

PSYCHIATRIC TECHNICIAN (PT) PROGRAM

This document serves as an Affiliation Agreement between **Gurnick Academy of Medical Arts** (the "Academy") and **Mt. Diablo Unified School District** (the "Facility").

1. Term.

This Affiliation Agreement is effective from **4/17/2017** , and shall remain in effect until terminated by either party in accordance with Section 5.g. below.

The purpose of this agreement is to form a working relationship between the Facility and the Academy to provide a quality clinical learning experience for the PT Program students. It is agreed by the aforesaid parties that it is of mutual interest and advantage for selected students to be provided quality clinical education experiences at the Facility.

Therefore, in consideration of this purpose, the Facility and the Academy agree to the following terms and conditions: The Facility will accept student interns selected by the Academy for clinical education experiences. The nature of this experience shall be individually arranged by the Academy and the Facility. The number of students assigned will be subject to the policies of the facility. The student shall not be considered an employee of the Facility, and the rules and regulations of the Facility shall be applicable to the student during the internship. The Academy maintains the right to visit the Facility before and during the internship period.

2. General Terms.

- a) The anticipated number of students for this Agreement is: 10
- b) The student's participation should complement the service and educational activities of the Facility. Students will not be used in lieu of professional or staff personnel and will be under the supervision of a clinical instructor in collaboration with the Facility representative.
- c) Each student is expected to perform with high standards at all times and comply with all written policies and regulations of the appropriate department of the Facility.
- d) Either the Facility or the Academy may require withdrawal or dismissal from participation at the Facility of any student whose performance record or conduct does not justify continuance.
- e) Neither the Academy nor the Facility is obligated to provide for the student's transportation to and from the Facility or health insurance for the student.
- f) A meeting or telephone conference between representatives of the Academy and the Facility occurs at least once each semester to evaluate the educational program and to review this Agreement.
- g) Statements of performance objectives for this educational experience will be the joint responsibility of Academy and Facility personnel.
- h) Each student must adhere to the Facility's established dress and performance standards.
- i) The Academy is responsible for its students' negligence, actions and omissions.
- j) There is no compensation to students by Facility.

3. Facility's Obligations.

- a) The Facility agrees to appoint an Educational Coordinator (Supervisor) who is responsible for the Internship activities of Academy students participating under this Agreement.
- b) The Facility agrees to submit to the Academy an evaluation of each student's progress (By Fax, Mail, or by Phone Conversation). The Academy in consultation with the Facility establishes the format for the evaluation.



- c) The Facility is responsible for the acts and omissions of its employees and agents and must maintain adequate insurance (which may include a bona fide self-insurance program) to cover any liability arising from the acts and omissions of the Facility’s employees and agents.
- d) The Facility is not responsible for maintaining insurance to cover liability arising from the acts and omissions of the employees and agents of the Academy. Academy students are not deemed to be employees of Facility by virtue of this Agreement.
- e) Nothing in this Agreement is intended to modify, impair, destroy or otherwise affect any common law or statutory right to indemnity or contribution that the Academy may have against the Facility by reason of any act or omission of the Facility or the Facility’s employees and agents.

4. Academy’s Obligations.

- a) The Academy provides an administrative framework and a teaching faculty adequate in number, qualifications and competence to develop and carry forward its instruction and supervision.
- b) The Academy is responsible for developing and carrying out procedures for student selection and admission.
- c) The Academy designates its representative to coordinate scheduling, provide course information and objectives, and assist in advising students.
- d) The Academy is responsible for the acts and omissions of its employees, students and agents and maintains insurance coverage. The Academy is not responsible for maintaining insurance coverage for liability arising from the acts and omissions of the Facility’s employees and agents.

5. Miscellaneous.

- a) Each party is responsible for its and its agents’ negligence, actions and omissions.
- b) Neither party has the right to assign this Agreement without the prior written consent of the other party.
- c) This Agreement constitutes the entire agreement and understanding of the parties with respect to its subject matter. No prior or contemporaneous agreement or understanding will be effective.
- d) The individual signing below on behalf of Facility hereby represents and warrants that s/he is duly authorized to execute and deliver this Agreement on behalf of Facility and that this Agreement is binding upon Facility in accordance with its terms.
- e) Both parties shall comply with federal and California laws regarding the use and disclosure of individual identifiable health information, in particular with the provisions of HIPAA.
- f) Both parties shall comply with Occupational Safety and Health Administration (OSHA) policies and standards.
- g) The parties agree that the terms of Exhibits 1 through 3 (attached) shall supersede and control the provisions of this agreement in the event of a conflict or inconsistency in the terms.
- h) Termination:
 - a. This Agreement may be terminated at any time upon the written concurrence of the parties.
 - b. This Agreement may be terminated without cause with 60 days’ prior written notice by either party.

