

#### Grading structure:

HESC4611/4622 both use a 5-point scale – all assessment items require a minimum of P grade to pass that component of the course.

| P+    | P   | P-  | F   | Not done |
|-------|-----|-----|-----|----------|
| 90% * | 70% | 50% | 25% | 0%       |

\* where P+ is achieved for all components of an assessment, your grade will be converted to 100% (e.g. if you achieve P+ for all 10 competencies, you will receive the full 100% of that component, i.e. 30 marks).

Where multiple attempts to achieve the minimum 'P' grade at an assessment are made, the score for all attempts at that assessment will be averaged.

## **Assessment 1 (A1): Practicum Skills Portfolio (50%)**

Your portfolio consists of three components:

### **Component 1 (A1C1): Practicum logbook (15%)**

As an ESSA accredited program, UNSW must ensure you meet the [minimum ESSA requirements](#) and have evidence of this. Your completed and signed practicum logbook will provide this evidence.

Hours should be logged daily using [InPlace](#) (student InPlace guides can be found [here](#)). Your logbook entries should simply be the clinical notes taken from each client session, using SOAP note format wherever possible (see [ESSA clinical notetaking resource](#) – note: you must be an [ESSA student member](#) to access). You must keep your logbooks up to date using InPlace to allow the Practicum Team to assist in your timely completion of the appropriate practicum hours.

Feedback will be provided throughout the term to assist in developing appropriate logbook entries.

All hours must be cited and verified by your supervisor/s via InPlace. Please contact the Practicum Coordinator if your supervisor is unable to access the system.

### **Component 2 (A1C2): CWA "Competencies" and supervisor report/s (30%)**

The CWA competencies are industry standard skills which students will develop throughout the practical components of this course. Competencies will be assessed by practicum supervisors via [InPlace](#) throughout your placement to allow you to receive timely, consistent and constructive feedback during your placement/s. It is important you discuss these with your supervisor at the beginning of your placement, as there have been changes to the assessment structure (if they have any queries, please direct them to the Practicum Coordinator).

Competencies will be practiced during your tutorials to allow you time to develop and receive feedback prior to having them assessed within your placement using the [InPlace](#) portal. By the end of HESC4622, you must achieve a minimum 'P' grade at the UNSW Lifestyle Clinic across all 10 competencies (note: these will be assessed during your first placement at UNSW Lifestyle Clinic in either HESC4611 OR HESC4622 – if the minimum 'P' standard is not met for all 10 competencies, a subsequent placement at the UNSW Lifestyle Clinic may be required).

The supervisor report is an evaluation of your overall performance throughout the duration of your practicum placement with that supervisor, with its intent to provide a summary of the feedback you have been provided throughout the placement. The report/s will be submitted directly to course convenors by your clinical supervisor/s via [InPlace](#). Ideally you will meet with your supervisor prior to the due date to discuss your performance and to allow them to provide you with any additional feedback prior to the report's submission, however this may not always be possible. If you are unable to meet with your supervisor, please remind them to complete this by the due date.

### **Component 3 (A1C3): Placement evaluation (5%)**

The placement evaluation is your opportunity to provide us with important feedback about each of your placements, to ensure they are providing suitable learning experiences for our students. You will be asked to provide feedback via [InPlace](#) on how well you think the supervisor(s)/practice facilitated your clinical learning.

These evaluations are confidential, so please provide your honest, constructive feedback on ways we can help your supervisor improve the placement for future students.

**IMPORTANT: Failure to submit the complete Practicum Skills Portfolio by the posted due date/s will result in being ineligible to sit your final clinical examination and you will therefore fail the course.**

## Assessment 2 (A2): Final Clinical Examination (50%)

ESSA requires our graduates to demonstrate attainment of competency as an entry level practitioner in exercise assessment, prescription and delivery in clinical populations (specifically, cardiovascular, metabolic and/or musculoskeletal). The Final Clinical Assessment is designed to assess students' abilities in performing various practical skills commonly used in exercise science and exercise physiology. The assessment environment will simulate clinical scenarios with simulated clients wherever possible.

Students will be assessed on communication, procedural and technical abilities in a range of activities relevant to ESSA's Professional Standards. Attainment of competency in exercise assessment, prescription and delivery within apparently healthy and clinical populations must be demonstrated.

If your performance does not demonstrate attainment of competency as an entry level practitioner in exercise assessment, prescription and delivery, you may be asked to perform a supplementary assessment. If you fail to pass this supplementary assessment, you will need to re-enrol in the course and complete all assessments again.

