THE UNIVERSITY OF NEW SOUTH WALES

Exercise Physiology Program

School of Medical Sciences

Faculty of Medicine

HESC3504

Physical Activity and Health

Semester 1, 2012
Course Outline

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Course details

Credit Points: 6 UOC

Course Prerequisites / Assumed Knowledge

HESC2501 Exercise Physiology
HESC1511 Exercise Programs & Behavior
PSYC1011 Psychology 1B

Course Description

The focus of this course is on the effects of exercise on apparently healthy populations across the lifespan. Psychological aspects of exercise, including the application of behaviour change/self-management strategies, comprise a significant component of this course. The literature addressing the impact of physical activity on risk reduction and the prevention of disease will be discussed in detail through examining the mechanisms by which exercise alters metabolic, vascular, immune, muscular and cognitive function, both chronically and acutely. Health-based screening and intervention techniques (including basic nutrition assessments) will be applied with students undertaking a supervised lifestyle change project.

Aims of the Course

On completion of this subject, students will be able to:

1. discuss key models explaining why people do (or do not) exercise
2. describe the effects of regular physical activity on a variety of physical and psychological health variables
3. demonstrate an understanding of the need for primary prevention in the health care model

Student Learning Outcomes

On completion of this subject students should be able to:

1. conduct a range of health assessment and screening tests
2. design and implement a supervised lifestyle change program for a healthy adult
3. identify risk factors associated with sedentary lifestyles and metabolic dysfunction
4. demonstrate a basic knowledge of dietary assessment and a healthy food intake

HESC3504 will develop the following graduate attributes. These include skills, qualities, understanding and attitudes that promote lifelong learning that students should acquire during their university experience.

Graduate Attributes

1. Understand the relationship between physical activity and health
2. Deliver lifestyle change programs that use exercise for the primary prevention of disease and the management of chronic disease
3. Communicate effectively with patients, colleagues and other health professionals
4. Display a respect for diversity and a high standard of ethical practice

Rationale for the inclusion of content and teaching approach

How the course relates to the Exercise Physiology profession – This course examines the positive changes induced by regular exercise and how to develop appropriate lifestyle change programs for apparently healthy adults. It is important to realize that lifestyle change is not just about physical activity but encompasses a holistic approach to healthy behaviours: good nutrition, sleep patterns, stress management and alcohol and tobacco use. As well, students study the psychology of exercise and the interactions between physical activity and psychological health.

How the course relates to other courses in the Exercise Physiology program – The course builds on the information gained in Introductory Exercise Science (HESC1501), Exercise Programs and Behaviour (HESC1511), Exercise Physiology (HESC2501) and Psychology (PSYC1001 and PSYC 1011). Concepts gained in courses such as anatomy, human physiology, and biomechanics, contribute to learning in this course.

Teaching strategies

Lectures – Lectures will provide you with the concepts and theory essential for understanding how regular physical activity impacts on health. In the lectures the aetiology of lifestyle diseases will be outlined and a description of the effects of exercise on risk factors will be given. Lectures will examine the current research regarding exercise and nutritional interventions.

Laboratories – To assist in the development of practical skills in assessing health and fitness and implementing lifestyle change, laboratories will be held. These classes allow students to engage in a more interactive form of learning than is possible in the lectures. The skills you will learn in practical classes and in your involvement in planning and implementing a lifestyle change program are relevant to your development as professional exercise physiologists.

Clinicals – In these sessions, under the supervision of an AEP, students will conduct a lifestyle assessment with their client. This will involve interviewing the client and choosing, then administering health and fitness assessments appropriate to the client's needs. See the assessment task section following for more detail.

Assessments – 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.

