

Experiential Learning Course Proposal Cover Sheet

Program/Department/School Submitting Proposal School of Health Sciences Date Submitted 9/6/11

Contact Person Ellen Glickman E-mail eglickma@kent.edu Phone 2-2930

Course Number/Title EXSC 45492 INTERNSHIP IN PHYSICAL FITNESS & CARDIAC
REHABILITATION Number of Credits 3

Check one:

☒ New Proposal X Resubmission with Revision Date of Original Submission _____

Select Appropriate Experiential Learning Category/Categories: Drop down menu of five categories [Civic Engagement, Creative/Artistic Activities, Practical Experiences, Research, Study Abroad/Away]

Chair/Director Signature  Date 10/6/11

Date Approved by College Curriculum Committee _____

Dean Signature: _____ Date _____

For URCC use only

Date Received by URCC _____

Decision: Approved _____ (Date) ☒
 Withdrawn by Submitter _____ (Date)
 Minor Revision – Resubmit _____ (Date)
 Major Revision – Resubmit _____ (Date)
 Denied _____ (Date)

Course-Based Experiential Learning Requirement Form
(use this form if your program is seeking approval for a whole course as an ELR)

Please consult the Experiential Learning Guidelines as you respond to each item on this form.

Course Subject/Number/Title: *EXSC 45492 INTERNSHIP IN PHYSICAL FITNESS & CARDIAC REHABILITATION*

Credit Hours: 3

Prerequisite(s): *EXSC 45480 Internship Seminar (1 credit)*

Please attach a master syllabus for this course.

The *course objectives* section of the syllabus must include the *goals of the experiential learning component*.

1. Describe how the course provides opportunities for students to:

- **Connect ideas, concepts, and skills developed at the university with their applications to new and different contexts;**
- **Demonstrate how this experience has broadened their understanding of the discipline, the world, or themselves as learners; and**
- **Reflect on the meaning of the experience for their current and future learning.**

The Internship provides the student with the opportunity to gain practical clinical experience and “hands on” experience to develop the necessary skills and abilities consistent with their chosen clinical setting.

- The student will conduct graded exercise testing and learn how to exercise test and interpret the results.
- The student will conduct case studies and learn how to interpret exercise stress test results and write follow up exercise programs and plans for the participants.
- The student will participate in the appropriate exercise setting to prepare them for their selected Health Care clinical experience (i.e., cardiac rehabilitation, wellness, physical therapy) and gain valuable hands-on experience writing exercise rehabilitation programs for the participants and following the individuals across time through their rehabilitation process.

2. Explain how the three learning outcomes will be assessed:

- **Connect ideas, concepts, and skills developed at the university with their applications to new and different contexts;**
- **Demonstrate how this experience has broadened their understanding of the discipline, the world, or themselves as learners; and**
- **Reflect on the meaning of the experience for their current and future learning.**

The concepts that the students’ learn in the classroom setting will be directly applied in the clinical realm.

- The internship supervisor will grade the student’s knowledge skills and abilities to conduct the graded exercise test and interpret the results (to be consistent with the American College of Sports Medicine, ACSM)
- The Instructor of the course of record is responsible for collecting case studies and if the internship supervisor requires a case study, all are evaluated according to the standards of the ACSM.
- The student is graded in the internship site by the Internship Director and, who reports back to the Instructor of record at KSU.

3. In what ways will your unit communicate expectations described in this proposal to faculty who will be teaching this course? In what ways will your unit maintain standards across multiple sections and over time as instructors change?

Attached (in the syllabus) please find the evaluation form that the supervisor in the Internship site completes on each student. In addition, the instructor obtains a portfolio, Daily Log of student activities (from the student). This has enabled us to maintain consistency across instructors and semesters.

URCC Use Only

Date Received by URCC _____ *Date Approved by EPC* _____

Date Approved by URCC _____ *Date Removed as ELR* _____

KENT STATE UNIVERSITY

School of Health Sciences

EXSC 45492 Internship in Physical Fitness & Cardiac Rehabilitation

Statement of Purpose

The purpose of the internship is: (i) to provide students with opportunities to gain "real world" practical experiences in exercise, sport, physical activity and health-related settings; (ii) to enable students to understand their abilities, and to evaluate themselves in relation to their professional preparation, goals and aspirations in their chosen field; and (iii) to provide students an opportunity to test philosophy, theories, and concepts learned in the classroom, and to set realistic goals for their continued professional development.

Internship Requirements

1. Students must gain adviser approval and complete an Arranged Coursework Form before beginning an internship.
2. Students must complete a minimum of 50 clock hours for each credit hour they enrolled in.

Procedures for Obtaining an Internship

The student and KSU adviser will explore potential internship settings where the needs of the student and the university can be met.

Typically, the student will contact the agency in order to set up the dates and times of the internship, arrange the details of the internship with their agency supervisor, and explain the expectations of KSU regarding the internship to the agency supervisor. The student is also responsible for providing their KSU adviser with the expectations of the agency supervisor.

