Bachelor of Exercise Physiology
(Professional Honours)

Student Guide

2018-19

Clinical Exercise Practicum
(CXA443, CXA446, CXA447)

For professional placement hours working with clients with chronic disease or injuries
Table of Contents

1. Guide for the Student .................................................................................................................. 3
   1.1 What is Clinical Exercise Practicum? ...................................................................................... 3
   1.1.1 Safety In Practice - Compliance ......................................................................................... 4
   1.1.2 Hours of PEP Experience Per Unit ...................................................................................... 4
   1.1.3 The purpose of your Logbook and Reflection Diary ........................................................... 5
   1.1.4 Interim and Final Competency Assessments ...................................................................... 7
   1.1.5 Final Assessments - Case Study Presentations and Exit Practical Exam ....................... 8
2. Expectations of PEP Students .................................................................................................... 8
3. The roles of the academic unit ................................................................................................... 10
   3.1 Contact Schedule .................................................................................................................. 10
   3.2 Responsibilities of the Exercise Physiology PEP unit staff .................................................. 10
4. The Role of a Supervisor ............................................................................................................ 11
   4.1 Effective Supervision ............................................................................................................ 11
   4.2 Student and Supervisor Fears and Expectations .................................................................. 11
5. Support for Students while on PEP ........................................................................................... 12
6. Dispute resolution and handling grievances ............................................................................. 12
   6.1 Student Complaints ............................................................................................................... 12
7. Student absence from PEP ......................................................................................................... 13
8. Risk Management / Safety in Practice ....................................................................................... 13
9. “Quiet Times” on PEP ............................................................................................................... 14
10. Forms ........................................................................................................................................ 15
    10.2 Submission of Clinical Exercise Practicum Logbook ........................................................... 16
    10.3 Assignment Cover Sheet ..................................................................................................... 17
    10.4 Application for Extension or Missed Assessment ............................................................... 18
    10.5 ESSA Record of Engagement Forms .................................................................................. 19
    10.6 Clinical Logbooks .............................................................................................................. 19
    Logbook Submission .................................................................................................................. 20
    10.7 Reflection Diary ................................................................................................................ 21
    10.8 - Competency Assessment Information ............................................................................. 22
    10.8.1 Students at risk of failing ................................................................................................. 23
    10.8.2 Rating Explanations ........................................................................................................ 24
    10.8.3 Competency Criteria Descriptions ................................................................................ 25
Appendices ...................................................................................................................................... 28
   Appendix 1 - Insurance Details ................................................................................................ 29
   Appendix 2 - ESSA AEP Scope of Practice .............................................................................. 31
   Appendix 3 - Link to the ESSA Code of Conduct for AEPs .................................................... 32
   Appendix 4 - Link to the Faculty of Health PEP Code of Professional and Ethical Conduct .... 33
1. Guide for the Student

1.1 What is Clinical Exercise Practicum?

Clinical Exercise Practicum Units 1, 2 and 3 are to be completed by all students enrolled in the Bachelor of Exercise Physiology (Professional Honours). The units are integral parts of the degree providing students with an opportunity to apply knowledge and skills they have attained throughout their studies and to achieve the minimum required hours for Exercise Physiology (EP) accreditation with Exercise & Sports Science Australia (ESSA).

There are five requirements for each unit in Clinical Exercise Professional Experience Placement (PEP):

1. Minimum **140 hours** of practical workplace experience in ESSA’s required clinical categories;

2. A **Logbook** of hours and experiences

3. A **Reflection Diary**;

4. **Interim** and **Final Competency Assessments**; and

5. The delivery of a 20 minute “**Case Study Presentation**” (For Prac 1 and 2 only).

5.1 For the final PEP unit (CXA447) the fourth component is a **practical “client consultation” exit exam**).
1.1.1 Safety In Practice - Compliance

You must have completed all of the mandatory compliance requirements before you can attend ANY placements (both in the UTAS EP Clinic and external). See the Utas PEP Website under “Courses” > “Exercise Physiology”.

Check your expiry dates for NPC, WWVP card and CPR in InPlace. It is your responsibility to keep these compliance requirements current and communicate with the PEP Compliance admin team as necessary.

1.1.2 Hours of PEP Experience Per Unit

For ESSA EP accreditation, you are required to accrue:

- a minimum of 140 hours of practicum within the scope of an Exercise Scientist;

Then each EP student must complete 360 hours min in clinical exercise service delivery, where:

- **Minimum 200** hours must be across cardiovascular, musculoskeletal and metabolic domains (I,e, your “CV.MSK.MTB” logbook),

- **Minimum 100** hours in any of the other AEP pathology domain eg, respiratory/pulmonary, cancer, kidney, neurological, and mental health. (i.e. your “PR.CA.RENAL.NEURO.MH” logbook), and

- **Max 60 hours** in any of the aforementioned pathology areas OR in any other activities relevant to the AEP scope of practice (your “Other” logbook).

- 200 of the 360 hours must be supervised and signed off as competent by an AEP and the remaining 160 may be co-supervised / co-signed by an AEP where the agency supervisor is any other qualified allied health professional with experience in exercise delivery (eg Physiotherapist, OT).

For UTAS requirements you will accrue **140 hours minimum per PEP unit**; therefore, a minimum of 420 over the three units. These hours are recorded in the excel logbook template provided and for each 140 hours will include:

- Minimum of 60% (at least 84 hours) for face to face delivery of exercise services
• Maximum of 35% (up to 49 hours) for preparation for face to face delivery, observation and other activities related to the scope of practice of EPs

• Maximum of 5% (up to 7 hours) for administrative tasks

For more on logbooks, see the Logbooks section in this guide

1.1.3 The purpose of your Logbook and Reflection Diary

1. *The logbook serves as a record of practical work-experience hours and tasks, and the diary as a reflective account of the learning experiences undertaken during placement.*

2. *To demonstrate the application of Exercise Physiology theory to practice.*

To fulfil these two criteria, you need to fill in your activities in the spaces provided in the Logbook. Your Logbook must have entries for **every day you are on placement** and will be checked for quality at between weeks 6-8 of the first prac unit. Each Logbook entry should be concise, but informative.

Most students keep a detailed handwritten or typed diary or notebook of day-to-day hours, activities, and cases, and type up their Logbook and Reflection diary more neatly at the end of each day or week.

Hours accrued in excess of 140 for practicum 1 and 2 may be applied (carried forward) to the next PEP unit by detailing the hours accrued and the total hours moved forward on a declaration on your Logbook coversheet when submitting. E.g. if you work 152 hours on placements for CXA443 (Clin Prac 1) you may apply the extra 12 hours towards CXA446 (Clin Prac 2) and therefore need 128 hours to complete your next prac unit, and so on (see “Forms” section in this guide or MyLo for coversheets).

Also note, that there is no requirement to fill in the “Other” clinical logbook, you can keep filling up the “cardiovascular / musculoskeletal / metabolic” and “cancer / renal / mental health / neuro / pulmonary” logbooks with hours in excess of their minimums. “Other” activities include work in fields such as ECG stress testing, gait analysis, occupational rehabilitation etc. See the accreditation guide for more information.

An ESSA "Record of Engagement" (RoE) form needs to be completed for **every** PEP site you are allocated. You only need ONE RoE form per agency, even if you had multiple supervisors at the site. The primary supervisor you worked with should be asked to sign off your RoE form. Hours on
your RoE form should match your logbook for that site. See appendices for more information on Logbooks and RoE forms.

3. *The other purpose of your reflection diary is to think back (reflect) on what you learned or experienced during the week. (Daily preferably.*)*

We don’t learn only by “doing” but also by reflecting on what we do. Self-evaluation is a very important feature in assisting you to develop professional competence in the real-world work setting. The Reflection Diary is **NOT** a list of hours, tasks or cases. It is your perspective on your progress as an “apprentice” EP; your feelings on the ups and downs of work-integrated learning. Think about the skills and knowledge that were required during the past week/month compared to the skills and knowledge you currently possess - not just academic skills/knowledge but interpersonal skills, problem-solving skills, critical thinking skills, ‘common sense’, actions and reactions: **life skills**.

Remember to follow the **S.T.A.R** principle to ensure your diary entries include information relevant to **Situation**, **Task**, **Action**, and **Response**. For the **situation**, briefly describe the background information of the experience. For the **task**, explain any expectations or requirements you had; for **action**, detail your actions and skill required to deal with the task; and for **response**, indicate the outcome of the situation and what you learned from the experience.

*If you need further help on entries for your Reflective Diary, think about the following questions:*

1. When during the week did you feel on top of things i.e. felt comfortable with what you were doing or with whom you were working? Why?

2. When during the week did you feel out of your depth; uncomfortable, unsure of yourself? Why? What do you need to do/accomplish to feel more comfortable in this situation?

3. What did your supervisor or co-workers do/say that you found most helpful and why?

4. What did your supervisor or co-workers do that you found puzzling or challenging and why?

5. During which activities during the week did you feel most challenged and why?

6. What surprised you and why? – This could be something someone did, your reaction to a situation, something that was new to you, something you actually knew when, you thought you did not.

7. What did you discover about yourself?
Reflection Diary Submission:

Your reflection diary submission should be around 1000 wds – typed - with minimum of weekly entries. Use the Reflective Diary template in this guidebook, or create your own, to record your reflections of your experiences. The Reflection Diary will be assessed for quality of self-reflection and learning (ie. understanding of what did or didn’t go well and thoughts on how things may be improved next time) and timeliness of submission. See due dates in the unit outline. Make sure you have read and signed the standard assignment cover sheet declaration that states the work is your own; otherwise your reflection diary will not be accepted.

1.1.4 Interim and Final Competency Assessments

There are two formal assessments undertaken by Supervisors during your practicum time in each unit. The Interim and Final Competency Assessments act as indicators of the skills and behaviour expected of you while on PEP. Each form has identical assessment criteria, but the first - the Interim Competency Assessment - is undertaken at ~40 hours of PEP and must be returned to the PEP Coordinator within 5 working days of completion. The second, Final Competency Assessment, is undertaken in the final week of your PEP time and must be submitted to the PEP coordinator by the due date specified in the unit outline. There is an online version that your supervisor will be directed to fill out, but they may also use the Word version if they prefer. Note: there are unit grade penalties attached for handing either assessment in late. It is your responsibility to organise meetings with your site supervisors to undertake these assessments and submit on.

*IMPORTANT*: You must achieve a minimum “competent” rating in all relevant criteria in the Final Competency Assessment for every site to pass each practicum unit. If you receive a “Requires Development” (or “RD”) rating in the same criteria from one or more sites in the final competency assessment, this is equal to a “fail” for that unit and indicates you are not meeting the minimum safe standard required for an entry-level Exercise Physiologist. The responsibility for passing the Final Competency Assessment is yours, and in collaboration with your site Supervisor, you will work toward achieving a minimum rating “competent” in all relevant competency criteria. The Site Supervisor will assist in this by identifying any early problems in regards to certain competencies (often picked up in the Interim Assessment) and guiding your progress with specific strategies designed to improve performance. You should also discuss any
“RD” ratings you receive in an interim assessment with the PEP coordinator and unit coordinator to collaborate on strategies for improvement.

The Competency Assessment forms should be completed by the section Supervisor or staff member who is chiefly responsible for you. Copies of forms and detailed instructions on how Supervisors are to complete the Competency Assessments are provided under “Forms” in this guide, on the PEP Website: http://www.utas.edu.au/health/professional-experience-placement/student-information/exercise-physiology and on MyLO.

1.1.5 Final Assessments - Case Study Presentations and Exit Practical Exam

For your Case Study Presentations (Clin Pracs 1 and 2), you will prepare and deliver a 20 minute oral presentation of an interesting case encountered during your PEP experience for each unit. You will be expected to discuss the case history, cover the evidence for exercise as a form of rehabilitation for the pathology experienced by the client, and present a narrative addressing your interactions with the client and the outcomes / future goals. The presentation will include a reflection of what did or didn’t work and how you might change your approach in future.

The final assessment for Clin Ex Prac 3 (CXA447) is a practical exam. This will involve you undertaking an initial consultation, including referral reading, history assessment, physical assessments and/or exercise tests, a brief exercise prescription with a real clinical client followed by panel Q&A session. More information regarding this assessment is in the unit outline for CXA447.

2. Expectations of PEP Students

More detail is provided in the Safety in Practice Policy / Agreement. However, the following provides a brief outline of what is expected of UTAS PEP students.

It is expected that students on PEP will:

- Work towards becoming “competent” (at a minimum) at all the competencies listed in the Competency Assessment Guide.
- be punctual, reliable, professional and respectful in manner
- be professionally attired, clean and well-groomed, in neat dress appropriate to your workplace (i.e. no board shorts, jeans, thongs, or singlets). Students are directed to wear the black UTas
Exercise Physiology shirt (unless the site requests otherwise) and will wear a name badge identifying them as a student at all times. The Supervisor is informed that they may direct you in appropriate clothing for their work site.

- abide by the placement site’s policies and procedures
- ensure that any observational work undertaken is “active” rather than “passive” (i.e. you are encouraged to take notes and list questions during observations)
- be thoroughly aware of the specific requirements and timing of PEP unit assessments (e.g. the exact competencies expected of you as detailed in the Competency Assessment Guide, and the times you must arrange for these to be completed by the Supervisor and handed back to the Unit Coordinator for grading)
- prepare in advance for the particular worksite, or client pathology, as necessary
- respect the skills and knowledge of others
- be receptive to furthering your knowledge and skills (ask for feedback on your performance)
- In short: treat the placement as if it is your job; your supervisor is your boss, and you LOVE YOUR JOB!

PEP students are asked to:

- If requested, provide Supervisors with details of any work experience or qualifications you have that are relevant to the profession. The Supervisor will be provided with details of the core units of the Bachelor of Exercise Science in the Supervisor Guidelines, but you may need to provide specific information regarding any electives studied, or any other relevant information regarding your current skills or competency attainment.
- ensure that you have been taken through a thorough induction process at your PEP site, including the organisation’s specific Occupational Health and Safety practices, including fire and emergency evacuation plans
- Introduce yourself and be respectful to all staff (e.g. clinicians, cleaners, computer technicians, admin staff etc)
- Offer assistance in additional duties where you see an opportunity and in quiet times as appropriate, i.e. demonstrate initiative
- List questions that you would like answered over the course of the PEP
- ensure that you discuss with the Supervisor the expectations the Supervisor has of you and list the goals you mutually want to achieve by the end of the placement
3. The roles of the academic unit

3.1 Contact Schedule

- Prior to a placement, the PEP Coordinator will meet with the student to discuss placement options, preferences and needs, and to determine suitable placement attendance dates.
- Prior to a placement, the PEP Coordinator will contact the Site Supervisor (phone, email or site visit as preferred) to: (a) provide PEP-related documentation, and (b) to ensure that the Supervisor has received details regarding a student’s knowledge, current skill competency, relevant experience and qualifications, and academic commitments.
- During the placement period, Supervisors and students can expect at least one contact (phone or email as preferred) from the PEP Coordinator per semester. The purpose of this is to ensure you and the Supervisors needs are being met while on PEP, and there are no issues that need resolving regarding your placement, or the PEP documentation.
- Supervisors can expect a minimum of one site visit per year (with a minimum of one site-visit every two years for remote placements) from the PEP Coordinator to discuss issues relevant to PEP.

3.2 Responsibilities of the Exercise Physiology PEP unit staff

- Liaising with PEP sites to secure suitable practicum opportunities and administering placements
- Educating students as to their professional role and requirements while on PEP, and their legal obligations under the UTas and ESSA codes of conduct
- Ensuring that students have completed the University’s pre-placement procedures
- Providing PEP sites and Supervisors with the documentation that outlines the expectations for both the PEP Supervisor and the student, and also the documentation for assessment
- Checking the suitability of each student’s placement and the qualifications of the PEP site Supervisors (documented on paper)
- Problem solving PEP situations
- Assessing student’s hours, logbooks, reflection diaries and competency assessments.
- Providing the students with information about career pathways and ESSA accreditation procedures
4. The Role of a Supervisor

PEP Supervisors play an essential role in the development of pre-service Exercise Physiology professionals (you, the student) which enhances your clinical and interpersonal effectiveness in a client-focused environment. Effective supervision aims to build respectful and inclusive clinical environments which involve the student as an equal partner.

4.1 Effective Supervision

An effective Supervisor typically assists Exercise Physiology students’ progress by:
- making them feel welcome
- ensuring students understand what is expected of them
- creating time to discuss the student’s expectations, concerns, planning, and progress
- respecting that the student brings their own knowledge base, skills and preferred styles
- providing ongoing and timely corrective feedback on observed performance which is in line with the criteria listed on the Competency Assessment evaluation forms
- balancing corrective feedback with specifically-directed praise in order to support the student’s confidence (recognising that students may be balancing a number of responsibilities throughout the PEP)
- involving the student as appropriate, in decision making and problem solving activities
- assisting the student to monitor their progress towards their expected competencies
- encouraging students to be self-reflective, know their limitations, and seek help as needed

4.2 Student and Supervisor Fears and Expectations

When embarking on a new Supervisor/student relationship both the Supervisors and students typically have fears and expectations. Respect and empathy on both sides are crucial to a productive teaching and learning environment.

