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Exercise counselling: when undergraduate practice-based learning and community outreach combine, everyone appears to be a winner

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Abstract

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Exercise counselling: When undergraduate practice-based learning and community outreach combine, everyone appears to be a winner.

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Introduction
Despite overwhelming scientific evidence of the benefits of regular exercise in the prevention of chronic disease, there is a systematic failure of communities nationally to embrace habitual physical activity.1,2 Exercise Science graduates are well qualified to reduce the impact of sedentary behaviours. However, while these students have excellent theoretical knowledge they are recognised to only have a developing clinical skill set. This investigation sought to redress the relatively novice exercise counselling skills of exercise science graduates while also reducing sedentary behaviours in the broad university community.

Methods
This investigation was approved by the university ethics committee; all participants provided voluntary written informed consent. The investigation was conducted in four phases: Phase one engaged sedentary volunteers from the University of Wollongong community. Phase two, baseline physical activity of community volunteers were assessed using the long-form International Physical Activity Questionnaire (IPAQ) and stage of behaviour change was classified.3 Students were surveyed on perceived benefits and challenges of engaging directly with the community for exercise counselling sessions, and the strategies they would use to enhance physical activity in two case-based scenarios. Student completed a Visual Analogue Scale (VAS) to measure exercise counselling confidence. Phase three, one community volunteer was then allocated to 2 or 3 students. Each student saw their client on 3-4 occasions, plus weekly email or phone contacts over the semester. Phase four, re-evaluation as per Phase two. Data are reported as mean and 95% confidence intervals [ , ].

Results
Twenty seven community volunteers returned both surveys and a significant changes (p<0.0001) was reported for the stage of behaviour change following exercise counselling with undergraduate exercise science students (Figure 1). However, no significant change (p=0.051) in total reported physical activity was observed after counselling. Students (n=32) perception of the primary challenge of conducting exercise counselling sessions changed with experience. At the start of the semester ‘a lack of student experience’ (42%) and ‘client issues’ (22.5%) were listed as the greatest challenges. However, at the end of the semester ‘client issues’ (40.7%) and ‘exercise prescription challenges’ (31.5%) were the most difficult areas for students to deal with. With counselling experience students also modified the primary strategies listed for a case-based scenario (pre-contemplation); from ‘encourage exercise’ (17.5%) at the start of semester to ‘educate on the benefits of physical activity” (28.2%) upon completion the semester. Students reported confidence (VAS) to provide exercise counselling increased significantly (p<0.0001) from 49.1 mm [40.63, 57.62] to 76.7 mm [72.2, 81.3] prior to and after counselling experience respectively.

Conclusions / Discussion
Significant changes were observed in the level of reported behaviour change among community volunteers with a trend toward increasing levels of physical activity participation. Students appeared to under-estimate their capacity to conduct exercise counselling sessions and the level of negotiation required to develop increased client physical activity participation at the start of the semester. Both community volunteers and students reported the experience to be highly valued and rewarding.

References