Directions to the Intern

The following are presented as points of emphasis to the intern:

1. Observe and participate as opportunities present themselves.
2. Ask questions to seek out information to better acquaint yourself with your agency and what is expected of you;
3. Inform your agency supervisor of the requirements you are expected to complete in order to receive full academic credit;
4. Maintain contact with your KSU supervisor on a weekly basis (email daily logs as a word document).

Paperwork required of Interns

While individual arrangements may vary, students will typically be expected to provide the following at the completion of the internship experience:

1. A Daily Log of Time, Activities and Reflections turned in at the end of the current week.
2. A Summary Paper (3-5 typed pages) presenting an analysis of and reflections on the internship experience.
3. A Letter of Recommendation from the agency supervisor (if the supervisor is willing to do this).
4. A Summative Evaluation from the agency supervisor and from student. (See attached.)

Kent State University
Internship in Physical Education

SUPERVISOR FINAL EVALUATION

STUDENT NAME: _____

AGENCY OR INSTITUTION: _____

TOTAL HOURS AT THIS FACILITY: _____

Please rate the student's performance by placing a check in the appropriate box.

	Below Average	Average	Above Average	Superior
1. Student was dependable and reliable (arrived on time, regular attendance, notified you in case of absence).				
2. Student followed directions, accepted advice, and assistance from supervisor.				
3. Student was professional in attitudes, manners, dress and behaviors.				
4 Student demonstrated initiative in activities, programs, and interactions.				
5. Student recognized and understood problems, limitations, needs of groups served.				
6. Student was able to develop successful relationships with participants/clients.				

Write comments here. Please use the reverse side for additional comments.

Agency Supervisor's Signature

Date

Phone

Kent State University
Internship in Physical Education

STUDENT FINAL EVALUATION

STUDENT NAME: _____

AGENCY OR INSTITUTION: _____

SUPERVISOR NAME AND TITLE: _____

TOTAL HOURS AT THIS FACILITY: _____

To be completed by the student intern.

	Below Average	Average	Above Average	Superior
1. Supervisor and employees provided an environment conducive to learning.				
2. Supervisor and employees provided opportunity for hands-on experience (when possible).				
3. Supervisor and employees were professional in attitude, manner, dress and behavior.				
4. Directions and expectations were clear and consistent.				
5. The amount you learned in this course relative to other courses.				
6. Overall the quality of your internship experience.				

Write comments here. Please use the reverse side for additional comments.

Student's Signature

Date

Phone

How to register for your internship

The Description of the Project for Arranged Coursework that is **completed by the student** must include the following items:

1. Site (Including name of program or organization, mailing address, phone number, email address, etc.)
2. Site supervisor (including title, address if different from site, phone number, email. etc.)
3. Student Involved Hours (minimum 50 per credit hour)
4. Nature of involvement (a clear and specific description of what the student will do).
5. A specific statement of the evidence the student will submit to indicate successful completion of the course. Including a timeline and completion date of the project is important.

As a minimum, this will include the following items in a portfolio**:

- A Daily Log of Time, Activities and Reflections turned in weekly on the Monday following the week being reported.
- A Summary Paper (3-5 typed pages) presenting an analysis of and reflections on the internship experience.
- A Summative Evaluation from the agency supervisor. (See attached.)

*This information must be typed on a separate sheet of paper and attached to the Arranged Coursework form before approval of the Internship.

**The student must submit their completed project/portfolio with all required material for evaluation to the supervising faculty by the agreed deadline.

In addition to the document from the student with items 1-5, a letter **from the site supervisor** confirming their internship plans is also required. This letter must contain:

1. The site
2. The site supervisor's name, title and contact information
3. The projected start and end dates for the student's internship
4. A brief statement of the students responsibilities (1-2 sentences is sufficient)

NOTE: For some internships you will be required to purchase personal liability insurance. In most instances you will be covered through KSU. If your site seeks insurance please contact Dr. Barkley.



Name: Susan M Augustine

Submission Date: 9/8/2011



Organization: Vacca Office of Student Services

Course Catalog Update

<< Return to Search Results

Course Catalog Update Information:**STU0004****Reference Number:** CCU000222**Date:** 23-OCT-09**Level:** 3.00 of 2.00**Currently On The Worklist Of:** Joanne Arhar, jarhar**Owner:** Office of Curriculum Services, 330-672-8558 or 330-672-8559, curriculum@kent.edu**Basic Course Data****Change type:** Revise**Faculty member submitting this proposal:** Ellen Glickman**Requested Effective Term:** 201080**Campus:** Kent**College:** EH-Education, Health and Human Services**Department:** TLC-Teaching Learning and Curriculum Studies**Course Subject:** PEP-Physical Education - Professional**New Course Subject:** EXSC-Exercise Science**Course Number:** 45492**New Course Number:****Course Title:** INTERNSHIP IN PHYSICAL FITNESS AND CARDIAC REHABILITATION**Title Abbreviation:** INTERN FIT/CARD REHAB**Slash Course and Cross-list Information:****Credit Hours****Minimum Credit/Maximum Credit:** 1 to 8**Contact Hours: Lecture - Minimum Hours/Maximum Hours:****Contact Hours: Lab - Minimum Hours/Maximum Hours:****Contact Hours: Other - Minimum Hours/Maximum Hours:** 7 to 42**Attributes****Is this course part of the LER, WIC or Diversity requirements:** No**If yes, course attributes:** 1. 2. 3.**Can this course be repeated for credit:** Repeat **Course Limit:** **OR Maximum Hours:** 8**Course Level:** Undergraduate**Grade Rule:** G-Satisfactory/unsatisfactory (S/U)-in progress (IP)**Rationale for an IP grade request for this course (if applicable):** Internship experience may extend beyond university semester dates.**Schedule Type(s):** 1. PRA-Practicum or Internship 2. 3.**Credit by Exam:** N-Credit by exam-not approved**Prerequisites & Descriptions****Current Prerequisite/Corequisite/Catalog Description:** Supervised experience providing practical experience in administration and operation of programs in physical fitness, health enhancement and/or cardiac rehabilitation. Sixty clock hours per credit hour. Repeatable for a total of 8 hours. Prerequisite: PEP 45490; and senior standing; and special approval.**Catalog Description (edited):** Supervised experience providing practical experience in administration and operation of programs in physical fitness, health enhancement, or cardiac rehabilitation. 105 clock hours per credit hour. Repeatable for a total of 8 hours.**Prerequisites (edited):** None**Corequisites (edited):** None**Registration is by special approval only:** Yes**Content Information**

Variable Contact Hours: 105 to 630	
Description: Physical Fitness Testing and Graded Exercise Testing; Development of Individualized Exercise Prescriptions; Leadership and Monitoring of Exercise Sessions; Development of Educational Offerings for Program Participants	
Textbook(s) used in this course: Departmental Internship Manual	
Writing Expectations: Internship report with daily logs, evaluations, reflections, and summary	
Instructor(s) expected to teach: EXSC Faculty	
Instructor(s) contributing to content: Barkley	
Proposal Summary	
Explain the purpose for this proposal:	
The purpose of this proposal is to revise the subject from PEP to EXSC, reflecting 2009 restructuring of the College of Education, Health, & Human Services; and to update prerequisite to best fit the student's knowledge skills and abilities for the course. The School of Exercise, Leisure, & Sport (ELS) no longer exists. The course is part of the curriculum for the degree in Exercise Science (EXSC). With special approval, a prerequisite is not needed. Credit and contact hours are revised to adhere to the University's policy for internships: 7 hours per 1 credit hour.	
Explain how this proposal affects program requirements and students in your unit:	
None	
Explain how this proposal affects courses, program requirements and student in other units:	
It will not impact students in other units or program requirements of others beyond updating their program sheets and roadmaps.	
Explain how this proposal affects enrollment and staffing:	
None	
Units consulted (other departments, programs or campuses affected by the proposal):	
School of Foundations, Leadership, and Administration; School of Teaching, Learning, and Curriculum Studies	
Revisions made to form (if applicable):	
<input type="checkbox"/> Course Content <input type="checkbox"/> Number <input type="checkbox"/> Credit by Exam <input checked="" type="checkbox"/> Prerequisites <input checked="" type="checkbox"/> Credit Hours <input type="checkbox"/> Schedule Type <input type="checkbox"/> Cross-Listed / Slash <input checked="" type="checkbox"/> Subject <input type="checkbox"/> Description <input type="checkbox"/> Title <input type="checkbox"/> Diversity <input type="checkbox"/> Title Abbreviation <input type="checkbox"/> Grade Rule <input type="checkbox"/> Writing-Intensive (WIC) <input type="checkbox"/> Liberal Education Requirement (LER) <input type="checkbox"/> Other	
Curriculum Services Information:	
Approved by EPC: 25-Jan-10	Curriculum Bulletin: 186
Cross-list Banner Code:	OBR Course Level: 3
OBR Program Code: 74	OBR Subsidy Code: 08
CIP Code: 131314	Term Start:
	Term End:

Comments (500 Character Maximum):

NOTE: Please do not use the following restricted characters: (~ * / \ --)

Comments:

Date	User	Comment
11/30/2009	Susan M Augustine	Revisions: contact hours, instructor information
11/25/2009	Susan M Augustine	contact hours, instructor information revisions

History:

Date	User	Status
1/28/2010	Lisa N Delaney	Completed
12/21/2009	Hilda A Pettit	Approved
12/1/2009	Alexa L Sandmann	Approved
11/30/2009	Susan M Augustine	Submitted
11/30/2009	Alexa L Sandmann	Returned For Edit
11/25/2009	Susan M Augustine	Submitted