Registering and Creating Requests for myClinicalExchange

FOR SHADOW OR OBSERVER / NON-ACADEMIC REQUESTS

Dear myClinicalExchange Student,

Welcome to the myClinicalExchange program (mCE). We exist to make your clinical rotations more organized, efficient, and easy to manage! The directions provided in this letter are intended for students who are seeking a **Shadow or Observer / Non-Academic** experience at Children's Hospital & Medical Center, Omaha, NE 68114. **This request is for non-accredited rotations, typically four hours in length—some exceptions may apply**. If you are seeking any other type of rotation, please contact either the Office of Education at 402.955.7049 or the Nursing Education Office at 402.955.4582 for guidance.

Notes: 1. If you are a current Medical Student or have an existing mCE account, please do not use this method and contact one of our Children's Education Coordinators for directions—OED@childrensomaha.org or call 402.955.7049. 2. If your University Coordinator arranges and manages your academic rotation, please disregard these instructions and contact your University Coordinator for further direction.

You will use myClinicalExchange to submit your own placement request directly to Children's for approval. There are several steps to the successful completion of this process. Each step is outlined in the informational letter below. The steps you will complete are:

Step 1: Registration

Step 2: Log In & Navigation

Step 3: Submitting your Request

Step 4: Payment

Step 5: Completing Compliance

Troubleshooting Tips

You may press and hold the CTRL key on your keyboard and then click on one of the topics above and you will be directed to the appropriate section of this informational letter.

We wish you success and trust you will find mCE a simple and helpful tool in your academic career!

Sincerely,

The mCE Team

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Step 1: Registration

Please navigate to https://www.myclinicalexchange.com/MainPage.aspx by either following this link or copy/pasting it into your web browser.
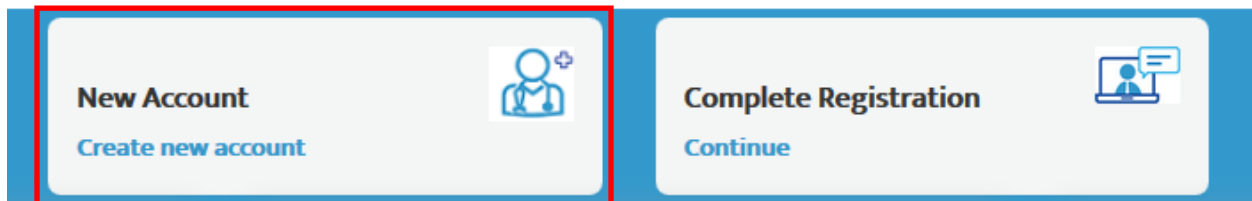
> We recommend using the following internet browsers for the optimal use of myClinicalExchange.
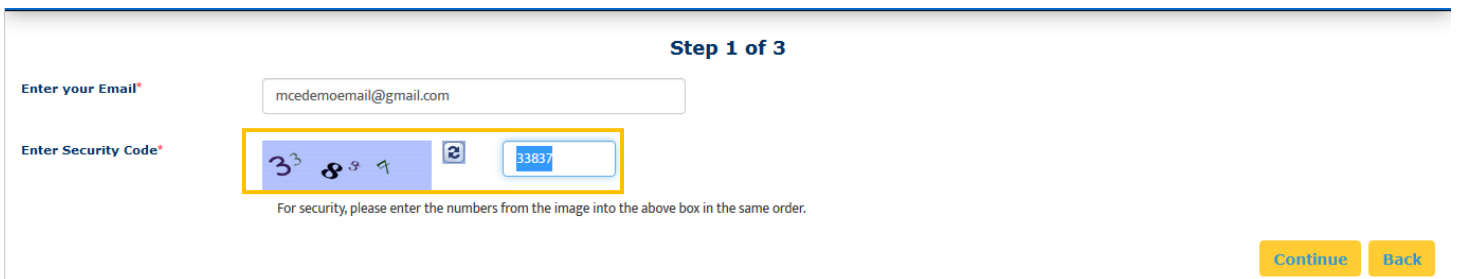>
> - Google Chrome
> - Firefox
> - Safari

1. In the upper right corner of the homepage, click the **Students** button and select **Registration** from the drop-down menu.

2. Click on the **New Account** (the red box) option. You will be directed to Step 1 of 3.

3. Enter a valid email address where you can be reached.
   a. You must use a proper e-mail address as the system will send you a validation code in the next step.

4. Enter the security code numbers in the blank box (the orange box above).

   a. If you cannot read the security code, click the "refresh" icon to see a new set of numbers. There will be NO letters, just numbers.
5. Click **Continue** and you will be navigated to Step 2 of 3.
6. A validation code with be sent to your email from do-not-reply@myclinicalexchange.com. Please check your inbox for that validation code. If you do not see your validation code in your email, please click on **Resend Validation code**.

7. Enter the validation code (blue box below).
8. Enter the security code (yellow box below).

A validation code was sent to the email address you provided in step 1. Enter the validation code to continue your registration process. If you have not received the validation code, click the "Resend validation code" button below to receive a new code.

Enter Email   mcedemoemail@gmail.com

Enter Validation Code   0631B3F9

Enter Security Code   *z* > 5*S* ⁴   17554

For security, please enter the numbers from the image into the above box in the same order.

| Resend validation code | Continue Registration | Back |

Please note that a red asterisk next to a box means that information is required to proceed in mCE.

9. Click on **Continue Registration**. You will be directed to Step 3 of 3 where you input your personal information.

This next area can be broken down into four sections; Personal Information, School Enrollment Details, Emergency Contact Person, and Login Details.

Personal Information:

| First Name * | Middle Name | Last Name * |

Date Of Birth *	Gender	Ethnicity
	-- Select --	-- Select --
(MM/DD/YYYY)		

| School Provided Id | SSN * |

| Address* | Apt/ Unit/ Ste # | City* |

| State* | Zip* | Mobile* |
| -- Select -- | | |

The following information is required on this page:

Name: Enter your legal first and last name in the appropriate boxes.

Date of Birth: Your date of birth (no one under the age of 19 is allowed to register—contact us with questions).

SSN: Your full social security number with no dashes. (For international learners, please use your TIN or 000-00-0000).

Address: Enter your physical address in the appropriate boxes.

Mobile: The best contact number you can be reached at.

Please note that myClinicalExchange does not share or sell your information.

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School Enrollment Details:

These instructions are very important for shadow / observer learner experiences in order to get you classified into the correct program. Please read the instructions below the graphic before making the proper selection.

School State: Please select **Nebraska**

School: Select **Children's of Omaha Shadow Experience**

Program: Select from either for the two options for a non-academic experience

Shadow Learner (NON-NURSING and NON-ACADEMIC CREDIT) This choice is typically for those who might be considering a career in a pediatric health care profession--other than nursing--and want to explore this possible career path.

OR

Shadow Learner (NURSING and NON-ACADEMIC CREDIT) This choice is typically for those who might be considering a pediatric nursing health care profession and want to explore this possible career path.

Emergency Contact Person:

Name: Enter your Emergency Contact's first and last name.

Relationship: Enter their relationship to you.

Phone: The best contact number they can be reached at.

Login Details:

Login ID: The email you entered at the beginning of this process will populate in this area.

Password: Enter in your password and then re-enter in the "Confirm Password" box.

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At the end of these four parts, you will see the image below.

☐ By checking this box, I acknowledge I have read, understood, and agree to the **Privacy and Terms** and **Web App Usage Terms of Service**. Furthermore, I hereby authorize myClinicalExchange to release my information to the school/campus in which I am enrolled and to any clinical or non-clinical agencies where I may participate in a rotation.

<div align="center">

Complete Registration   **Back**

</div>

In order to proceed forward, please check the box to agree to the Privacy and Terms and Web App Usage Terms of Service.

11.) Click on **Complete Registration**. You will see a confirmation page indicating that your account has been created

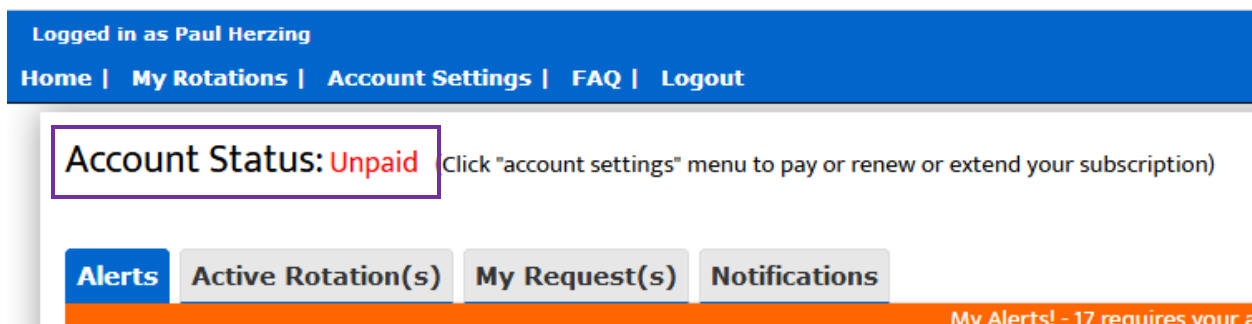12.) Click **Continue** to be navigated to the Student Login Page.

Step 2: Log In & Navigation

1. On the login page, enter the email and password you created in the *Login Details* area. Click **Login**.
   a. If you don't remember your password, use the "Forgot Password?" link to have your password emailed to you.
2. Please read the disclosure and click **Accept**.
3. You will be prompted to create Security Questions. Once you've entered that information, click **Save & Continue**.

To better understand how to use mCE, please check out our FAQ's ⑦ at the top-right of the page or our YouTube channel at https://www.youtube.com/user/myClinicalExchange.

On your homepage, you will see several important things you will need to access and understand.

4. The top left corner will indicate your Account Status is "Paid" or "Unpaid" (purple box below).
   a. You do NOT need a payment against your account in order to submit a Request for a placement. <mark>Please DO NOT pay at this point in the process</mark>. If your Request is denied, you do not need to ever pay for your mCE account. Payment is only required if the Request is approved.

Logged in as Paul Herzing
Home | My Rotations | Account Settings | FAQ | Logout

Account Status: Unpaid (Click "account settings" menu to pay or renew or extend your subscription)

Alerts   Active Rotation(s)   My Request(s)   Notifications

My Alerts! - 17 requires your a

5. You will see four tabs of information under your Account Status.
   a. **Alerts**
      i. The *My Alerts!* center lists all the items that are pending completion. If an item is connected to a specific rotation, the Rotation Number is listed first followed by the item pending completion.
   b. **Active Rotation(s)**
      i. Any rotations that are approved and you have been scheduled for are listed in your Rotation area. If you click the Rotation Number, you will be directed to a more detailed page regarding that specific rotation.

If you do not have any **Alerts** or **Active Rotations**, that means you have not yet been scheduled:

1. You may not have submitted a placement Request yet. See the next section: Step 3: Submitting your Request for information on how to submit your own Request.
2. The Request may still be "Pending". Check the "My Request(s)" tab for a status update.
3. The Request may be approved, and your account is unpaid. Read the Step 4: Payment section below for more details.

   c. **My Request(s)**
      i. You will need to submit your own Request for a placement. Request(s) you've submitted will be listed here along with the "Status" of the Request.
   d. **Notifications**
      i. Any messages sent to you from the Hospital Coordinator, and any auto notifications from mCE will be listed here.

Step 3: Submitting your Request

1.) Click on the "My Request(s)" tab
2.) At the top right, click the yellow **New Request** button.

3.) From the **State** drop-down, select "**Nebraska**".
4.) From the **Hospital** drop-down, select "**Children's Hospital and Medical Center**"

5.) From the **Program** drop-down, select either "<mark>Shadow Learner (NON-NURSING and NON-ACADEMIC CREDIT) or Shadow Learner (NURSING and NON-ACADEMIC CREDIT</mark>"

6.) The Request process is broken into three steps: School Info, Schedule Preferences, and Checklist.

    a. Only items marked with the Ⓡ are required. For the purposes of this guide, required items are colored red. You may leave the other fields blank if you would like.

School Info:

STEP 1 OF 3 (School Info)

Degree

[   ]

Undergrad GPA

[   ]

School Coordinator Ⓡ

| First Name | M | Last Name |

School Coordinator Contact Ⓡ

| Email | Phone |

Degree: Leave blank as it is not required for the shadow/observer programs.

Undergrad GPA: Leave blank as it is not required for the shadow/observer programs.

School Coordinator: Enter "**Not Applicable**" in both the First Name <u>AND</u> the Last Name boxes.

School Coordinator Contact: Enter the email as <u>na@na.edu</u> and the phone as (123) 456-7890

Past Experience: <mark>(please leave this entire section blank as it is not required nor is it pertinent to your shadow request).</mark>

Past Experience

Employment Status

[--Select-- ▾]

Employer

Are you currently employed at Demo Org ? ○YES ○NO   OR   [Employer Name]

Department/Unit

[   ]

Supervisor Name

[   ]

Supervisor Phone

[   ]

7.) Click **Next** to move on to step 2 of 3

Schedule Preferences:

Facility ?

[▼]

Department?

[No department selected ▾]

Unit ?

[No Unit(s) Selected ▾]

Rotation Period ? ®

[Start Date]   [End Date]

On what days ? ®

Sun ☐   Mon ☐   Tue ☐   Wed ☐   Thu ☐   Fri ☐   Sat ☐

Shift ? ®

[▼]

Hours/Shift ®

[ ]

Total Hours ®

[ ]

Shift Time

[Start Time]   [End Time]

Facility: If the Hospital has multiple locations/clinics/facilities, select your preferred location from the drop-down

Department: Select from the drop-down. This is usually the type or clinical area where you'd like your rotation to occur.

Unit: This is a sub-menu of the above "Department". Select accordingly.

Rotation Period: Enter the Start and End Date of your availability for a shadow experience. Enter the format as mm/dd/yyyy.

On what days: Check mark one or more days based on your availability.

Shift: Select either Shadow (1pm to 5pm) OR Shadow (8am to 12pm). If you are flexible, you may select "flexible" from the drop down menu instead.

Hours/Shift: Enter "4" which is the maximum number of hours a student can come for a shadow experience—some exceptions are available.

Total Hours: Enter "4"—exceptions may apply.

Shift Time: If you know the start and end time of your shift, please enter in this format HH:MM XM

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Preceptor

| First Name | M | Last Name |

Preceptor Contact

| Email | Phone |

[Back] [Save & Continue] [Cancel]

Preceptor: If you already know the name of the person who will be overseeing your clinical experience, enter their first and last name here.

Preceptor Contact: If known, please enter the Preceptor's email address and phone number.

8.) Click **Save & Continue** to go to step 3 of 3.

At any point in the application process where you have additional information to share with us, please use a "Comment" boxes to share that information.

Checklist:

The checklist must be filled out in its **entirety in order for the request to be submitted.** If you need to leave mCE but don't want to lose your work, click the **Save as Draft** at the bottom right. You will be able to come back at a later time and finish your checklist.

1. In the first column are your Compliance Items with a description of what's expected/required for that item.
2. The second column, labeled "Value", is where you enter the necessary information.
    a. If there is a drop-down calendar, enter the date of completion for this item.
    b. If the drop-down calendar says, "Renewal Date", enter the <u>future</u> date of expiration for that item. (i.e. when will you need your next Influenza vaccine or when does your CPR card expire).
    c. If there is a simple text box, enter the appropriate information such as numbers for Last 4 digits of SSN or "yes" for Proficiency of written & oral English.
3. The "Comments" column allows you to add any clarifying notes for items.
4. The far-right column is where you can upload a "Supporting Document" if needed. A supporting document is required if there is a highlighted message that says, <mark>"Missing Supporting Document."</mark>
    a. Click the **Add Documen**t button. A small pop up will appear.
    b. Click **Browse** to browse the files on your hard drive.
    c. A second pop up window will display your computer's files. Find and select the appropriate file. The file path name will then appear in the Browse box.
    d. Click **Upload** to begin the uploading process. When you see the document name above the orange button, the file has been uploaded. We HIGHLY recommend opening the document up from here to make sure that the upload was successful and that the document is legible.
    e. You will note that the "Add Document" button has now changed to a **Remove this attachment** button. If you have mistakenly added the wrong document, click this button to remove the file. The orange button will then return to an **Add Document** button, so you can upload a different file. You may upload ONLY ONE file per item so please be sure to combine documents into one file before attempting the upload.
    f. Lastly, DO NOT upload a .jpeg or other photo file into mCE UNLESS the Hospital specifically asks for a photo file. Jpegs are extremely difficult to read and may not be accepted as a valid document. You can use a scanner or download a FREE app on your cell phone called "PDF Scanner" and use that to combine documents or convert paper copies into digital copies.

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Note: DOB is required—However, the Shadow Non-Academic Experience will not receive any type of computer access.

| General			
Photograph ⚐ Please upload students photo.			Missing supporting document **Add Document**
Make/model of vehicle ⚐ (ie. Toyota Camry, Ford Mustang, etc.)			
Vehicle Year ⚐ Enter make year of the vehicle			
Vehicle color ⚐ Vehicle color			
License plate number ⚐ License plate number			
Driver License - State of Issuance ⚐ Enter the state your driver license was issued			
DOB ⚐ You must have graduated from High School or have a GED in order to do a shadowing experience at Children's Hospital and Medical Center.			
Immunizations			
TB PPD/X-ray ⚐ Negative annual indication. If positive TB or BCG, questionnaire to be completed before starting and may require lab draw at Student's expense. In the "Value" column, enter the FUTURE date of expiration (when will you need to be re-tested for TB?). Upload a document of proof.	(Renewal Date)		Missing supporting document **Add Document**
MMR ⚐ Two valid vaccination dates OR a positive titer. If vaccination, in the "Value" column, enter the date of the last vaccination and use the "Comments" box to enter date of first vaccination. If titer, enter the date the titer was returned "Immune Positive" and write "titer" in the "Comments" box. Upload a document of proof.			Missing supporting document **Add Document**
Hepatitis B ⚐ Three valid vaccination dates AND positive titer; OR positive titer alone. In the "Value" column, enter the date the titer was returned "Immune Positive". Record any vaccinations in the "Comments" box. Upload a document of proof.			Missing supporting document **Add Document**
Tdap ⚐ Documentation within the past 10 years. In the "Value" column, enter the FUTURE date of expiration (when will you need the Tdap booster?). Upload a document of proof.	(Renewal Date)		Missing supporting document **Add Document**
Varicella ⚐ Two valid vaccination dates OR a positive titer. If vaccination, in the "Value" column, enter the date of the last vaccination and use the "Comments" box to enter date of first vaccination. If titer, enter the date the titer was returned "Immune Positive" and write "titer" in the "Comments" box. Upload a document of proof.			Missing supporting document **Add Document**

Comments: Enter any final comments or notes to the Hospital Coordinator at the bottom of the checklist.

5.) Click **Review & Submit**

6.) You will be asked to review all the fields you've just filled in once more. Make any necessary changes and then click **Submit Application**.

7.) The Hospital will receive your rotation request and review it.

   a. If they decline your request, you will receive an auto-email from the platform letting you know. At that time, you do not need to do anything further.

   b. If they approve your request, please continue to the next section on "Payment" for more information.

Step 4: Payment

If your account is unpaid AND your new application for a shadow experience has been submitted and approved, you will receive an automatic notification from myClinicalExchange prompting you to log in and apply payment to your account.

1. Go to **Settings** page by clicking on the cogwheel icon in the top right corner of the screen.
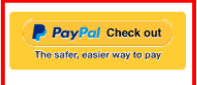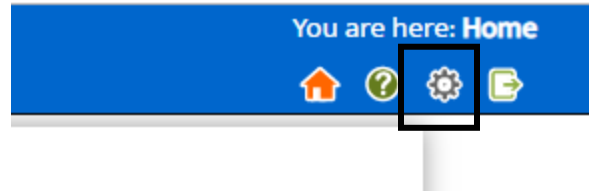
2. At the top right, click on **Make payment** button (green outline below).
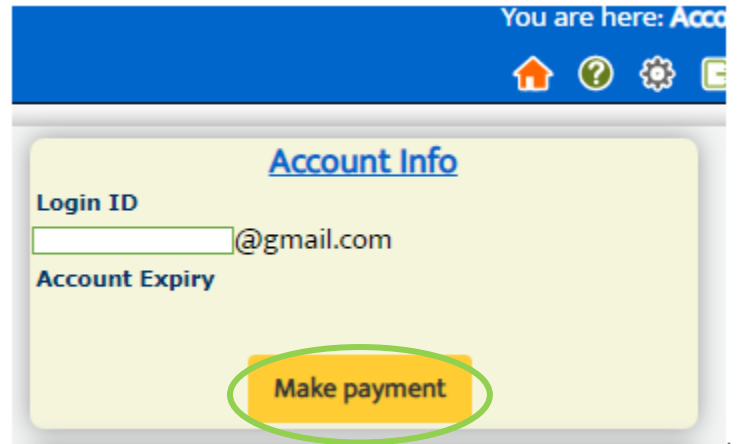
3. From "Term" drop down, select **6 Months ($18.50)** (black outline below). Then click on the official **PayPal** icon link (red box below). You will be taken to the PayPal website where you can complete this transaction.
    a. You do NOT need a PayPal account; you may simply pay as a guest and enter a credit card number.

Registration Cost

** This transaction is non-refundable & non-transferable **

If you are ready to renew your account, click the orange PayPal button below and you will be navigated to the PayPal site where you can pay your renewal fee. If your University pays on your behalf, please click the logout button in the upper, right corner and contact your Clinical Coordinator for assistance.

Product	Term	Price
myClinicalExchange	12 months ($36.50)	$ 36.50

When your account has been paid, you'll see it marked at the top of your Home Page (see green outline below).

Logged in as Amber Demo Student

Home | My Rotations | Account Settings | FAQ | Logout

Account Status: Paid (expires 1/1/2020) (Click "account settings" menu to pay or renew or extend your subscription)

Step 5: Completing Compliance

To better understand how to use mCE, please check out our FAQ's ⑦ at the top-right of the page or our YouTube channel at https://www.youtube.com/user/myClinicalExchange.

1.) On your Home Page, click on your **Alerts** tab.
   a. The *My Alerts!* center lists all the items that are pending completion. If an item is connected to a specific rotation, the Rotation Number is listed first followed by the item pending completion. Click on the blue alert to be navigated to the requirements for completion.

Alerts	Active Rotation(s)	My Request(s)	Notifications

My Alerts!

Planned Graduation information is missing in your account profile
Rotation # 88635 Survey Pending
Rotation # 88636 Survey Pending
Rotation # 94424 Survey Pending
Rotation # 99430 – Pending Paperwork
Rotation # 99491 – Pending Paperwork
Rotation # 99491 – One or more online tests not yet completed
Rotation # 99491 – Checklist not in compliance
Rotation # 101273 – One or more orientation modules not yet completed

2.) Click your **Active Rotation(s)** tab to see more details about the rotation you have been approved for.

> If you do not have any **Alerts** or **Active Rotations** that means you have not yet been scheduled:
>
> 1. You may not have submitted a placement Request yet. See the above section Step 3: Submitting your Request
> 2. for information on how to submit your own Request.
> 3. The Request may still be "Pending". Check the "My Request(s)" tab for a status update.
> 4. The Request may be approved, and your account is unpaid. Read the Step 4: Payment

Troubleshooting Tips

- **Why haven't I received my validation code?**
  o It can take up to 15 minutes for the validation code to be sent to your email. If you've waited 15 minutes, please check your junk folder, Spam folder, or Clutter Box. The e-mail will be from do-not-reply@myclinicalexchange.com. Please mark e-mails from the domain "myclinicalexchange.com" as a "Safe Sender" so that future correspondence comes immediately to your inbox. If you still have not received the email, verify the email you entered is correct.

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- **Why isn't Internet Explorer loading this website?**
  - Are you are using Internet Explorer, v8 or lower? If so, you will either need to update Internet Explorer to v9 or higher. Alternatively, try again in Chrome, Safari or Firefox.
- **Why do I have to create Security Questions?**
  - When you create your security questions you make recovering your password much easier in the event you forget your password.
- **What do I do if I forget my login I.D.?**
  - Your login ID is the email address you used to create your account. If you're unsure of which email address you used, please contact support@myclinicalexchange.com for assistance.
- **I forgot my password. How do I login?**
  - To retrieve your password, please navigate to the mCE website.
    - Click the **Student** button.
    - Click **Forgot Password?**
    - Enter your email address and the Security Code.
    - Click **Email Password**.
    - Please check your inbox for an e-mail from do-not-reply@myclinicalexchange.com assigning you a password.
- **I see an alert at the top of my Home Page that says I have no campus compliance checklist associated to my account.** Please disregard. As a shadow student, you are not associated to a particular school and therefore do not need a campus checklist.

If you are still experiencing issues, you can e-mail support@myclinicalexchange.com. Please provide your name, the fact that you are completing a Shadowing experience at Children's of Omaha, and a brief description of the issue you're experiencing.