**The Final Clinical Assessment is a hurdle requirement for successful completion of Clinical Practicum A/B – you must pass this assessment to pass the course.**

Further information:

UNSW grading system: <https://student.unsw.edu.au/grades>

UNSW assessment policy: <https://student.unsw.edu.au/assessment>

## 5.2 Assessment criteria and standards

### Component 1: Practicum logbook (15%)

Your logbook will be graded using the rubric below:

|  | Not completed   | F   | P-                                 | P  | P+  |
|--|---|---|------------------------------------|--|---|
| <b>Logs of clinical hours</b>                      | Not submitted   | Did not meet 2 or more of the 'P' criteria OR includes identifiable client data                       | Did not meet 1 of the 'P' criteria | Correct supervisor name & qualification<br>'Primary pathology domain', 'primary condition' and 'description of services' are aligned<br>Used appropriate language/terminology<br>'Case description' includes: Age; Gender; Condition & co-morbidities; Medications (where relevant); Clinical data (where relevant); Goals (clinical and/or client)<br>'Description of services' includes: Clear explanation of the session; 'SOAP note' format (wherever possible); Client data/results (where applicable); Evidence based prescription for client presentation i.e. primary condition and considering any co-morbidities/goals; Management specific to condition/presentation; Exercise progression/regression (where relevant); Safety/risk mitigation (where relevant) | <b>Meets all the P criteria and:</b><br>Logs are concise while including all relevant and/or important information<br>Accurately prioritises for client presentation<br>Identifies gaps in current program and includes plan to remediate |
| <b>Logs of professional standards hours</b>        | Not submitted   | Did not meet 2 or more of the 'P' criteria OR includes identifiable client data                       | Did not meet 1 of the 'P' criteria | Correct supervisor name & qualification<br>'Primary pathology domain', 'primary condition' and 'description of services' are aligned<br>Used appropriate language/terminology<br>'Case description' clearly indicates either: Client presentation (as above) <b>OR</b> activity completed (e.g. orientation)<br>'Description of services' includes: Clear explanation of the session; How the session is relevant to ESSA AES/AEP Professional Standards   | <b>Meets all the P criteria and:</b><br>Logs are concise while including all relevant and/or important information  |
| <b>Minimum hours met (relative to opportunity)</b> | Attempt to achieve hours not matched with opportunities | Did not meet 2 or more of the 'P' criteria <b>OR</b> student fails to accept possible placement hours | Did not meet 1 of the 'P' criteria | ≥200 hours, consisting of ≥100 hours at 2 placements*<br>Placement hours breakdown is considered according to ESSA Practicum Guide<br>Hours are gained through activities accepted by ESSA<br>Hours demonstrate attainment of competency in exercise assessment, prescription and delivery   | <b>Meets all the P criteria and:</b><br>Requires minimal involvement from course staff in meeting hours<br>Plans for meeting ESSA placement hour requirements before the course conclusion date   |
| <b>Submission</b>                                  | Not submitted   | Did not meet 2 or more of the 'P' criteria OR includes identifiable client data                       | Did not meet 1 of the 'P' criteria | Up to date submission in InPlace<br>Submitted using the correct format<br>Signed (via InPlace) according to ESSA/UNSW guidelines   | <b>Meets all the P criteria and:</b><br>Submission doesn't require convenor input, editing and/or updating  |

\* Where this will not be possible due to placement/s structure, course convenors must be contacted before first logbook checkpoint to arrange a plan for course completion

## Component 2: CWA "Competencies" and supervisor report/s (30%)

The CWA competencies you will be assessed on are:

1. Aerobic testing
2. Anthropometry
3. Behaviour change
4. Clinical communication
5. Exercise Delivery
6. Exercise Programming/Prescription
7. Functional capacity testing
8. Program evaluation
9. Reporting
10. Strength testing

Your assessors have been asked to note the protocol you are being assessed on, highlight the areas you need to improve, give you an overall grade (outlined above) and provide you with specific feedback (if necessary).

Supervisors will evaluate via the [InPlace](#) portal you using the following criteria. It should be noted that these criteria have been designed to allow flexibility for the various protocols and/or equipment and/or clinical population seen within the clinical placement setting – specific protocols relevant to the client's clinical presentation and equipment available within your placement should be reviewed and practiced prior to your formal assessment. Please consult your supervisor to ascertain which protocol/s would be most appropriate for their clinical setting if you are unsure.

### 1. Aerobic testing

*For example, Astrand Rhyming Cycle Ergometer Test, 6-Minute Walk Test (6MWT), Bruce Treadmill Test, YMCA Step Test, Multi-Stage Fitness Test (Beep Test) Source: Marlow, N., Hastings, K., & Hansson, J. (2014). Exercise & Sports Science Australia's Outcome Measures for Exercise Physiologists: Ensuring Evidence-based Practice. Exercise & Sports Science Australia.*

They will highlight which areas you need to improve from:

- Explanation including reasons for cessation
- Correct and/or logical sequence
- Client management
- Efficiency
- Risk assessment (e.g. considerations, contraindications, co-morbidities)
- Equipment set up
- Equipment use
- Resting measures
- Exercising measures
- Monitoring of client (e.g. signs, symptoms, RPE, exercising measures)
- Calculation
- Interpretation
- Explanation/education
- Subsequent programming based on results
- Rapport and/or engagement
- Feedback (positive and/or critical)
- Clear, concise, client appropriate language
- Open questions

## 2. Anthropometry

Weight, stature (standing height), recumbent length, skinfold thicknesses, circumferences (head, waist, limb, etc.), limb lengths, and breadths (shoulder, wrist, etc.) are examples of anthropometric measures.

Source: [https://www.cdc.gov/nchs/data/nhanes/nhanes\\_07\\_08/manual\\_an.pdf](https://www.cdc.gov/nchs/data/nhanes/nhanes_07_08/manual_an.pdf)

They will highlight which areas you need to improve from:

- Explanation
- Correct and/or logical sequence
- Client management
- Efficiency
- Equipment set up
- Equipment use
- Exercising measures
- Calculation
- Interpretation
- Explanation/education
- Subsequent programming based on results
- Rapport and/or engagement
- Feedback (positive and/or critical)
- Clear, concise, client appropriate language
- Open questions

## 3. Behaviour change

For example, *Physical Activity Counselling, Motivational Interviewing, The Trans-theoretical Model*

They will highlight which areas you need to improve from:

- Efficiency
- Correct and/or logical sequence
- Recognising client priorities and progressing appropriately
- Use of evidence-based principles (e.g. transtheoretical model, Miller & Rollnick's behaviour change theories)
- Client centred SMART goal identification
- Barriers/challenges identification and/or problem solving
- Recording client information
- Explanation/education
- Plan/goal development based on client presentation (biopsychosocial)
- Appropriate summation at completion of interview
- Rapport and/or engagement
- Clear, concise, client appropriate language
- Open and/or closed questions (used appropriately)
- Active and/or reflective listening
- Balancing client/clinician goals
- Non-verbal communication (e.g. body language, eye contact, pauses/silence where appropriate)
- Transitioning/signposting
- Paraphrasing
- Responding to sensitive/uncomfortable subjects
- Client centred approach

#### 4. Clinical communication

*"Effective clinical communication is two-way (or multi-way...), structured and continuous communication that results in timely, accurate and appropriate transfer of information. It is tailored, open, honest and respectful, and there is the opportunity for clarification and feedback." Can include verbal, non-verbal, written, etc. Source: [c4sportal.safetyandquality.gov.au/communicating-with-clients-and-colleagues](http://c4sportal.safetyandquality.gov.au/communicating-with-clients-and-colleagues)*

They will highlight which areas you need to improve from:

- History taking (presenting/past issues, preventive, biological, psychological, sociocultural)
- Physical activity history (past/current/future, likes/dislikes)
- Risk identification (e.g. medications, considerations, contraindications, co-morbidities)
- Efficiency
- Correct and/or logical sequence
- Checking for client understanding
- Recognising client priorities and progressing appropriately
- Behaviour change counselling (e.g. goal setting, client readiness to exercise)
- Recording client information
- Clinical reasoning
- Explanation/education
- Assessments and/or programming based on client presentation
- Appropriate summation at completion of interview
- Rapport and/or engagement
- Clear, concise, appropriate language
- Open and/or closed questions (used appropriately)
- Active and/or reflective listening
- Balancing client/clinician goals
- Non-verbal communication (e.g. body language, eye contact, appropriate pauses/silence)
- Transitioning/signposting
- Paraphrasing
- Responding to sensitive/uncomfortable subjects
- Client centred approach

#### 5. Exercise Delivery

*Deliver and manage physical activity and exercise-based interventions for the purpose of improving health, fitness, well-being or performance, in consideration of client goals, treatment goals, medical history, clinical status and other influencing factors such as risk, safety, individual and sociocultural/economic factors. Source: AES Professional Standards (2020) and AEP Professional Standards (2015) retrieved from [ESSA.org/Professional\\_Standards/The\\_professional\\_standards.aspx](http://ESSA.org/Professional_Standards/The_professional_standards.aspx)*

They will highlight which areas you need to improve from:

- Risk assessment (e.g. considerations, contraindications, co-morbidities)
- Appropriate exercise selection for client (for condition/s, presentation, clinician/client goal/s)
- Explanation of exercise (including key technique points)
- Demonstration
- Efficiency
- Correct and/or logical sequence
- Resting measures (e.g. HR, BP, SpO2, ROM)

- Exercising measures
- Equipment use
- Equipment set-up
- Progression/regression
- Rapport and/or engagement
- Clear, concise, client appropriate language

## 6. Exercise Programming/Prescription

*Design exercise programs to meet client needs, while considering current, best-practice guidelines for performing exercise and the exercise tolerance, physical function/capacity and motivation level of the client. Source: AES Professional Standards (2020) and AEP Professional Standards (2015) retrieved from [ESSA.org/Professional\\_Standards/The\\_professional\\_standards.aspx](https://ESSA.org/Professional_Standards/The_professional_standards.aspx)*

They will highlight which areas you need to improve from:

- Risk assessment (e.g. considerations, contraindications, co-morbidities)
- Appropriate exercise selection for client (for condition/s, presentation, clinician/client goal/s)
- Clinical rationale
- Evidence-based dose-response
- FITT
- Instructions for client self-management
- Demonstration
- Efficiency
- Correct and/or logical sequence
- Equipment use
- Equipment use (appropriate selection and demonstration)
- Software use
- Appropriate tool selection for client self-management (e.g. CV measure/s, symptoms, RPE, RM)
- Rapport and/or engagement
- Clear, concise, client appropriate language
- Open and/or closed questions (used appropriately)
- Active and/or reflective listening
- Balancing client/clinician goals
- Non-verbal communication (e.g. body language, eye contact, pauses/silence where appropriate)
- Paraphrasing
- Responding to sensitive/uncomfortable subjects
- Client centred approach

## 7. Functional capacity testing

*May include mobility assessments, balance tests, range of motion testing or functional tests. For example: Mobility assessments: Timed Up and Go (TUG), 10-metre Walk Test (10mWT), Short Physical Performance Battery (SPPB) Balance tests: Berg Balance Scale (BBS), Single Leg Balance Test (SLB) Range of motion testing: goniometer measurement, visual Functional tests: WorkHab functional capacity evaluation, EPIC Lift Capacity Test, The Grocery Shelving Test (GST) Sources: - Marlow, N., Hastings, K., & Hansson, J. (2014). Exercise & Sports Science Australia's Outcome Measures for Exercise Physiologists: Ensuring Evidence-based Practice. Exercise & Sports Science Australia. - Innes, E., Matthews, L. R., & Johnson, K. L. (2010). Assessment of occupational functioning. In E. Mpofu & T. Oakland (Eds.),*

*Assessment in rehabilitation and health (pp. 466-485). Upper Saddle River, NJ: Merrill/Pearson Education.*

They will highlight which areas you need to improve from:

- Explanation including reasons for cessation
- Risk assessment (e.g. considerations, contraindications, co-morbidities)
- Appropriate test selection for client (i.e. condition/s, presentation, clinician/client goal/s)
- Demonstration
- Client management
- Efficiency
- Correct and/or logical sequence
- Equipment set up
- Equipment use
- Measuring outcomes
- Resting measures
- Exercising measures
- Monitoring of client (e.g. signs, symptoms, RPE, exercising measures)
- Calculation
- Interpretation
- Explanation/education
- Subsequent programming based on results
- Rapport and/or engagement
- Feedback (positive and/or critical)
- Clear, concise, client appropriate language
- Open questions

## **8. Program evaluation**

*Evaluate mode, intensity, duration, frequency, volume and progression of exercise interventions for the client/client presentation, whilst ensuring their safety. Can include case management, case conferencing, case presentation. Source: AES Professional Standards (2020) and AEP Professional Standards (2015) retrieved from [ESSA.org/Professional\\_Standards/The\\_professional\\_standards.aspx](https://ESSA.org/Professional_Standards/The_professional_standards.aspx)*

They will highlight which areas you need to improve from:

- Risk assessment (e.g. considerations, contraindications, co-morbidities, medications, reasons for cessation, client/clinician safety)
- Ability to assess if exercise selection and/or level is appropriate for client
- Clinical rationale including evidence-based dose-response
- Ability to progress/regress appropriately
- Engagement
- Clear, concise, appropriate language
- Client centred approach

## **9. Reporting**

Verbal or written communication with clients, referrer and/or other relevant stakeholders. Must consider good reporting principles and legislative/compensable scheme requirements. Can include clinical note taking, reporting to referrer, client assessment summary. Source: AES Professional Standards (2020) and AEP Professional Standards (2015) retrieved from [ESSA.org/Professional\\_Standards/The\\_professional\\_standards.aspx](https://ESSA.org/Professional_Standards/The_professional_standards.aspx)

They will highlight which areas you need to improve from:



- Identification of primary client concerns/conditions
- Identification of subsequent client/clinician concerns/conditions
- Appropriate and evidence-based treatment strategies
- Efficiency/timeliness
- Correct and/or logical sequence
- Clear, concise, client appropriate language
- Using medical terminology where appropriate
- Spelling/punctuation/grammar

## 10. Strength testing

May include muscular strength, endurance and power tests. For example: Strength: One Repetition Maximum (1RM), 10-Repetition Maximum (10RM), Bicep/Arm Curl Test Endurance: Maximal Push Up Test, Squat Test, Plank Hold Power: Vertical Jump Test, Medicine Ball Throw Source: Marlow, N., Hastings, K., & Hansson, J. (2014). *Exercise & Sports Science Australia's Outcome Measures for Exercise Physiologists: Ensuring Evidence-based Practice*. Exercise & Sports Science Australia.