Common Student Fears

- They will be asked to do too much
- The Supervisor will expect them to be perfect
- They are expected to recall all of the information which they have learned
- They will be a burden
- They will hurt a client

Common Student Hopes or Expectations

- They will be challenged
- They will be allowed to make mistakes
- They will be treated with respect and acknowledged for their knowledge and experience level
That the Supervisor can empathise with their nervousness and excitement
They will have an active role in the clinical setting

Common Supervisor Fears
That students have all the latest knowledge and the Supervisor themselves are expected to know everything
They may have forgotten a lot of the information they learned at university
They must always be available to the students
The time demands of having a student will be unmanageable

Common Supervisor Hopes or Expectations
They will be respected for their experience and knowledge
Students will be enthusiastic
Students will be honest about their abilities and be able to accept criticism
Students will implement Supervisor recommendations to improve performance.

5. Support for Students while on PEP

If you find you are struggling in any way, whether for personal or professional reasons, or you are concerned about achieving the minimum “competent” rating from your site Supervisor during your assessments, we encourage you to immediately discuss your concerns with your site Supervisor to develop strategies to help you improve. Please also contact the PEP Coordinator or Unit Coordinator at any time to discuss any concerns. If it is collaboratively determined (i.e. between yourself, the site Supervisor and PEP Unit staff) that you require specific support, a Student Communication and Support Plan will be developed to overcome any potential problems. Such a plan will detail the areas of concern, how the issues will be addressed, and the consequences of a student not meeting the requirements. You may also access University student counsellors for personal or professional counselling services: http://www.utas.edu.au/students/shw/counselling

6. Dispute resolution and handling grievances

6.1 Student Complaints

According to UTas policies, students may lodge a complaint without fear of disadvantage. While you are encouraged to attempt to resolve complaints informally between your Supervisor and the
PEP Unit Supervisor, there are formal procedures at UTas for handling disputes and grievances. In the first instance you are to report the complaint to the PEP Coordinator in writing as soon as possible after the incident and express your wish to have the complaint dealt with formally. If the situation cannot be resolved, an alternate placement may be sourced, if possible. If a formal complaint is lodged by a student, the PEP Coordinator will provide information to the student and Supervisor on the University’s procedures for complaints (Ordinance 8). The following link has information on how to lodge a formal complaint: [http://www.utas.edu.au/governance-legal/student-complaints/ordinance,-rules--and--policies](http://www.utas.edu.au/governance-legal/student-complaints/ordinance,-rules--and--policies)

7. Student absence from PEP
Any day(s) of absence for compassionate reasons or illness must be notified to the Site Supervisor by phone (or a message left if they cannot be located) at least one day before the day of absence, or before 9:00 am on the day of absence in cases of illness. Unexplained or unsupported non-attendance at PEP is considered a lack of professional behaviour, which may result in failure of the unit, via the Competency Assessment tools. Please ensure you notify your Site Supervisor if you know you will be absent from an agreed practicum session. “Catch up time” for lost PEP hours due to absence may not be possible due to pre-arranged PEP durations as set out in the “Student PEP Plan” at the start of the placement. Discuss the possibility of “catch up time” with the PEP Coordinator.

8. Risk Management / Safety in Practice
The University manages risk during PEP through the identification of roles and allocation of responsibilities for PEP Unit staff, students and PEP Supervisors. This includes:

- Provision of the Student Guidelines, Competency Assessment Guidelines & Forms and other PEP documents
- Students completing the mandatory Safety in Practice Requirements prior to attending external PEP
- provision of health and safety procedures to students via a “Safety In Practice Policy”

You are insured by the university for professional indemnity to undertake PEP (see Appendix 1), and are thus not covered under any workers compensation schemes of the PEP worksite. If you have an accident or injury whilst on PEP, please notify the PEP Coordinator who will determine whether an injury or near miss report needs to be completed.
9. “Quiet Times” on PEP

If for whatever reason, you are restricted for client-contact opportunities whilst on PEP, then a site-based project is recommended to be developed in conjunction with your site Supervisor. In accordance with the ESSA requirements for PEP hours a “quiet time” project is expected to relate to exercise service delivery or relevant administration tasks, for example:

- research and report on current evidence-based practice into exercise and sports science issues/topics relevant to the work site (~ 800 to 1000 words)
- develop an innovative hypothetical 6-week exercise program specific to a population relevant to the work site
- develop a client handout, flyer or PowerPoint presentation on a topic of relevance and usefulness to the work site.
- analyse data including analysis of assessments before and after exercise interventions
- set up referral forms
- prepare hypothetical Interim or final consultation reports for a referrer
- prepare and participate in case meetings and case conferencing
- use client management software (i.e. record keeping and data entry)
- billing – learn about Medicare, DVA, WorkCover, and health funds

In addition, during “quiet times” you may also work on your “case study presentation” assessment piece.
10. **Forms**

10.1 **PEP Plan** (on MyLo and under “additional requirements” on the PEP website)

10.2 **Logbook Submission Cover sheet** (below & MyLo)

10.3 **Assignment coversheet** (for reflection diary, below & MyLo)

