# Work Integrated Learning (WIL) Placement Record for BCAK Practicing Membership Application

## Introduction

The **BCAK,** in its efforts to enhance the entry level practice knowledge and competencies essential to providing client care services, has developed this form to allow membership applicants to track their work integrated learning placements in terms of the quality and quantity of experience across a broad range of work environments and settings. Applicants for BCAK membership must demonstrate a minimum of 100 hours of professional practice experience, of which 50 percent (50 hours) must be in a clinical work setting, under the supervision of a kinesiologist or other recognized healthcare profession with a minimum of 2 years work experience.

## Purpose

In submitting this record of work experience, applicants recognize the importance and necessity of work integrated learning in attaining the essential entry level competencies kinesiologists need upon entry to the workforce. The additional knowledge and skills gained align with BCAK's essential competencies of practice.

## Terms and Conditions

- Placement work experience can be performed within the structure of a post-secondary institution course practicum placement, co-operative educational work experience or volunteer setting to attain the necessary WIL to meet the BCAK membership requirement.

- Employer and/or designated student placement supervisors ("Employer") should provide practical training and education in clinical and non-clinical kinesiology roles in exchange for volunteer labour in compliance with provincial labour laws.

- The practicum student ("Student") must be prepared to provide meaningful work (volunteer labour) in exchange for the practical training and education (within the scope of practice for kinesiology as defined by the BCAK) provided by the Employer.

- A student work placement agreement (and additional job description if details are not incorporated into the agreement) between the Employer and the Student is necessary to support and validate the training, skills and education provided by the Employer, including volume, type, and duration of work the Student will be expected or required to perform.

- For WIL placements occurring outside of a regular post-secondary institution course or co-operative job placement, the Student and Employer are responsible to ensure **WorkSafeBC** coverage and **professional liability and commercial liability insurance** requirements are met or are in place in accordance with applicable laws and professional standards, such that they protect the interests of both the Employer and the Student from unforeseen loss. **The BCAK assumes no liability for workplace injuries sustained by the student/applicant or for errors and omissions committed by the student/applicant related to their placement.**

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# Applicant (Student) Placement Details

| | | | |
|---|---|---|---|
| Submission Date | | | |
| | Day | Month | Year |
| Student/Volunteer (Full) Name | | | |
| | First | Middle | Last |
| Placement Organization (Employer) | | | |
| | Name | Address | Location (if different) |
| Placement Supervisor | | | |
| | Name | Title | Contact Phone #/email address |
| Placement Hours | | | |
| | Total | Non-clinical | Clinical |
| WIL Placement Term | | | |
| | From (month/day/year) | To (month/day/year) | |

## Directions

Using the following list of activities, the Employer/Supervisor lists the total number of hours completed in each defined activity group, including the level of involvement of the student/volunteer using the rating system listed below for student/volunteer participation, being sure to separate non-clinical from clinical based activities:

- 0 / Blank = student did not perform
- 1 = student observed activity being performed by others
- 2 = student performed activity while being supervised by others
- 3 = student performed activity independently with no / minimal supervision

**(Note: practicum students are expected to complete the majority of their placement at levels 2 or 3)**

## Assessment Services

| Assessment Area/Type | Non-clinical | | Clinical | |
|---|---|---|---|---|
| **Hours and Participation** | **Hours** | **Participation Level** | **Hours** | **Participation Level** |
| Anthropometric measurements | | _ | | _ |
| Intake Forms and Questionnaires | | _ | | _ |
| Biomechanics, movement pattern, posture and gait) | | _ | | _ |
| Neurological screening/testing (incl. motor, reflex, sensory, TBI/concussion/ cognition) | | | | _ |
| Cardiorespiratory testing - including BP, $O^2$ sat, HR (proximal and distal pulses), Metabolic testing | | _ | | _ |
| Pulmonary testing – PFT (spirometry) | | _ | | _ |
| Functional (push, pull, lift, carry, strength, balance, speed, agility) | | _ | | _ |
| Clinical orthopaedic assessment – including manual muscle testing, ROM, | | | | _ |
| Ergonomic assessments, including fitting for assistive/adaptive devices, JDA or JSV | | _ | | _ |
| Other (details) | | _ | | _ |
| **Treatment Services** | | | | |
| **Treatment Type** | **Non-clinical hours** | **Participation Level** | **Clinical hours** | **Participation Level** |
| Lifestyle/wellness counselling; behaviour modification; motivational interviewing; | | _ | | _ |
| Motor learning, incl. posture & body mechanics, breathing/relaxation techniques | | _ | | _ |
| Nutrition/Metabolism - including food diary and sport nutrition (non-clinical counselling) | | _ | | |
| Manual therapy/Osteopathic Manual Techniques | | | | _ |
| TBI, concussion, memory retention | | _ | | _ |
| Clinical exercise therapy – incl. chronic disease management | | | | _ |
| Exercise counselling for clients with substance misuse/Mental Health conditions | | | | _ |
| Strength and Conditioning/athletic performance enhancement | | _ | | |
| Bracing and Taping/Assistive devices, incl. wheelchair/crutch fitting | | _ | | _ |
| Personal Training/Group fitness class instruction | | _ | | |

| | | | |
|---|---|---|---|
| Healthcare charting and record keeping | [redacted] | | _ |
| Electrotherapy (IFC, TENS, LILT, Ultrasound, ESWT, Muscle Stim, TMR) | _ | | _ |
| Chronic pain management | [redacted] | | _ |
| Other (details) | _ | | _ |

| Disability / Case / Health and Safety Management | | |
|---|---|---|
| **Category** | **Hours** | **Participation Level** |
| Infection Prevention and Control | | _ |
| Field side care (incl. sports field therapy)/First Aid | | _ |
| Disability Management / Return to Work Planning | | _ |
| Occupational Health and Safety | | _ |
| Other (details) | | _ |

| Ergonomics and Workplace Design | | |
|---|---|---|
| **Category** | **Hours** | **Participation Level** |
| Industrial/Commercial Workplace Ergonomics/ Design | | _ |
| Office Ergonomics / Design | | _ |
| Other (details) | | _ |

**Supervisor Notes:**

_____

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**I hereby confirm that this record is true and correct to the best of my knowledge.**

Supervisor: _____

(Print Name) (Signature) (Date)

Student/
Volunteer: _____

(Print Name) (Signature) (Date)

Version ID: 12-03-2024