They will highlight which areas you need to improve from:

- Explanation including reasons for cessation
- Risk assessment (e.g. considerations, contraindications, co-morbidities)
- Demonstration
- Client management
- Efficiency
- Correct and/or logical sequence
- Equipment set up
- Equipment use
- Resting measures
- Exercising measures
- Monitoring of client (e.g. signs, symptoms, RPE, exercising measures)
- Calculation
- Interpretation
- Explanation/education
- Subsequent programming based on results
- Rapport and/or engagement
- Feedback (positive and/or critical)
- Clear, concise, client appropriate language
- Open questions

Your supervisor will also be asked to assess you on your **progression to autonomy** and **level of independence** for each competency, using the following criteria:

### Progression to autonomy:

1-3: Required supervisor input for safe practice – gaps in knowledge, skills or decision making that required input from supervisor to ensure client/patient safety.

4-6: Generally autonomous, some guidance required – acceptable knowledge skills or decision making for client/patient safety, some guidance required.

7-9: Autonomous practice – able to manage this aspect of the case independently.

### Level of independence:

#### Supervisor needs to:

1: Closely observe student at all times and be ready to intervene if required

2: Observe student at all times but without concerns to client safety

Supervisor needs to be in the room at all times (where the practice takes place):

3: With frequent observations on student activity

4: While observing the student at critical points only

5: And be available to support student if asked

Supervisor does not need to be in the room but must be available to:

6: Enter the room immediately upon request

7: Respond to support student by phone

Supervisor is not required to be in the room, the student:

8: Can perform independently

9: Could manage this case as an entry level clinician (may have collegial discussion on case)

For your **final supervisor report**, your supervisor/s will evaluate you on the following criteria:

| <i>Professionalism</i>  | <i>Communication</i>   | <i>Clinical Skills</i>   |
|---|--|--|
| <ul style="list-style-type: none"><li>• Presentation</li><li>• Attendance</li><li>• Operational procedures</li><li>• Legal and ethical competency</li><li>• Administrative and business skills</li><li>• Risk management and emergency procedures</li><li>• Personal organisation</li></ul> | <ul style="list-style-type: none"><li>• Supervisor/Staff communication</li><li>• Group communication (either client or within team)</li><li>• General client communication</li></ul> | <ul style="list-style-type: none"><li>• Procedural (e.g. following assessment protocol/s, progression/regression)</li><li>• Technical (e.g. proficient in use of equipment, technique instruction/demonstration)</li><li>• Clinical rationale (e.g. appropriate assessment/exercise/education for clinical presentation)</li></ul> |

### **Component 3: Placement evaluation (5%)**

There are no criteria against which this will be assessed. Your submission by the due date will result in award of the full 5%.

### **Assessment 2: Final Clinical Examination (50%)**

All examinations will be recorded for assessment, quality assurance and research purposes.

Failure to submit the complete Practicum Skills Portfolio by the posted due date/s will result in being ineligible to sit your final clinical examination.

**The Final Clinical Assessment is a hurdle requirement for successful completion of Clinical Practicum A/B – you must sit and pass this assessment to pass the course.**

### **HESC4611 structure and marking criteria**

There will be **3 Clinical Workplace Assessment competencies examined:**

1. Clinical communication
2. Anthropometry and
3. **Either** strength **or** aerobic **or** functional testing

Student will have **5min reading time**, followed by **12min assessment with a simulated client** (matched to the clinical population/s you have had most experience with during your practicum placement/s).

You will be assessed using the same criteria used for your Clinical Workplace Assessment competencies, however you will be expected to select and perform the most appropriate aerobic, strength or functional test for your client's presentation on the day. Your allocated test category (i.e. aerobic, strength or functional) will be included in your case details on the day. You must include

evidence-based justification for the selected test and explain why you're using that particular test to your client

Clinical communication will be assessed throughout your examination, not as a standalone competency.

Examiners will use the existing Clinical Workplace Assessment competency marking criteria without alteration.

## **HESC4622 structure and marking criteria**

Student will have **5min reading time**, followed by **15min assessment** – this will include:

- **A brief discussion (max. 5min) with the examiner** including the most appropriate assessments and exercises using the evidence-base for the client presentation, with reference to any safety / risks / considerations / contraindications and mitigation plan, and explanation of the exercise program these assessments will inform.
- Followed by **up to 10min to perform ONE assessment and ONE exercise with a simulated client**, describe a basic exercise program and provide education where necessary. You are expected to select the most appropriate evidence-based

### **Assessment**

- (C) Clear explanation of assessment and its purpose
- (P) Assessment was performed in logical order
- (C) Test results relayed appropriately and interpreted correctly
- (P) Client management - appeared confident and knowledgeable whilst performing the assessment, able to request additional client information where required
- (T) Demonstration was appropriate
- (T) Execution (correct use/set up of equipment, correction of technique where necessary)

### **Exercise Delivery/Prescription**

- (C) Explanation of purpose of exercise; instruction of exercise (including progression/regression where necessary)
- (T) Demonstration was appropriate
- (T) Execution (correct use/set up of equipment)
- (T) Able to identify incorrect technique and respond appropriately

### **Justification**

- (P) Assessment/s (references, position statements, evidence-based approach, allowance for considerations/contraindications to exercise)
- (P) Exercise/s including FITT appropriate for client's presentation (references, position statements, evidence-based approach, allowance for considerations/contraindications to exercise)
- (P/C) Education provided covers the key aspects of exercise and lifestyle appropriate for client's presentation (references, position statements, evidence-based approach)

### **General**

- (C) Sound introduction and determined who the client is and reason for visit
- (P) Client management throughout Assessment/Exercise (e.g. checked for understanding, technique, monitored appropriately)
- (P) Safety and Risk stratification was considered (e.g. reasons to stop exercise, appropriate monitoring, appropriate response to Client signs/symptoms during Assessment/Exercise)

- (C) Active listening, mix of open/closed questions, clear, concise language, appropriate questions/responses for client knowledge level
- (C) Rapport throughout

## 5.3 Submission of assessment tasks

### Late Submission

Late submissions will be penalised at 5% per day capped at five days (120 hours). Students will not be permitted to submit their assessments after this date.

Extracurricular activities, including work, sport or external will not be accepted as a reason.

### Special Consideration

If you experience a short-term event beyond your control (exceptional circumstances) that impacts your performance in a particular assessment task, you can apply for Special Considerations.

You must apply for Special Consideration **before** the start of your exam or due date for your assessment, except where your circumstances of illness or misadventure stop you from doing so.

If your circumstances stop you from applying before your exam or assessment due date, you must **apply within 3 working days** of the assessment, or the period covered by your supporting documentation.

More information can be found on the [Special Consideration website](#).

## 5.4. Feedback on assessment

Receiving feedback is an integral part of your clinical development and responding appropriately to feedback is an important skill to develop as emerging reflective practitioners. It helps identify where you stand in developing your clinical competence while also providing input on how you can improve.

Students will be able to access their feedback for each Clinical Workplace Assessment competency immediately after assessment via [InPlace](#).

Feedback for all other assessment items will be provided within 10 business days. Formative feedback will be provided on your logbooks prior to census date.

## 6. Academic integrity, referencing and plagiarism

**Referencing** is a way of acknowledging the sources of information that you use to research your assignments. You need to provide a reference whenever you draw on someone else's words, ideas or research. Not referencing other people's work can constitute plagiarism.

Further information about referencing styles can be located at

<https://student.unsw.edu.au/referencing>

**Academic integrity** is fundamental to success at university. Academic integrity can be defined as a commitment to six fundamental values in academic pursuits: honesty, trust, fairness, respect, responsibility and courage.<sup>1</sup> At UNSW, this means that your work must be your own, and others' ideas should be appropriately acknowledged. If you don't follow these rules, plagiarism may be detected in your work.

Further information about academic integrity and **plagiarism** can be located at:

- The Current Students site <https://student.unsw.edu.au/plagiarism>, and
- The ELISE training site <http://subjectguides.library.unsw.edu.au/elise/presenting>

The Conduct and Integrity Unit provides further resources to assist you to understand your conduct obligations as a student: <https://student.unsw.edu.au/conduct>.

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<sup>1</sup> International Center for Academic Integrity, 'The Fundamental Values of Academic Integrity', T. Fishman (ed), Clemson University, 2013.

## 7. Readings and resources

### Suggested Equipment

We encourage all students to purchase and maintain their own kits to make online clinical learning more accessible and relevant.

- Tape measure to measure circumferences
- Manual sphygmomanometer & stethoscope
- Theraband (at least one colour, preferably two different colours)
- Dumbbells (at least one set, at a weight suitable for upper body exercises)
- Exercise mat
- HR and activity watch (e.g. fitbit, Apple watch)

As a UNSW student you may be eligible to access [Student Support Grants](#) – please arrange a meeting with student advisor to see if you are eligible.

### Suggested Reference Articles

Range of position statements online covering a wide range of chronic illnesses:

- ESSA: <https://www.essa.org.au/>
- ACSM: <https://www.acsm.org/>

### Suggested Reference Journals

- Journal of Science and Medicine in Sport
- Medicine and Science in Sports and Exercise
- Exercise and Sports Sciences Reviews
- Journal of Exercise Physiology

## 8. Administrative matters

Student enquiries should be submitted via student portal <https://portal.insight.unsw.edu.au/web-forms/>

### Preparation for placements at the UNSW Medicine Lifestyle Clinic

The Lifestyle Clinic is a compulsory placement for stage 4 clinical practicum and has certain requirements for induction and rosters.

Placement at the clinic commences with several Moodle activities, followed by an induction prior to term commencement, in addition to shadowing experienced student EP's before you can conduct any independent supervision of patients. You must be available for these induction sessions to commence a placement at the Lifestyle Clinic. *NOTE: induction is only required for your first instance of placement at the Lifestyle Clinic and is only required if you are allocated during that term.*

Students will be expected to complete their hours at the clinic by being available for at least 2 days per week. The Lifestyle Clinic will not take into consideration any extra-curricular activities in the planning of your attendance. These extra-curricular activities include anything relating to employment, voluntary work, recreational (e.g. sports) and external academic activities (conferences, courses etc.).

Leave during your placement is only granted under exceptional circumstances and must first be approved by the course convenor and practicum coordinator before approaching your supervisor.

## **Lifestyle Clinic Placement Suspension or Termination Procedures**

Prior to commencing placement at the Lifestyle Clinic students are required to read the Lifestyle Clinic Code of Conduct and ESSA Code of Professional Conduct and Ethical Practice, and digitally sign to say they have read and understood these documents and understand the consequences of unprofessional behaviour or poor performance.

Students must acknowledge that they understand a disciplinary outcome will be imposed if students are found in breach of the Lifestyle Clinic Code of Conduct or ESSA Code of Professional Conduct and Ethical Practice. Disciplinary actions may include suspension or termination from the Lifestyle Clinic, following notification to the Practicum Coordinator, Lead Practicum Convener and Program Authority.

Students must be aware that failure to meet these expectations may result in suspension, followed by termination of placement if behaviour does not improve after that suspension.

The UNSW Medicine Lifestyle Clinic has a 3-strike policy including a verbal warning, followed by a written warning. If a student is found to have demonstrated repeated instances of unprofessional behaviour, upon the third instance, the behaviour may lead to suspension or termination of placement.

The following procedure will occur when a student does not meet expectations at the UNSW Medicine Lifestyle Clinic:

### **First Incident and Warning**

1. Student attends a meeting (face to face where restrictions allow) with their Clinic supervisor (AEP allocated to student for supervision) during which their poor performance is verbally discussed. This is followed up with a written summary of the discussion.
2. Student is given the opportunity to respond in writing to the written summary.
3. Incident and student response is recorded in writing on the student's file.
4. Student is warned if incident occurs again, they will receive a written warning.

### **Second Incident**

1. Student attends a meeting with their Clinic supervisor (face to face where restrictions allow), where they receive written notification of the details of the incident.
2. Student is given the opportunity to respond in writing.
3. Incident and student response are recorded in writing on the student's file.
4. Student is warned if another incident occurs, they will be suspended or terminated from the Lifestyle Clinic.

### **Third Incident and Suspension/Termination Meeting**

1. Student is given notice in writing of suspension or termination and impending meeting with Lead Practicum Convenor and Program Authority.
2. Appointment is made with student and the Lead Practicum Convenor and Program Authority.
3. In accordance with WIL procedures, this must occur within 20 days of suspension/termination of placement.
4. Student must be given 5 days notice of meeting and be told they can bring a support person to the meeting with Lead Practicum Convenor and Program Authority.
5. Student is informed the meeting is designed to give the student the chance to respond.
6. Student is provided with an explanation around the sequence of events and reasons that led to the suspension or termination of the placement.
7. Student gives their explanation of events verbally and then is given one week, during which the placement will be suspended, in which to respond in writing to the issues presented and design a plan for improvement.
8. The student's response and plan for improvement will be reviewed by their supervisor and accepted or revised in consultation with the student to arrive at a mutually agreeable plan.
9. Based on the student's response, and in consultation with Lifestyle Clinic management, a decision is made after the meeting by the Lead Practicum Convenor and Program Authority as to whether

the student may return to the Lifestyle Clinic under close supervision, or if the placement is terminated.

10. Once a plan is agreed upon, the student will be either allowed to resume placement participation at reduced hours under close supervision by an AEP, or the student will be informed that their placement has been terminated.
11. If placement is resumed and the student is able to successfully implement the agreed plan for improvement, addressing the issues adequately, with no further instances of unprofessional behaviour, the student may return to a usual level of placement participation, with shadowing of AEPs as appropriate.
12. If the student returns to the Lifestyle Clinic and continues to display unprofessional behaviour, during or after undergoing the improvement plan, the student will be at risk of termination from the Lifestyle Clinic for the remainder of the term and failure of the Practicum Course.
13. It is noted, that in accordance with UNSW Medicine & Health's policy, a student's progression through the program may be halted if the issues raised are inadequately addressed.

### Following Meeting

1. If it is decided the student cannot return to the Lifestyle Clinic, a WIL staff member, and any other UNSW staff required, will decide on whether a WIL activity with another partner organisation can be sought for or by the student.
2. Reasons for the suspension or early termination of the placement will be documented and kept in the student's file.
3. The outcome of the decision on a possible alternative WIL placement will be documented along with the reasons, and students will be informed of these matters in writing within 10 working days of the meeting.

Where no new WIL placement is found, the Lifestyle Clinic is not prepared to take the student, and the student is unable to complete the Course, they may withdraw from the Course in accordance with the University Enrolment and Withdrawal Procedure.

When the student is deemed to have failed the WIL Course, they will receive a Fail grade in accordance with the Assessment Implementation Procedure. They then may repeat the Course in the future.

## 9. Additional support for students

- The Current Students Gateway: <https://student.unsw.edu.au/>
- Academic Skills and Support: <https://student.unsw.edu.au/academic-skills>
- *Student Wellbeing and Health* <https://www.student.unsw.edu.au/wellbeing>
- UNSW IT Service Centre: <https://www.myit.unsw.edu.au/services/students>
- *UNSW Student Life Hub*: <https://student.unsw.edu.au/hub#main-content>
- *Student Support and Development*: <https://student.unsw.edu.au/support>
- *IT, eLearning and Apps*: <https://student.unsw.edu.au/elearning>
- *Student Support and Success Advisors*: <https://student.unsw.edu.au/advisors>
- *Equitable Learning Services (Formerly Disability Support Unit)*: <https://student.unsw.edu.au/els>
- *Transitioning to Online Learning* <https://www.covid19studyonline.unsw.edu.au/>
- *Guide to Online Study* <https://student.unsw.edu.au/online-study>
- *Student mentors* <https://student.unsw.edu.au/mentoring>



## 10. Health and Safety

Activities must comply with the NSW Work and Health Safety (WHS) regulation 2017 and NSW Work and Health Safety Act 2011. It is expected that students will conduct themselves in an appropriate and responsible manner in order not to breach OHS regulations. Further information on relevant OHS policies and expectations are outlined at: [safety.unsw.edu.au/](http://safety.unsw.edu.au/)

Hazards that may exist in placement workplaces include physical hazards such as slips, trips and falls; mechanical or electrical hazards from using inappropriate or unsafe exercise or testing equipment; mechanical or electrical hazards from disrepair of buildings; manual handling injuries from moving equipment or demonstrating an exercise with inappropriate technique; contact with infectious diseases; physical or sexual harassment and bullying.

Supervisors are to ensure that students are inducted into their placement, with information on Policies and Procedures, Emergency Procedures, Injury Policy, Dangerous substances & Potential hazards in the workplace.

### NSW Health

NSW Health has strict OHS policies in place and is thorough in their management of students on placement. NSW Health has an on-line database (ClinConnect) that records student placement details and student compliance with NSW Health vaccination requirements, code of conduct and criminal record checks. Only students who are deemed 'fully compliant' with ClinConnect health regulations are permitted to attend NSW Health placements and interact with patients.

### UNSW Medicine Lifestyle Clinic

The Lifestyle Clinic performs a thorough induction process for each separate program to ensure students have the required knowledge and understanding to complete placement within the clinic safely. Included in this induction are the location of fire exits, extinguishers, emergency phone numbers and procedures, locations of the first aid box, CPR chart and defibrillator. The Lifestyle Clinic also provides the students with an Emergency Procedures Manual.

### Other placements:

Other placements include private exercise physiology clinics, physiotherapy businesses, workers' compensation businesses, aged care facilities, corporate health, and health and wellbeing establishments.

These workplaces are sometimes small with specific clientele and may even encompass mobile services. These placements should comply at all times with the OHS policies required in normal practice and supervisors should ensure that all OHS matters are addressed as part of inducting students to a new placement. If for some reason such an induction does not occur automatically then you should ask the supervisor to do this. Specifically, students should be aware of the workplace Policies and Procedures, Emergency Procedures, hazards and any potentially dangerous areas within the placement.

### First aid certification, criminal record and working with children checks, immunisations

Criminal record checks, working with children checks, NSW Health code of conduct and immunisations are a requirement of many clinical placement providers. These requirements should be met prior to the stage 3 clinical courses. See the program guide for further details.

The program authority will contact students by email regarding NSW Health requirements and ClinConnect bulk compliance sessions that are held on campus throughout the year. If students are unsure about their immunisation status or the evidence required to be presented, they should make an

appointment with the UNSW Health Service ([www.healthservices.unsw.edu.au](http://www.healthservices.unsw.edu.au)) as they are familiar with the requirements and can advise and / or arrange additional vaccinations if necessary.

It is a requirement of the program that you complete a senior first aid certificate and mental health first aid before commencing the stage 3 clinical courses and CPR certification must be maintained throughout the remainder of the program. Current first aid (both physical and mental health) and CPR certification are required for Accredited Exercise Physiologists. See details on the program website, under clinical practicum, for further information.

### **Insurance Cover**

UNSW students undertaking practical placements, as a component of their degree program, are covered by the University's insurance policy for public liability and personal accident. The University has liability insurance in excess of \$20 million for any one claim in the event of such an occurrence.

The employer hosting the placement can request a Letter of Indemnity issued by the Practicum Coordinator prior to commencement of the placement confirming insurance coverage.

The university, employers and students should undertake all reasonable measures to ensure the safety of students, employers and the general public is maintained at all times. In the situation that such an event occurs, the Practicum Coordinator or Program Authority should be immediately informed.