6. Signatures.

FACILITY

ACADEMY

Facility Name:

Mt. Diablo Unified School District

Gurnick Academy of Medical Arts

Facility Address:

1936 Carlotta Drive

Corporate Office

2121 South El Camino Real B200



Concord, CA 94519

San Mateo, CA, 94403

Phone/Fax:

Ph: 925-682-8000 Ext. 4047

Ph: 650-425-9384 Fax: 650-288-3275

Signature:

Name of Signatory:

Wendi Aghily, Ed.D.

Konstantin Gourji

Title of Signatory:

Executive Director, Special
Education/SELPA

Chief Executive Officer

Date:

3/7/2017

4/17/2017





GURNICK ACADEMY OF MEDICAL ARTS

EXCELLENCE IN HEALTHCARE TRAINING & EDUCATION

1401 WILLOW PASS RD
CONCORD, CA 94520
PHONE: (925) 687-9555
FAX: (925) 687-9544
WEB: www.gurnick.edu

CLINICAL OBJECTIVES FOR Mt. DIABLO UNIFIED SCHOOL DISTRICT SPECIAL EDUCATION CLASSES

Advanced level – Module III and IV

1. Student will demonstrate professional nursing/psychiatric technician behaviors at all times.
2. Student will use critical thinking skills to analyze selected client and nursing problems.
3. Under the supervision of the Clinical Instructor, a student will carefully observe clients and focus on their needs based on the following areas:
 - a. Developmental disabilities
 - b. Cardiovascular system disorders
 - c. Gastrointestinal system disorders
 - d. Endocrine system disorders
 - e. Musculoskeletal system disorders
 - f. Genitourinary system disorders
 - g. Integumentary system disorders
 - h. Mental Health disorders
 - i. Sensory deficits
 - j. Other body system issues
4. Student will use therapeutic communication skills and principles of behavior modification to promote wellness and quality of life.
5. Student will incorporate caring and sensitivity toward clients in the classroom setting.
6. Student will incorporate principles of human growth and development based on their knowledge of developmental disabilities in the nursing process for clients across the life span.
7. Student will identify positive coping behaviors in self and others.

8. Student will meet standards of accountability and responsibility in the student-nursing-psychiatric technician role.
9. Advanced level student will be given opportunities to increase his/her workload to develop prioritization and leadership skills.



CLINICAL FACILITY APPROVAL APPLICATION

FOR BOARD USE ONLY
Approved By: _____
Date Approved: _____

INSTRUCTIONS: Please complete both front and back of this form to demonstrate compliance with Title 16, California Code of Regulations (CCR) §§ 2534 and 2584. Submit separate forms for multiple campuses or if use of the facility is proposed for both Vocational Nurse (VN) and Psychiatric Technician (PT) programs. **ALL REQUESTED INFORMATION IS MANDATORY. FAILURE TO PROVIDE ALL INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.**

PRINT LEGIBLY IN INK

SCHOOL NAME AND CAMPUS: Gurnick Academy Of Medical Arts-Concord Campus VN PT

1. NAME OF CLINICAL FACILITY: Mt. Diablo Unified School District

ADDRESS: 1936 Carlotta Drive

CITY: Concord

STATE:

ZIP:

TELEPHONE #: (925) 682-8000 EXT. 4047

FAX #: () _____

2. NAME OF FACILITY ADMINISTRATOR: _____

3. NAME OF FACILITY DIRECTOR:

Wendi Aghily

4. CONTACT PERSON: _____

TELEPHONE #: () _____

EMAIL: _____

5. TYPE OF FACILITY:

Special Education

6. LICENSE STATUS (Check One):

Licensed Certified Other

7. CLIENT POPULATION: *Check All That Apply*

Adults Peds Geriatrics Other

8. AVERAGE DAILY CENSUS FOR FACILITY:

Mt. Diablo Unified School District = 3,000

9. FACILITY DIRECTOR: PLEASE INDICATE THE UNITS/SERVICES (OB, MED/SURG, PEDS, ETC.) AVAILABLE FOR STUDENT ASSIGNMENT FROM THIS PROGRAM, THE AVERAGE DAILY CENSUS FOR EACH AND THE MAXIMUM NUMBER OF STUDENTS FROM THIS PROGRAM THAT EACH UNIT CAN ACCOMMODATE.