10.4 **Application for extension or missed assessment**

10.5 **ESSA Record of Engagement forms & information**

10.6 **Logbook information**

10.7 **Reflection Diary template**

10.8 **Interim and Final Competency Assessments**

( on MyLo and PEP website under “Courses” > “Exercise Physiology”)
# 10.2 Submission of Clinical Exercise Practicum Logbook

## Placement Details

<table>
<thead>
<tr>
<th>Student name &amp; number</th>
<th>CV.MSK.MTB</th>
<th>CA.RENAL.MH.NEURO.PR</th>
<th>‘OTHER’</th>
<th>Record of Engagement form? (tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Category Totals</td>
<td></td>
<td></td>
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<tr>
<td>Placement site 1</td>
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<td>Placement site 2</td>
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<tr>
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<tr>
<td>TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grand Total: ____________________________

Any hours carried over from previous PEP Unit: ____________________________

Grand Total + hours brought forward: ____________________________

Hours to carry forward to next PEP unit (if any): ____________________________

---

_I declare that all hours claimed and/or any hours carried over from a previous practicum placement are a true and accurate record of my actual hours performed._

_I declare that any hours I intend to carry forward to the next prac unit are a true and accurate record of my actual work performed._

_I am aware that my submission will be checked and my site supervisor may be contacted to corroborate logbook claims._

_I have read the University statement on Academic Misconduct on the University website at www.utas.edu.au/plagiarism or in the Student Information Handbook._

Signed………………………………………………………………………………………….  Date …………………………….
Clinical Exercise Practicum

10.3 Assignment Cover Sheet

Student name: _________________________________ Student number: ____________

CXA443  CXA446  CXA447
Clinical Exercise Practicum Unit (circle):  1  2  3

Assessment Item: ________________________________________________

Assessor’s notes:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I declare that all material in this assignment is my own work except where there is clear
acknowledgement or reference to the work of others. I am aware that my assignment may be
submitted to plagiarism detection software, and might be retained on its database. I have read
the University statement on Academic Misconduct (Plagiarism) on the University website at

Signed……………………………………………….…………………  Date ……………………………

Grade: ______________________________
10.4 Application for Extension or Missed Assessment

Student Name: ........................................................................................................

Student Number: .................................................................................................

Phone Number/Email Address: .............................................................................

Unit Code & Name: ............................................................................................... 

Title of Assessment Item: ....................................................................................

Date Due: ..................................Requested Submission Date............................

Reason for Request: ..............................................................................................

.............................................................................................................................

.............................................................................................................................

Student Signature .................................................................

This form must be either (1) submitted to your lecturer at least 3 working days prior to the
due date; or (2) if absence is due to illness, submitted to the unit coordinator with
accompanying medical certificate, as soon as you return to studies.

YOU MUST ATTACH THIS FORM TO THE ASSIGNMENT when it is handed in.

DO NOT ATTACH THIS FORM TO YOUR ASSIGNMENT UNLESS IT HAS BEEN APPROVED
BY THE UNIT COORDINATOR.

Application approved / not approved:

Unit coordinator (name):.................................................................

Approved submission date: ..........................................................

Date of approval: .................................................................

Unit coordinator (signature):.............................................................
10.5 ESSA Record of Engagement Forms

These replace the previous “Supervisor Reference Forms”. **You must get these forms completed and signed by each site supervisor within one month of completing the work at that site.** The totals on the reference form should match the hours in your log for that site and should be attached to the front of the relevant logbook for that site. Read the [ESSA accreditation guide](https://www.essa.org.au) for more information.

Download and save copies of the current supervisor reference form templates for each clinical category from the [ESSA website](https://www.essa.org.au):

**Pre-fill all the sections you can in the reference forms to make it easier for your supervisor!**

10.6 Clinical Logbooks

It is preferred that you use the self-calculating excel spreadsheet provided by the PEP coordinator, however you may also use the ESSA word version found on the [ESSA website](https://www.essa.org.au).

If using the spreadsheet, use each tab to record entries under the clinical category groups. Save a separate logbook file for each placement agency (i.e. do not mix sites within one logbook). To keep your logs orderly, you can label each file using the UTAS unit code, a clinical category name (eg. CV-MSK-MTB) the site name, and your name.

ESSA stipulates that you must get pages signed off regularly (must be signed within 1 month of the work or the supervisor is within their rights to refuse to sign off and your hours may be lost).

See these [ESSA Logbook Examples](https://www.essa.org.au) or examples in the clinic, for guidance on how to best write up your entries:

Eg: [Musculoskeletal/Neurological/Neuromuscular logbook example](https://www.essa.org.au)

The PEP Coordinator will ask you to submit logbook pages to date at the Interim Assessment time point of CXA443 (Prac 1) for checking and feedback to ensure your entries are correct before you get too far along and you can ask for feedback on your entries at any time. Getting your logbook entries ‘right’ from the beginning of your degree saves having to edit your work and have entries re-signed close to submission time.
Logbooks must clearly demonstrate the following:

- **Time**: The amount of time allocated to each activity. For ease of tallying & calculating total hours, round your log entries to the nearest 15 minutes and use decimal format, ie. 15 mins = 0.25hrs, 30 mins = 0.5hrs, 45 mins = 0.75 hrs.

- **Case**: Case description should include age, gender, primary purpose for seeing the client, any co-morbidities and goals of the session. Breakdown of hours must be included here (e.g. “1 hour face-to-face exercise delivery, 56 year old female, type II diabetes and COPD. Goal: to control blood sugar levels through regular exercise as per ACSM physical activity guidelines. Exercises included [list]”).

- **Description of services**: Type of services delivered, including headings to be clear on categories eg. “face-to-face”, or “Prep” (preparation for face-to face delivery, observation and other), or “admin” (administrative tasks related to the site). Describe what the tasks included, list exercises delivered, and your role in the sessions.

- **Signatures**: The supervisor must check and sign the logbook entries. If you have the same supervisor for all entries on a page, the supervisor can sign downwards across the whole page entry. They do not need to sign every single log entry. Original written signatures are a requirement for accreditation by ESSA and demonstrate that the supervisor confirms the accuracy of the hours and duties claimed in the logbook. However, if a supervisor strongly wishes to use a digital signature, this is acceptable by ESSA but they must also provide a short letter/email to the PEP coordinator, or a note on the ESSA “supervisor reference form” that confirms the logbook entries made by the student are a true and accurate record of the PEP hours claimed, and that the supervisor has chosen to sign-off the logbook with digital signatures.

**Practicum can be logged per:**

- individual session
- individual client/group consult (if same individual or group is seen on an ongoing basis)
- per work task with different clients/groups, if the same task is completed repetitively on the same day (e.g. multiple ECG stress tests). This is acceptable if sufficient detail is provided about the individual tasks and any specific modifications that were required for clients. The description of services must reflect the time. For example, if an eight hour block is logged, the description should reflect what happened across that time period, what progressions or regressions and must include a breakdown of the hours, i.e. the amount of face-to-face, preparation and administration hours. A key must be provided if abbreviations are used. Overall, a logbook should show that individuals have worked with a range of clients and pathologies undertaking activities that fall under the AEP scope of practice e.g. assessments, exercise prescription, research, adherence and barrier solving discussions, progressions, regressions and outcomes.

*The PEP co-ordinator can give you specific direction on writing up your logbook entries if you are still unsure.*

**Logbook Submission**

A **PHOTOCOPY** of your completed Logbook and Reference Forms must be submitted in **hard copy** to the PEP coordinator (in person, or into the drop box outside the EP clinic with
an email to confirm this method) and must be received by the due date specified in your unit outline. Make sure you have filled out and signed the Logbook Cover Sheet declaration that states the work is your own; otherwise your logbook will not be accepted.

You must keep your original Logbook & reference forms for your ESSA accreditation application.

Logbooks are assessed and graded by the unit coordinator for thoroughness, grammar, appropriate tasks and categorisation, use of professional language and timely submission by the due date.

NOTE! There are unit grade penalties that apply for late submission of practicum paperwork – see your unit outline.

10.7 Reflection Diary

Use this template or make your own. Your reflection diary is to be filled out daily preferably (weekly AT A MINIMUM). I.e. what were the good parts of the day or activity, what were the challenging parts, how could you improve your performance, questions to research later etc. Remember the S.T.A.R principle, to ensure your entries include information relevant to Situation, Task, Action, and Response.

<table>
<thead>
<tr>
<th>DATE</th>
<th>REFLECTIONS</th>
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*Use more rows as required
10.8 - Competency Assessment Information

The *Interim* and *Final Competency Assessments* act as indicators of the abilities expected of you while at your work site. The “performance indicator” criteria are based on ESSA Exercise Physiology Standards and the criteria descriptions in the “Competency Assessment Guide B” are a guide to the range of tasks that are expected from a graduate of a NUCAP accredited Exercise Physiology course. Each form has identical assessment criteria, and supervisors are instructed not to change the assessment criteria so that your progress can be measured from the *Interim* to the *Final Competency Assessment*. Your results for the *Final Competency assessment will make up 40% of your grade in each prac unit.*

It is YOUR responsibility to work towards becoming minimum “competent” by the time of the *Final Competency Assessment*. Use the “Competency Assessment Guide B: Competency Criteria Descriptions” for the list of tasks and behaviours to work on becoming proficient at.

Your site Supervisor and the PEP Coordinator can help you with skill improvement strategies if you have received “requires development” rating/s on an interim assessment. The PEP site supervisor who is mostly responsible for you will complete the assessments relative to other PEP students they have supervised, and using the descriptions in “Competency Criteria Descriptions: Guide B”. Supervisors are encouraged to be honest and constructive in their feedback of you and base their judgements on client safety and comfort in your care. The site supervisor is encouraged to complete both evaluations in collaboration with you and discuss how you are rated and why.

There is **no requirement** to complete all of the listed competencies whilst on a single placement. But exposure to a wide range of tasks will enhance your learning experience and it is expected that you will be graded minimum “competent” at every criteria over the course of the three PEP units.

10.8.1 Students at risk of failing

**Interim Assessment: Students will be viewed as 'at risk of failing' where**

- They receive three or more grades of Requires Development (RD) against the 12 assessment criteria in the interim assessment; or
- Where breaches of the FHS codes of conduct for PEP, or unprofessional behaviour is identified which leads to the disruption of teaching, learning or research activities of other students/staff, or which interferes with others performing their normal duties; or
- Where a client/patient is placed at unnecessary risk or the student fails to identify that a given situation requires skills and competencies beyond those of the student, and does not request assistance from the supervising staff member.

**Final Assessment: Students will be viewed as 'failed' where**

- They receive any single grade Requires Development (RD) against the 12 assessment criteria in the final assessment; or
- Where unprofessional behaviour has continued after intervention and led to the disruption of teaching, learning or research activities of other students/staff, or which interferes with others performing their normal duties; or
- Where a client/patient is repeatedly placed at unnecessary risk or the student continually fails to identify that a given situation requires skills and competencies beyond those of the student, and does not request assistance from the supervising staff member.
### 10.8.2. Rating Explanations