Summary of Assessments	**Weight**	**Due Date**
ASSESSMENT TASK 1 - Lifestyle Change Program	**50%**	Staged
ASSESSMENT TASK 2 – Behaviour Change Assignment	**20%**	Week 7
ASSESSMENT TASK 3 – End of Session Examination	**30%**	Exam period

Assessment Task 1 - Lifestyle Change Program

You will plan and implement a **lifestyle change program** based on the individual needs of your client who is an apparently healthy adult. The program is to include pre-screening; psychological and physical health, lifestyle, nutritional and fitness assessments; an educational component; and strategies and goal setting for lifestyle change. This project will give you 40 hours toward ESSA accreditation and help develop graduate attributes 1 to 4. Your report should be structured, detailed, and appropriately referenced (APA). This assessment item will be marked in three phases to allow for feedback and fine tuning. When handing in Phases 2 and 3, you must include the previously assessed material to ensure that the material is unified and consistent across the phases. Report writing is formal in tone and therefore you should avoid the use of colloquialisms and abbreviations. Your client interactions will be supervised by a qualified AEP who will provide support and feedback. In the post-program client assessment you will be assessed on your clinical skills.

Written assessment tasks must be handed in via Turn-it-in which can be found on the TELT Blackboard website.
http://lms-blackboard.telt.unsw.edu.au/webapps/portal/frameset.jsp
Penalties apply for late submissions.

Phase 1: *Planning and assessment*. **Week 6**

This will include your needs assessment, goal setting, pre-screening, and other assessment items you chose to determine the health status of your client and their lifestyle change objectives. (15%)

Phase 2: *The Program*. **Week 9**

This is a detailed description of the activities and strategies planned for the ***lifestyle change*** program for your client. It is essential that you not only include exercise programming but that you outline a program for addressing other aspects of the client's lifestyle change needs, for example, diet and stress management. The program should be planned for a minimum of six (6) weeks activities, but you may make it longer if you think that is necessary. (15%)

Phase 3: *Evaluation*. **Week 12**

This report includes the final assessments you used to determine the success of your program. It must include a critical evaluation of the merits/demerits of the program, its successes and failures, and the processes used. It must also include a summary one page report to the client's medical practitioner. (10%)

***Clinical Skills Assessment*.** **Individual Final Client Assessment**

This is a practical assessment where the supervising AEP will assess your clinical skills while you complete your final assessment on your client. The assessment will be based on a standardised clinical skills test (MiniCEX tool). (10%)

MARKING CRITERIA
Lifestyle Change Program
Phase 1 – Planning and Assessment

Assignment component	*How do I achieve top marks?*	*Mark for this section*
Dietary analysis Diet recommendations	Use SERVE or FOODWORKs to analyse the diet and include the dietary intake for three days. Compare food intake with the RDIs for macro- and micronutrients. Discuss whether or not the diet matches the recommendations for nutrient composition and fibre intake and where deficiencies or excesses exist. Examine your client's actual intake. Comment appropriately (eg. Are they getting five serves of vegetables per day? Is the client eating too much processed food) and make recommendations to improve the quality of their food intake. Maximum one page.	3/15
Testing	Choose and administer appropriate tests for your client, do pre-program screening and assess their needs. Ensure that part of your assessment examines possible barriers to exercise. Present the pre-program tests in tabular form and compare with normative data where appropriate.	5/15
Goal Setting	In conjunction with your client, set appropriate long, medium and short term SMART goals based on their needs and desire for change.	5/15
Presentation	The report should be well written, concise and easy to read. There should be no spelling, grammatical or typographical errors. Graphics and/or tables should support the information in the text. The report should be double spaced and appropriately referenced. Pages must be numbered.	2/15

Phase 2 – The Program

Assignment component	*How do I achieve top marks?*	*Mark for this section*
Strategic component	Do the planned strategies for change support the needs and goals of the client? The strategies are logical, realistic and will help the client achieve their goals. Client feedback is an integral part of the program.	4/15
Education component	The educational needs of the client have been stated. There are strategies in place to address these client needs. This component supports the needs and goals of the client. A list of resources to support the client's educational needs is included.	4/15
Activities	The activities are clearly stated and a rationale given for each activity. The activities address the needs and goals of the client. There is a logical progression of activities that support the achievement of both short and long term goals. These activities address all the client's needs including exercise, dietary change, stress and time management, smoking or whatever is pertinent to that client.	5/15
Presentation	The report should be well written, concise and easy to read. There should be no spelling, grammatical or typographical errors. Graphics and/or tables should support the information in the text. The report should be double spaced and appropriately referenced. Pages must be numbered.	2/15

Phase 3 – Evaluation

Assignment component	*How do I achieve top marks?*	*Mark for this section*
Testing	The testing is appropriate to the goals, needs and program prescribed for the client. Pre- and post-program testing data are presented in tables and/or graphs and compared to normative data where appropriate. Any significant changes are clearly stated.	2.5/10
Analysis	The student objectively analyses the data from any testing. Analyses and conclusions derived are appropriate.	2.5/10
Evaluation	The program is critically evaluated by the student. Suggestions are made to address areas of weakness or where goals were not met. The student attempts to determine the cause for success or lack thereof. Include a separate **one** page report to the client's General Practitioner briefly outlining the treatment and treatment effects. Include future plans where appropriate.	3.5/10
Presentation	The report should be well written, concise and easy to read. There should be no spelling, grammatical or typographical errors. Graphics and/or tables should support the information in the text. The report should be double spaced and appropriately referenced. Pages must be numbered.	1.5/10

MiniCEX marking sheet

Interviewing skills								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
unsatisfactory			**satisfactory**			**superior**		
Testing and assessment skills								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
unsatisfactory			**satisfactory**			**superior**		
Professionalism								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
unsatisfactory			**satisfactory**			**superior**		
Clinical Judgement								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
unsatisfactory			**satisfactory**			**superior**		
Counselling skills								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
unsatisfactory			**satisfactory**			**superior**		
Organisation and efficiency								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
unsatisfactory			**satisfactory**			**superior**		
Overall clinical competence								
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
unsatisfactory			**satisfactory**			**superior**		

Assessment Task 2: Behaviour Change Assignment **Week 7**

This assignment is designed to allow you the opportunity to practice the challenging task of changing one's behaviour. First, you will choose a specific physical activity goal and then, using what you learnt in class, you will develop a specific plan for achieving that goal. The approach you take to changing your behaviour should be grounded in some theoretical rationale. Next, you will implement your behavioural change plan, making sure to evaluate your progress along the way. This assignment will culminate in a written report. The report is to be no longer than eight (8) pages, double spaced. This limit is not including references or supplementary materials which are additional to the body of the assignment.

MARKING CRITERIA
Behavioural Change Assignment

Assignment component	*How do I achieve top marks?*	*Mark for this section*
Background/rationale	Justify the target behaviour. Use a sound theoretical framework for developing your behavioural change plan.	4/20
The plan	Provide a clear description of a clear plan. Make sure your plan matches the theoretical framework you are working in. Use appropriate goal setting techniques in establishing the plan.	4/20
Implementation and evaluation	Put in an honest effort in working toward your goal. Adequately monitor your progress, which includes keeping any relevant data. Evaluate your progress, and adjust your goals as necessary.	4/20
Reflection	Comment on the shortcomings of your theoretical framework, on any particular challenges you faced, and any insights you gained. What would you do differently next time?	4/20
Presentation	The report should be well written, concise and easy to read. There should be no spelling, grammatical or typographical errors. Graphics and/or tables should support the information in the text. The report should be double spaced and appropriately referenced. Pages must be numbered.	4/20

Assessment Task 3 – End of Session Examination
The ***end of session examination*** will be held during the official examination period. This examination will test not only your knowledge of physical activity and health but also your ability to apply the knowledge you have acquired from the course material to client management. The questions will be based on the material covered in the lectures and practical classes and the prescribed readings over the entire semester. The exam will address graduate attributes 1 and 2.

Submission of Assessment Tasks
Written assessment tasks must be handed in via Turn-it-in which can be found on the TELT Blackboard website. Penalties apply for late submissions.

Penalties for late submission of assignments – In cases where an extension has NOT been granted, the following penalties will apply: For assignments submitted after **5pm** on the **Friday** of the week it is due, a penalty of 50% of the maximum marks available for that assignment will be incurred. A further 25% of the maximum possible allocated marks (i.e., a total of 75%) will be deducted from assignments which are two (2) days late. Assignments received more than two (2) days after the due date **will not be allocated a mark,** however, these assignments **must** still be submitted to pass the unit.

Academic honesty and plagiarism

Plagiarism is using the words or ideas of others and presenting them as your own. Plagiarism is a type of intellectual theft and is regarded by the University as academic misconduct. It can take many forms, from deliberate cheating to accidentally copying from a source without acknowledgement. The University has adopted an educative approach to plagiarism and has developed a range of resources to support students. The Learning Centre can provide further information via http://www.lc.unsw.edu/plagiarism.

Course schedule

Week	Date	Lecture 1 Tues 4-5 Matthews C	Lecture 2 Wed 10-11 CLB2	Lecture 3 Thurs 11-12 Biomed D	Laboratory/Clinical 24 Arthur St
1	Feb. 27	Introduction EGT	Models of exercise behaviour 1 LV	The lifestyle change model EGT	
2	March 5	Screening EGT	Models of exercise behaviour 2 LV	Health/fitness Assessments EGT	Body composition assessment
3	March 12	Theory into Practice JD	Working toward behavioural change LV	Exercise Prescription EGT	Fitness assessment
4	March 19	Theory into Practice JD	Principles of cognitive-behavioural interventions LV	Exercise Prescription EGT	Assessing strength, flexibility and balance
5	March 26	Home Based Exercise EGT	Principles of motivational interviewing LV	Exercise and nutrition in weight management EGT	Individual client based clinical hours
6	April 2	Exercise and nutrition in weight management EGT	Motivation and obstacles to change LV	Metabolic calculations EGT Assignment Phase 1 due	Individual client based clinical hours
	April 9	Easter Break			
7	April 16	Metabolic syndrome and diabetes EGT	Body image and exercise LV	Healthy Built Environments ST Behaviour Change Assignment due	Individual client based clinical hours
8	April 23	Cholesterol EGT	Social influences on exercise LV	Hypertension EGT	Individual client based clinical hours
9	April 30	Cardiovascular disease EGT	Nutrition and physical activity: contribution to epigenetic change CM	Physical activity and mental health LV Assignment Phase 2 due	Individual client based clinical hours
10	May 7	Cancer EGT	Nutrition and physical activity: contribution to epigenetic change CM	Physical activity and mental health LV	Individual client based clinical hours
11	May 14	Pregnancy EGT	Considerations for diverse populations LV	Children and physical activity EGT	Individual client based clinical hours
12	May 21	Writing professional reports EGT	Environmental and policy based approaches LV Assignment Phase 3 due	Review EGT	Individual client based clinical hours

EGT Dr. E. Gail Trapp; **LV** Dr. Lenny Vartanian; **ST** Assoc. Prof. Susan Thompson; **CM** Dr. Chris Maloney; **JD** Mr. Jon Delaney

Resources for students

Blackboard

Information about the course and a number of electronic study resources can be accessed via the UNSW Blackboard system. Blackboard is an internet-based set of Course Tools designed to enable online learning. You can access the system from the following site:
http://lms-blackboard.telt.unsw.edu.au/webapps/portal/frameset.jsp

You can use Blackboard to download lecture notes, access your grades, find reference material in the course (such as this document), and communicate with the lecturer and your peers. Please see the lecturer if you would like more information to help you to make the most of this resource.

Lectopia

The Lectopia system (iLecture) provides digital audio recordings of lectures that can be accessed via streaming media over the web or as a podcast (if permitted by the lecturer). Lecture slides may be embedded in these presentations. http://telt.unsw.edu.au/lectopia/content/default.cfm?ss=1
Students are advised that iLectures are not considered a replacement for face-to-face classroom involvement and indeed, research has shown that students who do not attend lectures do not perform as well on assessments.

UNSW Library

The University Library provides a range of services to assist students in understanding how to identify what information is required for assignments and projects; how to find the right information to support academic activities; and how to use the right information most effectively.
http://www.library.unsw.edu.au

Reserve (MyCourse)

Many items (books and journal articles) set as recommended reading for courses will be located in Reserve, which is on Level 2 of the Main Library. Some of the journal articles will be available in electronic format via MyCourse. To search for these items, go to the library website catalogue and search for the course code.

Textbooks

Bouchard, Blair, & Haskell (2007). Physical Activity and Health. Human Kinetics,Champaign; Illinois.

Griffin, J.C. (1998). Client-centred Exercise Prescription**.** Human Kinetics. Champaign, Illinois, USA.

Gore, C., & Edwards, D.A. (1992). Australian Fitness Norms: A Manual for Fitness Assessors**.** Health Development Foundation

Hardman, A., & Stensel, D. (2003). Physical Activity and health: The evidence explained**.** Routledge, London.

Lox, C. L., Marin Ginis, K. A., & Petruzzello, S. J. (2006). The psychology of exercise: Integrating theory and practice (2nd edition)**.** Holcomb Hathaway: Scottsdale, Arizona, USA.

Suggested Readings

Links to the following articles may be found on the TELT Blackboard website: http://lms-blackboard.telt.unsw.edu.au/webapps/portal/frameset.jsp

Acevedo, E. & Ekkekakis, P. (2006). Affective responses to acute exercise. The Psychobiology of Exercise and Sport. Human Kinetics, Champaign, Ill.

Boutcher, S.H. & Hamer, M. (2006). Psychobiological reactivity, exercise, and cardiovascular health. In E. Acevedo & P. Ekkekakis (Eds.), The Psychobiology of Exercise and Sport. Human Kinetics, Champaign, Ill.

Boutcher, S.H. & Dunn, S.L. (2009). Factors that may impede the weight loss response to exercise-based interventions. *Obes Rev*, 10, 671-680.

Chau, J.Y., Van Der Ploeg, C., Dunn, S., Kurko, J. & Baumann, A.E. (2012). Validity of the occupational sitting and physical activity questionnaire. *Med Sci Sports Ex*, 44(1), 118-125.

Engler & Engler, (2006). Omega-3 fatty acids: role in cardiovascular health and disease. *J Cardiovascular Nursing*, 21, 17-24.

Eriksson, J. et al. (1997). Exercise and the metabolic syndrome. *Diabetoligia*, 40, 125-135.

Faigenbaum. A.D. & Myer, G.D. (2009). Resistance training among young athletes: safety, efficacy and injury prevention effects. *Br J Sports Med*. 44(1), 56-63.

Friendenreich, C.M., (2002). Physical activity and cancer prevention: from observational to intervention research. *Cancer Epidemiology, Biomarkers and Prevention*, 10, 287-301;

Hamer, M., Ingle, L., Carroll, S. & Stamatakis, E. (2012). Physical activity and cardiovascular mortality risk: possible protective mechanisms? *Med Sci Sports Ex*, 44(1), 84-88**.**

Heyn et al. (2004). The effects of exercise training on elderly persons with cognitive impairment and dementia: a meta–analysis. *Arch Phys Med Rehabil*, 85, 1694-1704.

Hopkins, S.A. & Cutfield, W.S. (2011). Exercise in pregnancy: weighing up the long-term impact on the next generation. *Ex Sp Sc Rev*, 39(3), 120-127

Libby, P. (2002). Atherosclerosis: the new view. *Scientific American*, 286(5), 46-55.

Lumbers, E.R. (2002). Exercise in pregnancy: physiological basis of exercise prescription for the pregnant woman. *J Sc Med in Sp* 5(1), 20-31.

Mutrie (2001). The relationship between physical activity and clinically defined depression. In Biddle, S., Fox, K., & S.H. Boutcher (Eds.), Physical Activity and Mental Health, Routledge.

Myers, J. et al (2002). Exercise capacity and mortality among men referred for exercise testing. *New Eng J Med*, 346, 793-801.

Pescatello, L. et al. (2004). Exercise and hypertension. *Med Sci Sports Ex*, 36, 533-553.

Shaw K, Gennat H, O'Rourke P, Del Mar C. Exercise for overweight or obesity. *Cochrane Database Syst Rev* (2006), 4:CD003817.

Steele, R.M, Brage, S., Corder, K., Wareham N.J. & Ekelund, U. (2008). Physical activity, cardiorespiratory fitness and the metabolic syndrome in youth. *J Appl Physiol*, 105, 342-351.

Trapp, E.G., Chisholm, D.J., Freund, J., & Boutcher, S.H. The effect of high intensity intermittent exercise training on fat loss and insulin levels of young women, *Int J Obes*, 32(4), 684-691.

Van Praag, H. (2009). Exercise and the brain: something to chew on. *Trends in Neuroscience*, 32(5), 283-290.

Williams, P.T. (2012). Attenuated inheritance of body weight by running in monozygotic twins. *Med Sci Sports Ex*. 44(1), 98-103.

Youngstedt, S.D. (2005). Effects of exercise on sleep. *Clin Sp Med*, 24, 355-365.

Zinn, A.R. (2010). Unconventional wisdom about the obesity epidemic. *Am J Med Sc*, 340(6), 481-491.

Course evaluation and development

Each year feedback is sought from students about the courses offered in Exercise Physiology and continual improvements are made based on this feedback. The Course and Teaching Evaluation and Improvement [CATEI] process of UNSW is the way in which student feedback is evaluated and significant changes to the course will be communicated to subsequent cohorts of students. As a result of feedback from last year's students, new features of the course include the miniCEX assessment of clinical skills which will help students prepare for the OSCE in their final year.

Health and Safety

Class activities must comply with the NSW Health & Safety Act and the Health & Safety Regulations. It is expected that students will conduct themselves in an appropriate and responsible manner in order not to breach Health and Safety regulations and to ensure a safe work/study environment for everyone. Further information on relevant Health and Safety policies and expectations is outlined at: http://www.hr.unsw.edu.au/ohswc/ohs/ohs_policies.html

Examination procedures and attendance requirements

Attendance is expected at all lectures and practical sessions for this course. Attendance at all practical sessions and clinical sessions will be recorded. Students who do not participate in these sessions for any reason other than medical or misadventure, will be marked absent and will be awarded a grade of FAIL for the entire course. If absent for medical reasons, a medical certificate must be lodged with the course convenor within seven (7) days of the time period of the certificate's expiry. If misadventure has occurred, appropriate documentation must be provided within seven (7) days. No consideration will be given after this time. Although lectures will be available on ilecture, student participation is encouraged in the lectures and these are important to attend.

Deferred Exams

If you miss an exam for medical or misadventure reasons you must supply adequate documentation (including a medical certificate). Your request for consideration will then be assessed and a deferred exam may be granted. You cannot assume you will be granted supplementary assessment. The deferred exam may include a significant oral element.

Special consideration in the event of illness or misadventure

Please note the following Statement regarding Special Consideration.
If you believe that your performance in a course, either during session or in an examination, has been adversely affected by sickness, misadventure, or other circumstances beyond your control, you should notify the Registrar and ask for special consideration in the determination of your results. Such requests should be made as soon as practicable after the problem occurs. **Applications made more than three working days after the relevant assessment will not be accepted except in TRULY exceptional circumstances.**

When submitting a request for special consideration you should provide all possible supporting evidence (eg medical certificates) together with your student number and enrolment details. Special Consideration request forms are available from Student Central in the Chancellery or can be downloaded from the web page linked below.

Note that normally, if you miss an exam (without adequate reason) you will be given an absent fail. If you arrive late for an exam no time extension will be granted. It is your responsibility to check timetables and ensure that you arrive on time.

Students who apply for consideration to Student Central must also contact the Course Convenor immediately.

All applications for Special Consideration will be processed in accordance with UNSW policy (see: http://my.unsw.edu.au/student/atoz/SpecialConsideration.html). If you miss an assessment and have applied for Special Consideration, this will be taken into account when your final grade is determined. You should note that marks derived from completed assessment tasks may be used as the primary basis for determining an overall mark. Where appropriate, supplementary examination may be offered, but only when warranted by the circumstances.

Student equity and diversity issues
Students requiring assistance are encouraged to discuss their needs with the course convenor prior to, or at the commencement of the course, or with the Equity Officer (Disability) in the Equity and Diversity Unit (EADU) (9385 4734). Further information for students with disabilities is available at http://www.studentequity.unsw.edu.au/disabil.html