UNITS/SERVICES	Class name			
Average Daily Census for Unit/Services				
# Students Possible Per Unit/Services				

10. FACILITY DIRECTOR: PLEASE ANSWER THE FOLLOWING QUESTIONS.

- | | | |
|--|---|-----------------------------|
| A. Were the student's clinical objectives given to you for review? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Are the students' clinical objectives achievable in your facility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Does your facility limit the ratio of instructors to students? # <u>1</u> instructors to # <u>15</u> students. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Will the instructor(s) have an orientation to your facility? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Are students' required to complete a special facility orientation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Is the instructor free to make assignments which correlate with current theory classes, including administration of medications, treatments, use of equipment and charting? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Is the instructor free to move students to areas where immediate, pertinent learning is available, even with short notice? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. Is adequate space available for classes and conferences? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. Is this space available for uninterrupted use by students and faculty? If not, what other arrangements have been made? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

See page 2 for Facility Signature.

OVER

11. THE FOLLOWING INFORMATION MUST BE COMPLETED FOR EACH STUDENT LEVEL. IF THE CLINICAL EXPERIENCE WILL BE ACHIEVED AT A SATELLITE SITE, CHECK THIS BOX.

HOW MANY WEEKS WILL EACH STUDENT SPEND AT THIS FACILITY? (i.e. # weeks/student at facility) 4 weeks/15 students

A. Level of Student	Module III		Module IV	
B. Starting Calendar Date	July 5, 2017		October 2, 2017	
C. Unit / Services				
D. Number of Students				
E. Days of Week	M/T/W/T/F any 2 days/week		M/T/W/T/F any 2 days/week	
F. Start & End Times of Day	7:30am-4:30pm		7:30am-4:30pm	
G. Total Hours Per Week *	18		18	
H. Pre-Conference Days & Times	M/T/W/T/F any 2 days/wk - 7:00-7:30am		M/T/W/T/F any 2 days/wk - 7:00-7:30am	
I. Post-Conference Days & Times	M/T/W/T/F any 2 days/wk - 4:00-4:30pm		M/T/W/T/F any 2 days/wk - 4:00-4:30pm	
J. Instructor on Site (List Days & Times)	At All Times		At All Times	

*# Days Per Week times # Hours Per Day must equal Total Hours per Week

12. Copies of the following documents must be attached.

- CLINICAL OBJECTIVES FOR EACH STUDENT LEVEL TO BE ACHIEVED AT THIS FACILITY
- PLAN FOR FACULTY ORIENTATION TO FACILITY

13. PROGRAM DIRECTOR: PLEASE ANSWER THE FOLLOWING QUESTIONS.

Did you discuss with the facility:

- A. Course description and student clinical objectives? Yes No
- B. Specific nursing care and procedures required for student achievement of clinical objectives? Yes No
- C. The facility's policies and procedures regarding student placement? Yes No
- D. The facility's documentation and charting methodologies? Yes No
- E. Location of facility emergency and non-emergency equipment? Yes No
- F. Facility emergency and non-emergency procedures? Yes No
- G. Scheduling of facility conference rooms? Yes No

14. THIS SIGNATURE CONFIRMS THAT I HAVE REVIEWED AND AGREE WITH THE CONTENTS OF THIS FORM AND ALL ATTACHMENTS.

FACILITY Director's Signature: _____ Date: _____

FACILITY Director's Printed Name: _____ Date: _____

15. I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

PROGRAM Director's Signature: _____ Date: _____

PROGRAM Director's Printed Name: Larisa Revzina Date: _____

FOR BOARD USE ONLY

NAME OF FACILITY REPRESENTATIVE SPOKEN WITH: _____ Approved Denied

COMMENTS:

BOARD CONSULTANT'S SIGNATURE: