

Long-Term Shadowing Student Experience (non-coworker)

Thank you for your interest in a student long-term shadowing experience at Mercy! Please read the process below to see the definitions and requirements for Long-Term Shadowing. The cost for registration at Mercy is \$36.50 and is paid through www.myClinicalExchange.com (directions below).

Note: All requirements must be complete in myClinicalExchange (mCE) by the Wednesday before your start date. Incomplete information by the deadline will result in start dates pushed back by one week.

*Long-term shadowing is an observation only experience where students do not provide care for or touch patients, but observe a Mercy physician or co-worker for **more than 16 hours in one year**. For observation experiences shorter than 16 hours or clinical rotations, please visit www.mercy.net/SpringfieldTDO. Community members and business partners looking for a non-student experience shadowing opportunity, please contact Mercy Springfield Human Resources at 417-820-2765.*

Requirements:

- Must be at least 18 years old
- Provide a negative 6 panel drug test completed within the last 12 months
- Provide a criminal background check completed within the last 12 months
- Provide proof of immunizations in the myClinicalExchange platform:
 - Tdap vaccination within the last 10 years
 - 2 Varicella immunizations **OR** serologic immunity
 - 2 MMR vaccines at least 4 weeks apart after age 1 **OR** serologic immunity
 - 2 negative TB skin tests (Mantoux method) **OR** 1 negative T-spot blood test within previous 12 months
 - Evidence of seasonal flu vaccine required during flu season (October thru March)
- Complete Mercy Orientation through MyEducation (Mercy's Learning Management System) - estimated 3 hours to complete all modules
- Provide a school or government issued ID (i.e. driver's license)
- Must wear school name badge or a temporary name badge provided by Mercy

Mercy provides a background check and drug screen for a fee of \$25 per screen if you do not have either that is less than 12 months old. To register and pay for these screens, please visit:

www.onlineregistrationcenter.com/MercyShadowing

To participate in a long-term shadowing experience at Mercy Springfield, complete each step below:

1. You must first find a preceptor (Mercy co-worker or physician) to shadow in any Mercy location. For a list of physicians and departments at Mercy visit: <https://www.mercy.net>. Mercy does not arrange preceptors.
2. Register and pay through www.myClinicalExchange.com using the directions provided below at least 2 weeks before your shadow start date.
3. Submit a shadow rotation date request and complete all alerts through www.myClinicalExchange.com. Note: you must know the exact dates/times agreed upon by the Mercy co-worker or physician that you will shadow.

4. Long term shadowing requires an additional orientation that will be assigned after the shadowing rotation is approved.
5. Complete all required items by **the Wednesday before your start date**. When there are no outstanding alerts on your mCE homepage, you will receive an approval email. **Do not attempt to start your shadowing experience until you receive this approval message.**
6. You will be required to wear your school ID or a temporary name badge provided by Mercy while on campus.
7. Shadowing hours can be downloaded from mCE if needed for a school requirement.
8. If you want an additional shadow or clinical experience on Mercy's campus, the registration process must be completed again through the mCE platform. (Note: the mCE registration fee covers 365 days of access before a renewal fee is charged).
9. For additional information contact TDO at SPRG_TDO@Mercy.net or 417-820-2772.

Registering and Creating Requests through myClinicalExchange

The directions provided in this document are intended for students who are requesting a shadowing experience at Mercy Springfield. If you have any questions, please email SPRG_TDO@Mercy.net.

This informational letter is divided into sections. Press and hold the CTRL key on your keyboard and then click on one of the topics below to be directed to the appropriate section:

[Step 1: Registration](#)


[Step 2: Log In & Navigation](#)

[Step 3: Submitting a Rotation Request](#)

[Step 4: Payment](#)

[Step 5: Completing Compliance Requirements](#)

[Troubleshooting Tips](#)

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

- Introduction of mCE to Students: <https://www.youtube.com/watch?v=EtAZeQhWUaA>
- myClinicalExchange – Editing my Hospital Checklist: <https://www.youtube.com/watch?v=a7sovQrRynA&t=12s>

Step 1: Registration

Navigate to <https://www.myclinicalexchange.com/MainPage.aspx> by either clicking on this link or copy/pasting it into your web browser.

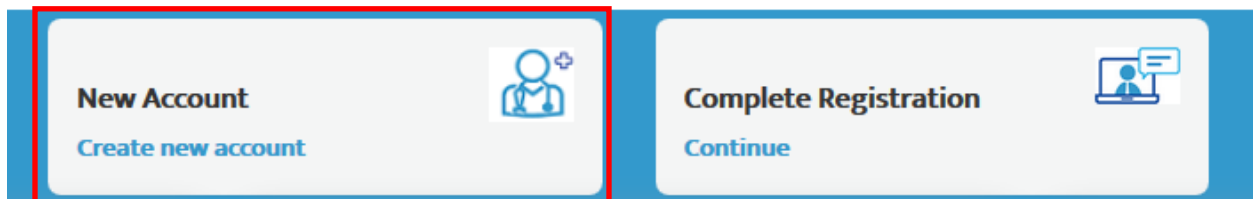
We recommend using the following internet browsers for the optimal use of myClinicalExchange.

- 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.



You will be navigated to a page where you can choose from the two options below.




2. Click on the **New Account** option.

Step 1 of 3

Enter your Email*


Enter Security Code*

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

3. Use a proper e-mail address to receive a validation code in the next step.
4. Enter the security code numbers.
 - 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**.
6. Enter the validation code sent to your email from do-not-reply@myclinicalexchange.com.

Step 2 of 3

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	<input type="text" value="mcdemoemail@gmail.com"/>
Enter Validation Code	<input type="text" value="0631B3F9"/>
Enter Security Code	<div> <input type="text" value="17554"/></div>

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

[Resend validation code](#) [Continue Registration](#) [Back](#)

7. Click on **Continue Registration** to input your personal information.

Note that myClinicalExchange does not share or sell your information.

Personal Information:

All items marked with the red * (asterisk) symbol are required. You may skip fields NOT marked with the *.

First Name * <input type="text"/>	Middle Name <input type="text"/>	Last Name * <input type="text"/>
Date Of Birth * <input type="text"/> (MM/DD/YYYY)	Gender <input type="text" value="-- Select --"/>	Ethnicity <input type="text" value="-- Select --"/>
School Provided Id <input type="text"/>	SSN * <input type="text"/>	
Address* <input type="text"/>	Apt/ Unit/ Ste # <input type="text"/>	City* <input type="text"/>
State* <input type="text" value="-- Select --"/>	Zip* <input type="text"/>	Mobile* <input type="text"/>

School Enrollment Details:

School Enrollment Details		
School State <input type="text" value="-- Select --"/>		
School* <input type="text" value="-- Select --"/>		
Program * <input type="text" value="-- Select --"/>	Degree <input type="text" value="-- Select --"/>	Cohort <input type="text" value="-- Select --"/>

School State: Select **Missouri**.

School: Select **Mercy Shadowing Experience**.

Program: Select **Long Term Shadowing**.

Emergency Contact Person:

Emergency Contact Person (In case of an Emergency)		
Name* <input type="text"/>	Relationship* <input type="text"/>	Phone* <input type="text"/>

Login Details:

Login Details

Login ID: *

Password *

Confirm Password *

(minimum 6 characters, atleast one alpha, numeric, special, upper & lower case)

☐ 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.

[Complete Registration](#) [Back](#)

10. 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 Login on 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.
 - a. If you don't remember your password, use the "Forgot Password?" link to have your password emailed to you.
2. Read the disclosure and click **Accept**.
3. You will be prompted to create Security Questions then click **Save & Continue**.


Navigating your homepage:

- The top left corner will indicate your Account Status is "Paid" or "Unpaid"
 - You do NOT need to submit payment in order to submit a Request for a placement. However, IF your shadow request is "Approved", you will need to provide payment at that time.
- Review the four tabs of information under your Account Status.

[Home](#) | [My Rotations](#) | [Account Settings](#) | [FAQ](#) | [Logout](#)

Account Status: Unpaid [Pay with PayPal](#)

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! - 1 requires your attention.

Planned Graduation information is missing in your account profile

1. **Alerts**
 - i. The *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.
2. **Active Rotation(s)**

- i. Any rotations that are approved 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**, it means you have not yet been scheduled to shadow due to one of the following reasons:

- You may not have submitted a rotation (shadow) Request yet. See the section [Step 3: Submitting a Rotation Request](#)
- for information on how to submit your own Request.
- The Request may still be “Pending” (not yet approved). Check the “My Request(s)” tab for a status update.
- The Request may be approved, and your account is unpaid. Read the section

3. My Request(s)

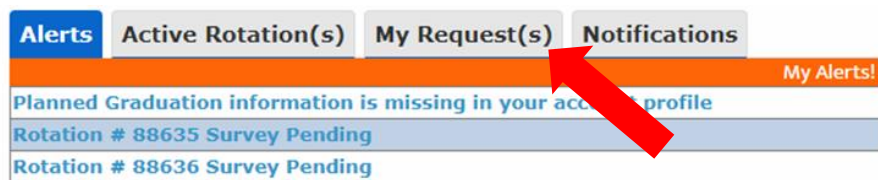
- i. Submit your own Request for a rotation placement. Request(s) you’ve submitted will be listed on the My Requests tab along with the “Status” of the Request.


4. Notifications

- i. Any messages sent to you from your Academic Institution, Hospital Coordinator, and any auto notifications from mCE will be listed on the Notifications tab.

Step 3: Submitting a Rotation Request

1. Click on the “My Request(s)” tab



2. At the top right of the My Requests tab, click the yellow **New Request** button.
3. Select the State as “Missouri” and the Hospital as “Mercy Health Systems – Springfield, MO”
4. From the “Program” drop-down, select Long Term Shadowing (greater than 16 hours).
5. As you fill in the form, only items marked with the  are required.

School Info:


School Coordinator:
Mercy Hospital Springfield


School Coordinator Contact:
SPRG_TDO@Mercy.net

STEP 1 OF 3 (School Info)

Degree

Undergrad GPA

School Coordinator 

School Coordinator Contact 

First Name M Last Name

Email Phone


Schedule Preferences (*must be pre-approved by the co-worker or physician you are shadowing:*

STEP 2 OF 3 (Schedule Preferences)


Facility ?


Department?


Unit ?


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: Select ***hospital or clinic*** from the drop down menu.

Department: Not required.

Unit: Required only if shadowing in a ***hospital*** department/unit.

Rotation Period: Enter the Start and End Date of your rotation.

On what days: Select any and all days you *might* be shadowing.

Shift: Select from the drop-down menu.

Hours/Shift: Enter the number of hours you expect to be shadowing each day. (i.e. 4 hours, 6 hours etc.) If the time you are shadowing varies each day, 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 on your schedule set above. (i.e. If you shadow 4 hours a week for 8 weeks, your total hours are 32 hours [40 x 8 =32])

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

Preceptor
 First Name
 M
 Last Name

Preceptor Contact
 Email
 Phone

Preceptor: Enter the name of the person you will be shadowing.

Preceptor Contact: Enter the email address and phone number of the person you will be shadowing.

6. Click **Save & Continue**

Checklist:

STEP 3 OF 3

Item	Value	Comments	Supporting Docs.
General			
Negative Background Check Specify the date the background check was completed	<input type="text"/>	<input type="text"/>	
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 <input type="button" value="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 <input type="button" value="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 <input type="button" value="Add Document"/>
Tdap Vaccination must have been done within the last 10 years	(Renewal Date) <input type="text"/>	<input type="text"/>	Missing supporting document <input type="button" value="Add Document"/>

Comments

1. In the first column are the required Compliance Items with a description of what is expected/required for each item.
2. The second column, labeled “Value”, is where you enter the necessary information (i.e. birthdate, etc).
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, **“Missing Supporting Document.”**

The checklist must be filled out in its **entirety in order for the request to be submitted.** If you need to leave mCE but do not 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.

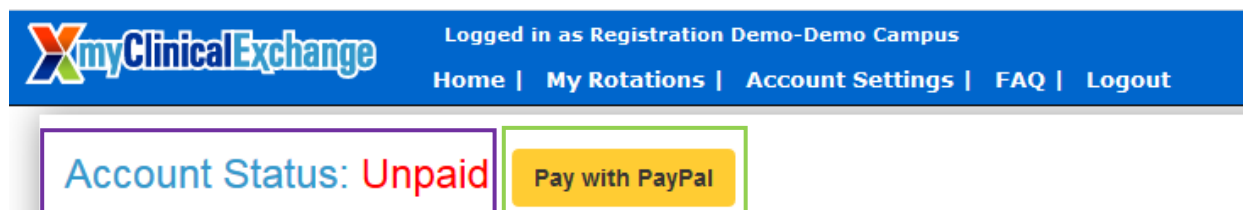
Comments: Enter any final comments or notes to the Hospital Coordinator at the bottom of the checklist.

5. Click **Review & Submit**
6. Review all the fields once more. Make any necessary changes and then click **Submit Application.**
7. The Hospital will approve or deny your request. If approved, pay for your account following the payment instructions below.

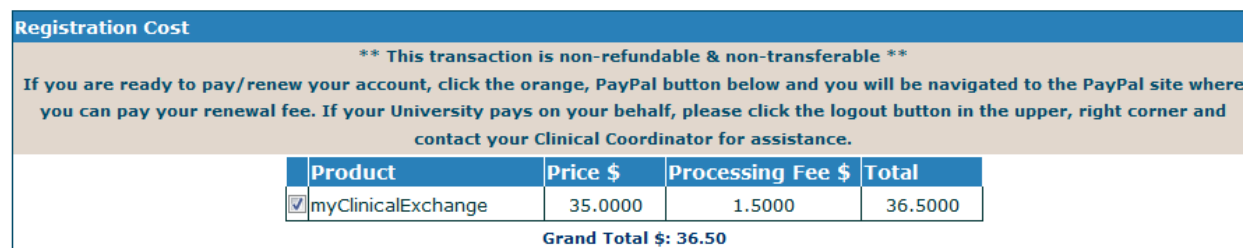
Step 4: Payment

Payment is not required until your request is approved. If your request is denied, then no payment is required. If your request is approved and you do NOT provide payment at that time, you will not be scheduled for your shadowing experience.

1. At the top left of your homepage, you will see the words, "Account Status: Unpaid"

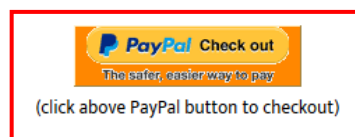


2. Click on **Pay with PayPal** (even if paying by credit/debit card).



	Product	Price \$	Processing Fee \$	Total
<input checked="" type="checkbox"/>	myClinicalExchange	35.0000	1.5000	36.5000

Grand Total \$: 36.50

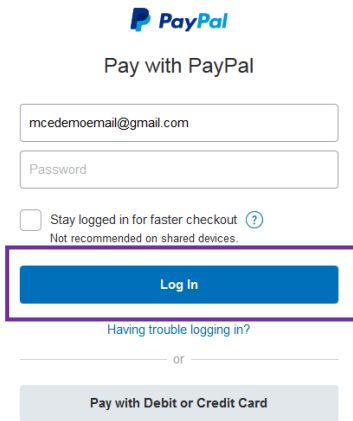


PayPal Check out

The safer, easier way to pay

(click above PayPal button to checkout)

3. Click on the official **PayPal** icon link.



The image shows the PayPal login interface. At the top is the PayPal logo and the text "Pay with PayPal". Below this are two input fields: one for the email address (containing "mcedemoemail@gmail.com") and one for the password (containing "Password"). Under the password field is a checkbox labeled "Stay logged in for faster checkout" with a help icon and the text "Not recommended on shared devices." Below the checkbox is a blue "Log In" button, which is highlighted with a purple rectangular box. Under the button is a link that says "Having trouble logging in?". At the bottom, there is a horizontal line with "or" in the center, and below that is a grey button labeled "Pay with Debit or Credit Card".

4. From this screen, there are two ways to pay for your account:


- If you have an existing PayPal account, you may login and complete payment that way.
- If you do not have an existing PayPal account, click on **Pay with Debit or Credit Card**.

5. When you have completed making your payment through PayPal, they will send you a receipt. Please keep a copy for your records.

Step 5: Completing Compliance Requirements

1. **Note:** All requirements must be complete in myClinicalExchange (mCE) **by the Wednesday before your start date**. Incomplete information by the deadline will result in start dates pushed back by one week.
2. On the Home Page, click on the **Alerts** tab.
 - a. The *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 see the requirements for completion.



- 2.) To better understand how to complete requirements mCE, please check out the FAQ's  at the top-right of the mCE home page or our YouTube channel at <https://www.youtube.com/user/myClinicalExchange>.

If you do not have any **Alerts** or **Active Rotations**, it means you have **not** yet been scheduled to shadow for one of the following reasons:

- You may not have submitted a rotation request yet. See the section [Step 3: Submitting a Rotation Request](#)
- for information on how to submit your own Request.
- The Request may still be "Pending" (not yet approved). Check the "My Request(s)" tab for a status update.
- The Request may be approved. and your account is unpaid. Read the section on

Troubleshooting Tips

- **Why haven't I received my validation code?**
 - It can take up to 15 minutes for the validation code to be sent to your email. If you have 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.
- **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.
- **What do I do if I forget my login I.D.?**
 - Your login I.D. is your email address.

If you are still experiencing issues, you can e-mail SPRG_TDO@Mercy.net. Please provide your name and a brief description of the issue you are experiencing.