Meadows Regional Medical Center (Vidalia, GA)

- My Clinical Exchange Registration ($36.50)
- Signed completion acknowledgement of general hospital orientation online module
- Student information & acknowledgement of responsibilities and liability
- MRMC Student Health Requirement Form
- Confidentiality Agreement (HIPAA)
- Student Orientation Module “Key Elements”
- Information Security Agreement
Registering for and Signing Into mCE

Dear myClinicalExchange Student,

Welcome to the mCE program where we are making your clinical rotations more organized, more efficient and easy to manage! This letter is divided into two parts: Registration Directions which are followed by Instructions on How to Log In.

Registration Directions

Navigate to https://myclinicalexchange.com. We recommend that you follow this link or copy/paste it into your web browser. In the upper right corner, click the Student button and then select Registration. You will be navigated to a registration page like this one.

![Registration Form]

Fill out all the information on the left side only. The system will prompt you to enter your University-Issued e-mail address. You must use a proper e-mail address as the system will send you a Validation Code in the next step. (You may use a personal e-mail address if your University does not issue university-based e-mail addresses.) Then click Continue. On the next page, you will see:

![Registration Form Step 2]

Revised 06/1/2016
Anything with a red asterisk is required. Read the Privacy and Terms and Web App Usage Terms of Service before checking the box on the bottom left and clicking Submit.

The system will return you to the first Registration page (first picture above) AND send a Validation code to the e-mail address you provided. If you do NOT receive the validation e-mail, click Resend Code (right side of the page). You will also want to check these troubleshooting tips.

**Troubleshooting Tips**

1.) **What e-mail address are you using?** Please make sure to use your University-Issued e-mail address AND that the domain is spelled properly.

2.) **Have you checked your junk mail folder?** The e-mail will be from donot-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.

3.) **Are you 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.

4.) **If you are still experiencing issues, you can e-mail support@myclinicalexchange.com.** Please provide your name, the University you attend, and a brief description of the issue you’re experiencing.

Once you receive the Validation Code, enter the e-mail address you JUST registered with and the Validation Code in the boxes on the right side. Click Validate & Continue and you will be navigated to the payment page.

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**THIS SPACE INTENTIONALLY LEFT BLANK. CONTINUE TO NEXT PAGE.**

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Revised 06/1/2016
Review the pricing on the left. If you have a PayPal account, choose the option at the top, log in and pay via your PayPal account.

If you do not have a PayPal Account, fill in all the information in the lower box and click “Continue”. You are navigated to the payment page.
Fill in your credit card information. Click **Review and Continue** at the bottom of the page to review your final purchase.

After reviewing click the final submit button. A confirmation page will appear showing that you have paid and giving you a receipt number. Keep this for your records.

You are now registered for myClinicalExchange and can be scheduled into a rotation. When you have been scheduled for a Rotation, you will receive an e-mail from the myClinicalExchange system asking you to log on.
Logging into myClinicalExchange

When you receive this notification, navigate back to https://myclinicalexchange.com

1.) Click on “Student Login” in the middle, right side of the page.

2.) Under the Login area, click on the “Need help, click here” link.

3.) From the options, select “I forgot my password”

4.) mCE will prompt you for your Username which is the e-mail address you just registered with.

5.) Click Email Password (Do NOT select “Change Password”. You cannot change a password until you have set your security questions which you will do as part of the log in process.)

6.) Please check your inbox for an e-mail from donot-reply@myclinicalexchange.com assigning you a password.
   a. If you do not see an e-mail from this address, please check your junk folder. You will want to designate donot-reply@myclinicalexchange.com as a “Safe Sender” so that further e-mails from myClinicalExchange come directly to your inbox.
   b. If you still do not see the e-mail or if you are receiving an error message from the system when you try to get your password, please see the troubleshooting tips on page 5.

Once you log in please do the following:

7.) Click your name in the upper right corner to reset your password with a password of your choice.

8.) Your Home Screen will display your University Compliance Checklist at the top with a link to “Click here to view/edit”.
   a. You can, at the very least, view your compliance information. Take note if anything is set to expire soon so that you can get it updated with your University.
   b. You may also be allowed to submit edits on your Compliance Checklist. If that is the case, please refer to the FAQ link (top left of the page) for instructions on how to update the compliance checklist OR navigate to YouTube to access the Help Videos https://www.youtube.com/results?search_query=myclinicalexchange.

9.) Any rotations that you have been scheduled for are listed on the right side of the page.
   c. Click the Rotation # to the left to see more details about your Rotation.
   10.) On the left is your Alert Center. If you have pending items for a Rotation, an alert will display here. Click the alert to begin filling out and submitting various items for your Rotation.
   d. Survey Alert – you need to fill out a Survey in response to your recent Rotation. This link will not appear until the end of the Rotation.
   e. Pending Paperwork – these are the required documents from your Rotational Hospital. You may be required to give electronic consent and/or upload supporting documents back into the platform. If you do not have a scanner OR if you do not know how to do this, please refer to the FAQ link (top left of the page) and look for the FAQ titled, “I don’t have a scanner.”
   f. Orientation – the Hospital has one or more modules for you to view in mCE.
   g. Test/Exam – the Hospital is pushing you an exam to complete BEFORE the start of your Rotation.

Revised 06/1/2016
11.) If your screen is blank, that means you have not yet been scheduled for a rotation in the mCE system. Please contact your Clinical Coordinator at your school to resolve this issue.

If your screen is blank, that means you have not yet been scheduled for a rotation in the mCE system. Please contact your Clinical Coordinator at your school to resolve this issue.

We wish you a successful year and trust you will find mCE a simple and helpful tool in your academic career!
Student Checklist
Student File Information Requirements

- Signed completion acknowledgement of general hospital orientation online Module – Please Notify Diana Sowell at dsowell@meadowsregional.org for module content.
- Complete student health requirements form (with copies of records.)
- Signed confidentiality agreement
- Verification of negative criminal background information
- Verification of negative urine drug screen
- Completed acknowledgement of responsibility and liability
- Signed Information Security Agreement
- Copy of picture ID
- Copy of clinical rotation schedule.

Please send all documents to Diana Sowell, RN via email address dsowell@meadowsregional.org.

Please assure that files are completed before sending. Incomplete files will not be accepted.

All completed documentation including clinical schedules are required at least two weeks before clinical rotation.

Students will not be permitted to begin unless all requirements are met.
Student Information
&
Acknowledgement of Responsibilities and Liability

Name: _____________________________                      Date: _________________________________
Address: ___________________________________________________________________________
Primary Telephone Number: _______________ Alternate Telephone Number: __________________
Date of Birth:  _____________________________  Have been convicted of a Felony:     Yes          No

Name, address, and telephone number of person who should be contacted in case of emergency:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List any physical restrictions and/or limitations:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

List any medications you are currently taking:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

• Students are required to adhere to all Meadows Policy & Procedure and understand that I may be personally liable for non-compliance;
• Students should be advised that they are required to adhere to our HIPPA Patient Confidentiality Policy and may be personally liable for breach of said policy; and
• Students are not covered under Meadows Regional Medical Center Workers’ Compensation coverage

I have completed the above information to the best of my knowledge. I agree to abide by the rules set forth in the policies and procedures of Meadows Regional Medical Center.

__________________________________________                                        ____________________ ____________
                                           Student Signature Date
The following information is mandatory!

**Tuberculin Skin Test (TST)**

**TST intermediate strength skin testing is administered as follows:**

a. No TST in past 12 months:
   - No testing indicated.

b. Previous Positive: No testing indicated.

| Step 1 TB Test Date:          | ________________________ | Step 1 TB Test Date Read | ________________________ |
| Step 1 Result:               | Negative                 | Positive mm              |

If Positive, date of last chest x-ray and symptoms review:

<table>
<thead>
<tr>
<th>Have you developed any of the following in the past year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Night Sweats: - Yes     - No</td>
</tr>
<tr>
<td>Unexplained Fever: - Yes      - No</td>
</tr>
<tr>
<td>Unexplained Weight Loss: - Yes     - No</td>
</tr>
<tr>
<td>Cough or sputum production lasting longer than two weeks: - Yes     - No</td>
</tr>
</tbody>
</table>

**MMR Measles/Mumps/Rubella Vaccine**

2 MMR’s are required OR dates and results of titers/ screens.

<table>
<thead>
<tr>
<th>Date of MMR Vaccines</th>
<th>#1</th>
<th>#2</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles Titer Date:</td>
<td>Immune</td>
<td>Non-Immune</td>
<td></td>
</tr>
<tr>
<td>Mumps Titer Date:</td>
<td>Immune</td>
<td>Non-Immune</td>
<td></td>
</tr>
<tr>
<td>Rubella Titer/ Screen Date:</td>
<td>Immune</td>
<td>Non-Immune</td>
<td></td>
</tr>
</tbody>
</table>

**Diphtheria, Tetanus, and Pertussis vaccine**

<table>
<thead>
<tr>
<th>Date of DTaP:</th>
<th>________________________</th>
</tr>
</thead>
</table>

**Flu Vaccine**

*Mandatory (beginning 10-1-2012)*

If influenza vaccine is contraindicated the student will be required to wear a surgical mask within the facility at all times.

<table>
<thead>
<tr>
<th>Date:</th>
<th>________________________</th>
</tr>
</thead>
</table>

**Hepatitis B Vaccine**

*Vaccine is optional but highly recommended.*

<table>
<thead>
<tr>
<th>Declined?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

| Date Dose #1:          | ________________________ |
| Date Dose #2:          | ________________________ |
| Date Dose #3:          | ________________________ |

<table>
<thead>
<tr>
<th>Date of Titer if Dose Information is Unknown:</th>
<th>Immune</th>
<th>Non-Immune</th>
</tr>
</thead>
</table>

**Chicken Pox/Shingles (Varicella)**

*(vaccine is optional)*

<table>
<thead>
<tr>
<th>Vaccine Declined?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dates of Vaccine</th>
<th>#1</th>
<th>#2</th>
<th>or</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Titer</td>
<td>Immune</td>
<td>Non-Immune</td>
<td></td>
</tr>
</tbody>
</table>

It is strongly recommended that all students involved in clinical rotations at Meadows Regional Medical Center keep the above vaccinations up to date. MRMC prohibits rendering of care to any patient with known or suspected diagnoses of any of the above-mentioned illnesses if recommendations for vaccination have not been met. Immediate notification of the preceptor/instructor is mandatory in these cases. It is the student’s responsibility to notify preceptors/instructors and have assignments changed.

To the best of my knowledge, the above information is correct, and I do not currently have a communicable disease or health condition that would put the patients/clients or myself at risk. I understand that it is my responsibility to notify and change assignments that may put myself at risk due to denial of any of the above vaccinations.

___________________________________________________
Student Signature

___________________________________________________
Date

PLEASE INCLUDE COPIES OF IMMUNIZATION RECORDS AND/OR LAB RESULTS TO VERIFY THE INFORMATION LISTED ABOVE.
Confidentiality Agreement
(HIPAA)

Meadows Regional Medical Center is governed by Health Insurance Portability & Accountability Act or “HIPAA.” HIPAA requires that all employees, physicians, consultants, volunteers, students and vendors abide by our rules with regard to patient confidentiality.

By execution of this Confidentiality Agreement, I agree not to disclose any portion of a patient’s record except to a recipient designated by the patient or to a recipient authorized by MRMC who has a need-to-know in order to provide for the continuing care of the patient or to discharge one’s employment or other service obligation to MRMC.

I understand that the word “patient” can refer to: current patient, potential patient or past patients’ information. The word “patient’s record” can refer to: documented facts, electronic patient record or word-of-mouth information.

I understand that patient confidentiality is protected and violation of our policy and/or procedure as it relates to MRMC practices can result in disciplinary action up to, and including, termination. Termination due to this type of breach of policy can result in loss of ability to claim unemployment insurance through the State of Georgia.

_________________________________________  ______________________________________
Student Signature                          Date

_________________________________________
Printed Name

__________________________________________
Witness

Human Resources Department  •  P.O. Box 1048  •  Vidalia  •  GA  •  30475
Student Orientation Module
“Key Elements”

The Joint Commission
National Patient Safety Goals
Abuse/Neglect
Communication with Patients with Limited English Proficiency, Vision, and/or Hearing Impairment
Cultural Diversity & Sensitivity
Death & End of Life Decisions/ Coping with Grief and Loss
EMTALA
Environment of Care: Smoke Free Environment
Safety/Security/Forensic Staff Education
Hazardous Communication
Fire Safety
Emergency Management
Emergency Codes
Equipment Management
Electrical Safety
Utility Systems
HIPAA
Infection Control (Handwashing)
Aseptic Technique
Vancomycin Resistant and Multidrug Resistant Organisms
Bloodborne Pathogen Exposure Plan
Infection Control Precautions
Risk Management.
Patient Rights
Patient Responsibilities
Root Cause Analysis, Sentinel Event, Near Miss
Core Measures
Fall Prevention
Restraints
Team Training
Workplace Safety/ Drug Free Workplace
Body Mechanics
Radiation Safety/ MRI Safety
Interdisciplinary Care Planning
Patient Safety: Improving Medication Safety Practices
Patient Identification
Education: Food and Drug Interactions Counseling
Sound Alike, Look-Alike Drugs
Medication Orders
Adverse Drug Effects
Medication Occurrences
Readable Handwriting
MRMC Student Clinical Requirement
Responsibilities of MRMC and School Staff Members
Required Documents

I have completed orientation self study on the above key elements.

___________________________________________        ________________________
Student Signature             Date
# Meadows Regional Medical Center  
**Emergency Codes**

To Report an Emergency Dial **5911**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>RED</td>
<td>Fire</td>
</tr>
<tr>
<td>BLUE</td>
<td>Adult Cardiac Arrest</td>
</tr>
<tr>
<td>BLUE PEDIATRICS</td>
<td>Cardiac Arrest Pediatrics</td>
</tr>
<tr>
<td>GREEN</td>
<td>Neonate Resuscitation</td>
</tr>
<tr>
<td>GREY</td>
<td>Security / Manpower</td>
</tr>
<tr>
<td>PINK</td>
<td>Infant / Pediatric Abduction</td>
</tr>
<tr>
<td>YELLOW</td>
<td>Trauma patient arrival</td>
</tr>
<tr>
<td>ORANGE</td>
<td>Hazardous Material released</td>
</tr>
<tr>
<td>BLACK</td>
<td>Bomb Threat</td>
</tr>
</tbody>
</table>

**WEATHER WATCH**  Possible Tornado

**WEATHER ALERT**  Tornado Sited

**BOMB THREAT**  Notify your director and follow the directions outlined in the “Bomb Threat Plan” contained in the red safety manual.

**Code TRIAGE**  Disaster Plan activation. Situations / events occurring within the community or surrounding communities which result in an increased influx of patients in the Emergency Department.

**ALL CLEAR**  After normal operations have been restored the “All Clear” will be paged overhead three (3) times.

It is every employee’s responsibility to become familiar with all hospital-wide and department safety policies. Please review your “red” safety manual for complete details specific to your department.
Computerized information systems are one of MRMC’s most valuable assets. Our success and the privacy of our patients depend on the protection of this information against theft, destruction or disclosures to outside interests.

Employees, physicians, consultants and vendors may at some time be required to operate computer equipment or have access to software systems as part of their performance or duties for MRMC. Those charged with this responsibility must understand information security policies in affect throughout MRMC.

Therefore, in consideration to the access privileges I am receiving, I agree to the following provisions:

- Not to operate or attempt to operate computer equipment without specific authorization from supervisors or managers. Or in the case of outside agencies, by the Director of IS.
- Not to demonstrate the operation of computer equipment to anyone without specific authorization.
- Nor will I remain signed onto the system allowing others to utilize employee access.
- To maintain assigned passwords and user ID’s that allows access to computer systems and equipment in strictest confidence and not discloses a password or user ID to anyone, at any time, for any reason. Nor will I remain signed on to the system allowing others to utilize my access.
- To access only computer systems, equipment and functions as required for the performance of my responsibilities.
- To contact my supervisor or the IS Director/designee immediately and request a new password/user ID if mine is (are) accidentally revealed.
- Not to record passwords or user ID's in any manner, as this increases the possibility of accidental disclosure.
- Not to disclose any portion of MRMC's computerized system with any unauthorized individuals. This includes, but is not limited to, the design, programming techniques, flow charts, source code, screens and documentation created by MRMC employees or outside sources.
- Not to disclose any portion of a patient’s record except to a recipient designated by the patient or to a recipient authorized by MRMC who has a need-to-know in order to provide for the continuing care of the patient or to discharge one’s employment or other service obligation to MRMC. I understand that the word “Patient” can refer to documented facts, electronic patient record or word of mouth information.
- To report activity that is contrary to the provisions of this agreement to my supervisor or IS Director.

I understand that failure to comply with the above policies will result in formal disciplinary action, up to and possibly including termination of contract or relationship with your school, or MRMC in the case of employees, can result in loss of ability to claim unemployment insurance through the State of Georgia and termination or cancellation of agreements in the case of physicians, consultants or vendors.