<table>
<thead>
<tr>
<th>Requires Development (RD)</th>
<th>Competent (C)</th>
<th>Highly Competent (HC)</th>
<th>Outstanding (O)</th>
<th>Not Applicable (N/A)</th>
</tr>
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<tbody>
<tr>
<td>Grade (fail)</td>
<td>Grade (pass)</td>
<td>Grade (credit/distinction)</td>
<td>Grade (High Distinction)</td>
<td>Grade (N/A)</td>
</tr>
<tr>
<td>Knowledge and skills are at an early stage. Does not synthesise information with regard to requirements. Frequently fails to comply with criterion. Requires high level of support, and rarely demonstrates independence. Demonstrates limited understanding of requirements. Put client at increased risk or did not take client safety and comfort into account. Contributes little with regard to criterion.</td>
<td>Basic competency and minimum safe standard. Synthesises information within known context, but requires some assistance with unknown context and/or external parties. Consistently complies with criterion. Requires some support but is independent in familiar/appropriate contexts. Demonstrates good level understanding of requirements. Considers client safety and comfort. Actively contributes with regard to criterion.</td>
<td>Good repertoire of competencies. Synthesises information and applies critically within context at entry-level standard. Level of independence is high, but appropriate. Enthusiastic and proactive. Good understanding of requirements. Actively and consistently considers client safety and comfort. Consistent contribution with regard to criterion.</td>
<td>Extensive repertoire of competencies across diverse client range. Synthesises information and applies critically within context beyond entry-level standard. Level of independence is high, but appropriate. Consistently enthusiastic and proactive. In-depth understanding of requirements. Client safety is paramount consideration. Consistent contribution and leadership with regard to criterion</td>
<td>(A) Criterion not applicable within the context of the facility. OR (B) Insufficient observation of the student at the time to make assessment with regard to the given criterion</td>
</tr>
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10.8.3 Competency Criteria Descriptions

**Professional Practice:**

1. **Demonstrates Professional Behaviour**
   - Appropriate with respect to agreed expectations of dress, grooming, attitude, and behaviour.
   - Punctual for agreed shifts and in contact in a timely manner where unforeseen circumstances (e.g. ill health or emergency) prevent them from attending placement.
   - Student is compliant with your workplace administration requirements, WHS policies, AEP Professional Standards, the AEP Scope of Practice, the ESSA Code of Professional Conduct and Ethical Practice
   - Student respects the rights of others in the workplace.
   - Gains and records informed consent according to workplace protocol.

2. **Demonstrates Appropriate Client Interaction and Rapport Building**
   - Displays appropriate self-confidence.
   - Has good interpersonal skills.
   - Adapts to the workplace setting
   - Engages actively with all team members
   - Able to influence and develop a sense of authority in their role in both one-on-one and group situations
   - Is empathetic (where appropriate), asks open-ended questions and creates positive, safe interactions with clients.
   - Complies with client confidentiality and shows respect for all individuals at the facility.
   - Maintains appropriate professional boundaries in regards to client interaction.

3. **Demonstrates Self-Management Skills**
   - Demonstrates ability to be safely autonomous in their role (e.g. leadership, industriousness, preparedness, willing to complete extra research, forward planning, client care and safety is paramount)
   - Displays an appropriate level of organisation skill.
   - Demonstrates the ability to use down time and manage unforeseen events which are out of their control (ability to prioritise tasks)
   - Able to manage allotted time within individual and group sessions.
   - Able to complete allotted tasks (e.g. Reporting or prescription work) in an appropriate timeframe
   - Does not have to be micro-managed whilst on site.

4. **Demonstrates Collaborative Practice**
   - Consistently establishes effective working relationships with colleagues and evaluates own collaborative capabilities.
   - Demonstrates good understanding of team processes.
   - Engages actively with team members and contributes to outcomes.
   - Can resolve conflicts with little support.
   - Knows how to refer for alternative/additional services appropriately.
   - Able to observe and intuitively fill gaps where appropriate
5. Demonstrates Appropriate Communication Skills
- Student is appropriate in terms posture, volume, tone and energy with respect to the context of your facility.
- Greets clients appropriately, questions clients appropriately, listens effectively
- The student displays a flexible communication approach. I.e. uses a range of communication strategies to optimise client rapport and understanding (e.g., hearing impaired, non-English speaking, and cognitive impairment.)
- Where appropriate uses correct technical language, avoids jargon, and uses plain language as appropriate to suit the health literacy of the client.
- Requires little support to communicate in a manner that is clear, comprehensive and culturally sensitive.
- Oral, written, and non-verbal communication (where applicable) is exchanged appropriately within the work team and to clients.
- Demonstrates professional self-care. I.e. where required seeks opportunity to debrief following stressful situations.

6. Demonstrates Problem Solving and Decision Making Skills
- Able to critically analyse situations, anticipate problems, fill gaps, and apply effective solutions.
- The student has demonstrated independent thought and action
- Where Student has the ability to input into decision making, solutions are offered prior to direction from supervisors
- The student is able to follow-through on decisions.

7. Demonstrates Awareness of own Limitations and Displays Commitment to Ongoing Learning
- The student recognises professional weaknesses and actively engages in self-directed learning
- The student demonstrates self-evaluation of performance.
- Seeks timely feedback and appropriate support. Responds in a positive manner to feedback and questions.
- The student is willing to take responsibility for clinical decision making when challenged
- Acts on constructive criticism to improve future performance.

Foundational Knowledge:

8. Demonstrates Appropriate Knowledge Base
- The student is able to apply current pathophysiological knowledge across the different client populations of the worksite.
- The student shows ability to use best-practice resources and undertake additional research.
- Able to describe common diagnostic, medical and surgical interventions as appropriate to the client populations of the worksite
- Demonstrated knowledge of commonly prescribed medications and considerations / possible interactions in relation to exercise across the client populations of the worksite.
- Able to evaluate the evidence for exercise interventions across the client populations of the worksite.
- Demonstrate understanding of theories and determinants of behaviour change, and their application in improving client compliance and lifestyle change.
- Accurate and meaningful advice is offered to clients
- The student has actively developed further understanding of the anatomical and physiological bases of exercise interventions within the context of the placement.
Technical Skills

9. Demonstrates Appropriate Screening Skills
- Structures a systematic, purposeful interview seeking qualitative and quantitative details
- Asks relevant and comprehensive questions to gain medical history
- SOAP notes are clear, concise, comprehensive, and in line with workplace standards and medio-legal requirements
- Politely and sensitively controls the interview to be timely and obtain relevant information
- Responds appropriately to important patient/client cues
- Stratifies and considers risk / safety for exercise
- Seeks and provides information on lifestyle behaviour and change, barrier identification and solving, goal setting etc

10. Demonstrates Appropriate and Safe Assessment Skills
- The student uses sound clinical reasoning for test choices, which are based on risk-mitigation, client conditions, abilities, and restrictions
- Can clearly explain assessment procedures, uses appropriate and clear demonstrations where necessary.
- Can clearly explain the principles of body mechanics and functional capacity at rest and during movement, as applies to physical assessments (eg. BP, pulse oximetry, ROM and cardiorespiratory tests)
- Delivers assessments safely, effectively, with validity (in terms of test-retest reliability), and with client comfort in mind
- Actively seeks and responds to client feedback (verbal and non-verbal)
- Can safely modify assessments in accordance with client condition, medications, changing risk-factors, feedback, or findings throughout testing.
- Has clear understanding of contraindications for assessment procedures across broad range of clinical conditions.
- Chooses, explains and uses appropriate monitoring tools, eg: RPE, dyspnoea, angina charts, pulse oximetry, visual appearance / non-verbal signals, “talk tests”, verbal feedback.
- Student can clearly explain/interpret assessment findings and implications to client
- Can formulate clear, concise and timely reports based on assessment findings (eg. Medicare, Workcover, NDIS, or in-house reporting systems)

11. Demonstrates Appropriate and Safe Exercise Prescription
- Designs client-centred exercise prescriptions that are safe, innovative, effective, and evidence-based
- Exercise prescriptions consider client and referrer (GP/specialist) goals, functional capacity, medical history, clinical status, and any other influencing factors.
- Student can explain exercise choices based on sound clinical reasoning
- Demonstrated ability to choose appropriate regressions and progressions
- Shows ability to use appropriate resources and undertake additional research on client conditions and abilities.

12. Demonstrates Appropriate and Safe Exercise Delivery
- Student is safe at delivering to an individual (one-on-one, i.e. you would be confident to have the student work with a loved one and believe they would do no harm)
- Student is safe at delivering to a group.
- Student effective at exercise delivery and has an ability to motivate clients in one-on-one and group situations.
- Student has appropriate level of energy, enthusiasm and engagement
- Monitors and recognises client signs and symptoms during clinical exercise
- Understands and can act on contraindications to exercise.
- Offers accurate and appropriate amount of coaching and cueing.
- Responds and acts on client feedback (non-verbal and verbal) during exercise, and can safely modify exercises on the spot in response
- Regressions and progressions reflect clients current condition and evidence-based practice
Appendices

1. UTas Insurance for Professional Indemnity on Placement
2. ESSA AEP Scope of Practice
3. Link to the ESSA AEP Code of Professional Conduct and Ethical Practice
4. Link to the Faculty of Health PEP Code of Professional and Ethical Conduct
Appendix 1 - Insurance Details

TO WHOM IT MAY CONCERN

INSURANCE FOR WORK INTEGRATED LEARNING

The University of Tasmania’s insurance program provides cover for students whilst undertaking unpaid Work Integrated Learning placements approved by the University.

General and Product Liability

The University’s insurer may provide coverage to work experience providers for liability to pay compensation for personal injury, other injury or property damage which arises as a result of any negligent act, error or omission of the student in the course of the study, research or work experience training or activities.

Work experience provider means any person or entity who, under an arrangement with the University of Tasmania, provides the opportunity or facilities for students to undertake study, research or work experience training or activities.

The limit of liability is $20,000,000 any one occurrence.

Professional Liability

Professional Liability coverage provides the University with the right to claim protection on behalf of the University, or Students for their legal liability to pay damages as a result of any claim or claims made against them arising out of any negligent act, error or omission in relation to the member’s professional business.

The limit of liability is $20,000,000 each and every claim but limited to $80,000,000 in the aggregate for the protection period.

Medical Malpractice

Medical Malpractice coverage provides the University with the right to claim protection on their own behalf, or on behalf of a Student for their legal liability to pay damages as a result of any claim or claims made against them for bodily injury (including death) arising out of any negligent act, error or omission in relation to the provision of medical services.

Limit of Liability $20,000,000 each and every claim but limited to $80,000,000 in the aggregate for the protection period.
Personal Accident

Covering students suffering an injury resulting in death or permanent or temporary disablement whether partial or total and other specified benefits.
Death – No Dependents - $10,000
Death – With Dependents - $50,000
Permanent Total Disablement, specific Permanent Total Loss or Permanent Partial Disablement - $50,000 (reducing scale)

Includes Non-Medicare medical expenses (provided such expense is not payable where compensable under the Medicare Scheme in part or in full) to a maximum of $5,000.

The insurance policies noted above are subject to certain terms, exclusions, conditions and limitations.

Regards,

Anthony Mansharden
Executive Officer Business Services
Financial Services

2nd July 2012
Appendix 2 - ESSA AEP Scope of Practice

Read the ESSA Scope of Practice document here:

Appendix 3 - Link to the ESSA Code of Conduct for AEPs

Read the ESSA Code of Conduct here:

Appendix 4 - Link to the Faculty of Health PEP Code of Professional and Ethical Conduct

Read the Faculty of Health PEP Code of Conduct here: