

Making a Request & Completing Compliance for myClinicalExchange

Dear myClinicalExchange Student,

Welcome to the myClinicalExchange program (mCE). We are making your clinical rotations more organized, efficient, and easy to manage! The directions provided in this letter are intended for students who will submit their own placement request directly to the Hospital. If your University Coordinators arranges and manages your rotation, please disregard these instructions and contact your University Coordinator for further direction.

This informational letter is divided into several parts:

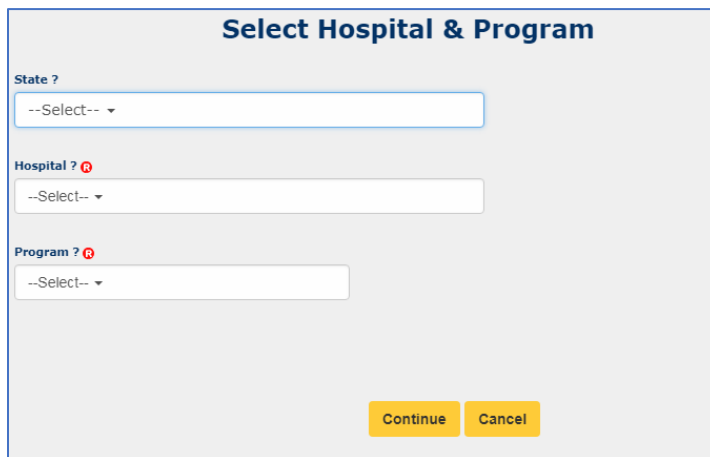
1. [Submitting your request](#)
2. [Completing required compliance](#)

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 a successful year and trust you will find mCE a simple and helpful tool in your academic career!

Step 1: Submitting your Request

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



The screenshot shows a form titled "Select Hospital & Program". It contains three dropdown menus: "State ?" (with a red question mark), "Hospital ?" (with a red question mark and a red 'R' icon), and "Program ?" (with a red question mark and a red 'R' icon). Each dropdown menu currently displays "--Select--". At the bottom of the form, there are two yellow buttons: "Continue" and "Cancel".

- 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 “Nursing Shadow Learner” OR “Shadow Learner (non-nursing)”
- 6.) The Request process is broken into three steps: School Info, Schedule Preferences, and Checklist.
 - a. Only items marked with the **R** are required. You may leave the other fields blank if you would like.

School Info:

The screenshot shows a form titled "Step 1 of 1" with the following fields:

- Degree:** A text input field.
- Undergrad GPA:** A text input field.
- School Coordinator:** A section with a red error icon. It contains:
 - First Name:** A text input field.
 - M:** A radio button.
 - Last Name:** A text input field.
- School Coordinator Contact:** A section with a red error icon. It contains:
 - Email:** A text input field.
 - Phone:** A text input field.

Degree: Enter the Degree you are seeking at your Academic Institution.

Undergrad GPA: Enter your GPA score from your Undergrad enrollment

School Coordinator: Enter their first and last name

School Coordinator Contact: Enter their email address and phone number (this will help your Hospital know who to

If you do not have a school coordinator please enter "Not Applicable" as the name, na@na.edu as the email address, and (123) 456-7890 as the phone number.

contact with any questions about your rotation)

The screenshot shows a form titled "Past Experience" with the following fields:

- Employment Status:** A drop-down menu with "--Select--" selected.
- Employer:** A section with a red error icon. It contains:
 - Are you currently employed at Demo Org ? YES NO
 - OR**
 - Employer Name:** A text input field.
- Department/Unit:** A text input field.
- Supervisor Name:** A text input field.
- Supervisor Phone:** A text input field.

Employment Status: From the drop-down, select "Part Time", "Full Time" or "Unemployed".

1. If you select "Part Time" or "Full Time", you will need to provide information in the following fields.
2. If you select "Unemployed", you will not need to provide further information in this section.

Employer: Are you currently employed at the Hospital where you are submitting your rotation request? Select "Yes" or "No".

1. If you select "Yes", please provide more information in the fields below.

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2. If you select “No”, please provide the name of the Hospital where you currently are employed in the text box on the right and then continue with the fields below.

Department/Unit: If you currently employed at a Hospital, enter the Department and/or Unit where you work.

Supervisor Name: Enter the name of your Supervisor at the Hospital where you are employed.

Supervisor Phone: Enter the phone number of your Supervisor at the Hospital where you are employed.

RN Experience

Previous experience with requested hospital

Next Cancel

RN Experience: Enter any pertinent details for the Hospital Coordinator to consider as they review your placement request.

Previous experience with requested hospital: Enter any information that may assist the Hospital Coordinator in approving/declining your placement request.

- 7.) Click **Next** to move on to step 2 of 1

Schedule Preferences:

Facility ?

Department?

Unit ?

Rotation Period ?

On what days ?

Sun Mon Tue Wed Thu Fri Sat

Shift ?

Hours/Shift

Total Hours

Shift 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 rotation. Enter the format at mm/dd/yyyy.

On what days: Check mark one or more days. If your schedule will vary each week, select any day you *might* be on rotation. (i.e. Monday through Fridays [no weekends] or Sunday through Saturday etc.)

Shift: Select from the drop-down

Hours/Shift: Enter the number of hours you expect your shift to be each day. (i.e. 8-hour shifts, 10-hour shifts etc.) If your shift time may vary, please enter your expected average. Shift hours may not exceed 24.

Total Hours: Enter the total number of hours you must log by the end of rotation. This could be your course requirement, OR the total hours based of your schedule set above. (i.e. If you work 40 hours a week for 8 weeks, your total hours are 320 hours [40 x 8 =320])

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

| | | |
|--|------------------------------------|--|
| Preceptor | | |
| <input type="text" value="First Name"/> | <input type="text" value="M"/> | <input type="text" value="Last Name"/> |
| Preceptor Contact | | |
| <input type="text" value="Email"/> | <input type="text" value="Phone"/> | |
| <input type="button" value="Back"/> <input type="button" value="Save & Continue"/> <input type="button" value="Cancel"/> | | |

For Children's Physician Clinic Request ONLY- Preceptor: If you already know the name of the person who will be overseeing your clinical experience, enter their first and last name here. *You must contact the manager of the CP clinic to obtain approval prior to making this request.*

Preceptor Contact: Enter the Preceptor's email address and phone number.

Inpatient Hospital Preceptors are determined by the Director of the APP's – you will not request a preceptor for this type of experience, they are chosen for you.

8.) Click **Save & Continue** to go to step 3 of 1.

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.

This section intentionally left blank. Please continue to the next page.

| Item | Value | Comments | Supporting Docs. |
|--|--|----------------------|--|
| General | | | |
| Negative Background Check ▾ Specify the date the background check was completed | <input type="text"/> | <input type="text"/> | |
| Step 3 of 1 | | | |
| DOB ▾ Required for Computer Access | <input type="text"/> | <input type="text"/> | |
| Immunizations | | | |
| TB PPD/X-ray ▾ Tuberculin skin test within the past 6 months or documentation as a previous positive reactor or negative x-ray | (Renewal Date) <input type="text"/> | <input type="text"/> | Missing supporting document Add Document |
| MMR ▾ Proof of Mumps, Rubella and Rubeola immunity by positive antibody titers or 2 doses of MMR | <input type="text"/> | <input type="text"/> | Missing supporting document Add Document |
| Hepatitis B ▾ Proof of Hepatitis B immunization or declination of vaccine, if patient contact is anticipated | <input type="text"/> | <input type="text"/> | Missing supporting document Add Document |
| Tdap ▾ Vaccination must have been done within the last 10 years | (Renewal Date) <input type="text"/> | <input type="text"/> | Missing supporting document Add Document |
| Comments | | | |
| <input type="text"/> | | | |

- In the first column are your Compliance Items with a description of what's expected/required for that item.
- The second column, labeled "Value", is where you enter the necessary information.
 - If there is a drop-down calendar, enter the date of completion for this item.
 - If the drop-down calendar says "Renewal Date", enter the future date of expiration for that item. (i.e. when will you need your next Influenza vaccine or when does your CPR card expire).
 - 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.
- The "Comments" column allows you to add any clarifying notes for items.
- 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, "Missing Supporting Document."
 - Click the **Add Document** button. A small pop up will appear.
 - Click **Browse** to browse the files on your hard drive.
 - 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.
 - 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.
 - 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.
 - 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.

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

9.) Click **Review & Submit**

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10.) 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**.

11.) 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 2: Payment

If you already have a paid account in mCE because of a previous rotation or shadow experience, please move on to the next section

[Step](#) 3: Completing Compliance

For APPROVED Requests ONLY

If your account is unpaid AND your application for a shadow experience has been submitted and approved BEFORE January 1st, Children's of Omaha will be paying for your mCE account. Please DO NOT provide your own payment at this time. Fees and pricing will be re-evaluated after January 1st.

When Children's of Omaha has paid for your account, you'll see it marked at the top of your Home Page (see green outline below). DO NOT click the **Extend Subscription** button or you will be prompted for payment.

Account Status: Paid (expires 8/1/2019)

Extend Subscription

Click the "Extend Subscription" button to renew/extend your current payment and add additional year(s).

There is no school compliance items associated for your profile. Further assistance, please contact your school coordinator.

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


My Alerts! - 19 requires your attention.

Planned Graduation information is missing in your account profile

Rotation # 108976 - One or more online tests not yet completed

Rotation # 108976 - Pending Paperwork

Step 3: Completing Compliance For APPROVED Requests ONLY

To better understand how to use mCE, please check out our FAQ's  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 1: 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