



# THE QUEEN'S HEALTH SYSTEMS

SW-17-057

October 13, 2017

System-Wide Administrative Policies and Procedures of The Queen's Health Systems

Subject: **SHADOWING PROGRAM POLICY**

This policy applies to all employees of the following entities, (collectively "Queen's"):

- |                                                                           |                                                                                      |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> The Queen's Health Systems                       | <input type="checkbox"/> Queen Emma Land Company                                     |
| <input checked="" type="checkbox"/> The Queen's Medical Center            | <input type="checkbox"/> Diagnostic Laboratory Services, Inc.                        |
| <input checked="" type="checkbox"/> Molokai General Hospital              | <input type="checkbox"/> Queen's Insurance Exchange, Inc.                            |
| <input checked="" type="checkbox"/> North Hawaii Community Hospital, Inc. | <input type="checkbox"/> CareResource Hawaii                                         |
| <input checked="" type="checkbox"/> Queen's Development Corporation       | <input type="checkbox"/> All Entities, and any other current and future subsidiaries |

## 1. PURPOSE

The Queen's Health Systems (QHS) offers the opportunity for individuals with an interest in health care careers, and health care professionals seeking to advance their knowledge, to shadow Queen's clinical care providers and/or observe specific clinical programs and/or procedures.

## 2. POLICY

2.1 Applicants/Participants are required to complete an application, and adhere to the following requirements:

- a) Meet the qualifications for shadowing, be selected, and complete shadowing orientation.
- b) Obtain the consent of the individual being shadowed (Sponsor, as defined in Section 3.2).
- c) Obtain the consent of the unit/department/program manager(s).
- d) Agree to the limitations on Participant's activities during the shadowing.
- e) Agree to tracking and record-keeping of Participant's presence on campus.
- f) Adhere to all health screening requirements.
- g) Show proof of health care insurance.
- h) Be able to communicate in English. If unable to communicate in English, an interpreter will be required. Arrangements for and costs of the interpreter are the responsibility of the Participant. Interpreters are required to provide proof of the same health screenings as the Participant.

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- 2.2 Shadowing activities must not at any time conflict with the provision of healthcare services to patients and families, with any other programs, or compromise the operations of Queen’s.
- 2.3 This policy applies only to shadowing, as defined in Section 3 below. For information only, the following are the definitions and appropriate contact information for internships, volunteering, and touring.
  - 2.3.1 **Internship:** A task-orientated temporary position with an emphasis on job training. Internships may be paid or unpaid. May have direct patient interaction and supervised direct patient care.  
Contact: [hr\\_recruitment@queens.org](mailto:hr_recruitment@queens.org)
  - 2.3.2 **Volunteering:** To perform approved tasks willingly without remuneration. May have patient interaction and will not provide direct patient care. Credit hours and verification documentation may be provided.  
Contact: [volunteerprograms@queens.org](mailto:volunteerprograms@queens.org)
  - 2.3.3 **Tour:** A brief viewing under employee supervision of a unit(s) or department(s).  
Contact: Corporate Communications at 808-691-4105

**3. DEFINITIONS**

- 3.1 **Shadowing:** To observe without interacting with patients or performing tasks. This policy is exclusively for the Shadowing Program. Shadowing does not qualify for credit hours. Verification documentation will not be provided.
- 3.2 **Sponsor:** A Queen’s employee who has agreed in writing to be shadowed with the written permission of the unit/department manager. Will be fully responsible for the participant from the time they arrive to the department/unit until the time the participant leaves the premises. Family<sup>1</sup> members may not be sponsors.
- 3.3 **Associate Sponsor:** Designated by the Sponsor, a Queen’s employee who will fulfill the Sponsor’s responsibilities.

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<sup>1</sup> The term “family” means a spouse; ancestor; sibling (whether whole or half blood); child (whether natural, adopted or step); great-grandchild; spouses of a sibling, child, or grandchild; or any person who shares a sponsor’s household, even if unrelated by blood or marriage.

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- 3.4 **Applicant/Participant – Short-term:** A student (high school senior or above, resident or fellow) who is currently affiliated with an accredited school or a practicing care provider who is currently affiliated with a non- QHS health care institution, who applied and/or is accepted to the program for the purpose of shadowing a Sponsor, specific program, and/or procedure for up to eight (8) hours.
- 3.5 **Applicant/Participant – Long-term:** A student (high school senior or above, resident or fellow) who is currently affiliated with an accredited school or a practicing care provider who is currently affiliated with a non-QHS health care institution, who applied and/or is accepted to the program for the purpose of shadowing a Sponsor, specific program, and/or procedure for up to four (4) weeks.

**4. APPLICATION PROCESS**

- 4.1 The Clinical Support Office will screen inquiries regarding the shadowing program and will make the proper referrals should the inquiring individual not qualify for shadowing.
- 4.2 If the Clinical Support Office determines the inquiry may fall under the Shadowing Program, they will send the Applicant the Shadowing Program Application Form (Attachment A).
- 4.3 After the application form is received, the Clinical Support Office will review the application and either accept or reject the application.
- 4.4 If the application is accepted, the Clinical Support Office will send the Applicant/Participant the Applicant Checklist (Attachment B).
- 4.5 If the application is rejected, the Clinical Support Office will notify the Applicant.

**5. APPLICATION REQUIREMENTS**

Listed below are the application requirements for short-term and long-term shadowing. All applications require a minimum of six (6) weeks for processing. All Applicant documentation must be submitted at one time, as one complete packet, to The Queen's Health Systems Clinical Support Office at [shadowing@queens.org](mailto:shadowing@queens.org).

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**5.1 Short-Term Applicant** (*up to 8 hours of Shadowing*)

5.1.1 The Shadowing Program Applicant Checklist (Attachment B) will be sent to the applicant by the Clinical Support Office after the application has been received and accepted.

5.1.2 All required documents must be submitted and approved and all requirements completed prior to participating in the Shadowing Program:

- a) Shadowing Program Applicant Checklist (Attachment B)
- b) Sponsor Form, Checklist and Guidelines (Attachment C. Sponsor Form to be submitted by Sponsor)
- c) Shadowing Program Participation Agreement (Attachment D)
- d) Copy of current government issued photo identification and a current school identification or photo identification badge from the facility of employment.
- e) Health screening documentation:
  - 1) Proof of a negative Tuberculosis test performed within the past year.
  - 2) Proof of Measles, Mumps and Rubella vaccinations or titres.
  - 3) Proof of Varicella vaccine or history of Varicella
  - 4) Proof of the influenza vaccination, if observing during cold and flu season.
  - 5) Other clearances as requested.

**5.2 Long-Term Applicant** (*up to 4 weeks of Shadowing*)

Applicants are advised to not make travel and accommodation arrangements until the application has been approved.

5.2.1 The Shadowing Program Applicant Checklist (Attachment B) will be sent to the applicant by the Clinical Support Office after the application has been received and accepted.

5.2.2 All required documents must be submitted and approved and all requirements completed prior to participating in the Shadowing Program. In addition to the Short-term Applicant requirements listed in Section 5.1 above, Long-Term Applicants must provide the following:

- a) A letter from the parent institution stating educational intent, continuation of health insurance. This letter must comply with documentation requirements listed in Section 5.3 below.

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- b) Letter(s) of Recommendation signed by director-level supervisor on company/institution letterhead. This letter(s) must comply with documentation requirements listed in Section 5.3 below.
- c) Current Curriculum Vitae
- d) Verification of Nursing or Medical School Diploma
- e) Non-United States citizen observers must also provide proof of legal status, i.e., United States Permanent Resident Card (Green Card) or Passport with current visa
- f) Applicable fees

**5.3 Documentation Requirements for Letters from Parent Institution and Letters of Recommendation.**

- 5.3.1 Letters must be submitted in English on business letterhead.
- 5.3.2 If there is no letterhead, letters endorsed using an institution’s official stamp may be accepted on a case-by-case basis.
- 5.3.3 Letters must be signed by an authorized official of the institution.

5.4 All Participants are required to complete the Shadowing Program Orientation and must submit the completed Shadowing Orientation Post Test prior to the start of shadowing.

**6. RESPONSIBILITIES**

**6.1 Participant**

6.1.1 Successful completion of shadowing orientation, which will address HIPAA, Infection Control, The Joint Commission, Cultural Diversity/Tolerance, Safety and Security Issues, Patients’ Rights, and applicable hospital policies.

6.1.2 **Dress Code.** Participants must present a clean and neat appearance in “business casual” attire:

- a) Long pants. No capris, denim, or shorts
- b) Collared shirt, aloha shirt or blouse
- c) No lab coat
- d) Scrubs to be worn only when directed by the Sponsor
- e) Footwear: Closed toe, closed heel shoes, rubber soled shoes
- f) No fragrance
- g) Visual body art must be preapproved by the Sponsor
- h) Queen’s Shadowing Program ID badge

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- 6.1.3 Abide by hospital policies.
- 6.1.4 Practice hand-hygiene in keeping with Infection Control Guidelines.
- 6.1.5 May attend rounds, seminars, case conferences and other educational activities. The following are excluded; Graduate Medical Education (GME) activities and didactics.
- 6.1.6 View/discuss interactions with the Sponsor, with the patient's approval.
- 6.1.7 May not make chart entries nor make copies of patient charts (paper or electronic).
- 6.1.8 May not take photos or recordings of patients or procedures.
- 6.1.9 Are not permitted any direct patient contact; verbal or physical.
- 6.1.10 Are not permitted in isolation or precaution rooms.
- 6.1.11 Mobile phones and other electronic devices must be turned off and stored with personal belongings while shadowing.
- 6.1.12 Must suspend shadowing activities if Participant has a known exposure to a contagious agent, an active cold or infection, or does not feel well.
- 6.1.13 Participants may not view patient charts.
- 6.1.14 Must be accompanied by the Sponsor or Co-Sponsor at all times.
- 6.1.15 Will not receive remuneration for participating in the Shadowing Program.
- 6.1.16 Understands that shadowing is not considered an internship, practicum or volunteering.
- 6.1.17 All costs incurred are the responsibility of the Participants, including accommodation, transportation, parking and meals.
- 6.1.18 Ensure all required documents are received by the Clinical Support Office from both Participant and Sponsor.

## **6.2 Sponsor**

- 6.2.1 Submit completed Sponsor Form (Attachment C) to the Clinical Support office at [shadowing@queens.org](mailto:shadowing@queens.org).
- 6.2.2 Family members may not be sponsors.
- 6.2.3 If shadowing is to occur in the Operating Room, the Operating Room Access Policy 2301-xx-792 must also be followed. **All Sponsors are reminded that all Participants are prohibited from scrubbing in or touching patients at any time.**
- 6.2.4 Obtain consent from the department/program manager(s) at least six (6) weeks prior to commencement of the shadowing experience.
- 6.2.5 After all documents from the Participant and Sponsor have been received and approved, the Clinical Support office will issue the Participant's name badge(s) to the Sponsor. The Sponsor will then issue the name badge(s) to the Participant prior to the commencement of the shadowing experience.
- 6.2.6 Ensure the Participants are wearing the shadowing name badge at all times when on the premises.
- 6.2.7 Sponsor or Co-Sponsor must accompany the Participant at all times.

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- 6.2.8 Must introduce the Participant and gain the patient's permission to be present at the time of the clinic visit, procedure, or other patient services.
- 6.2.9 May attend rounds, seminars, case conferences and other educational activities. The following are excluded; Graduate Medical Education (GME) activities and didactics.
- 6.2.10 The Sponsor has overall responsibility for the Participant.
- 6.2.11 Submit actual shadowing dates and times to the Clinical Support office for record keeping.

**6.3 The Queen's Health Systems Clinical Support Office**

- 6.3.1 Receive, review, and approve all documentation.
- 6.3.2 Follow up on missing or non-approved documentation.
- 6.3.3 Notify unit/department/program manager(s) of approved shadowing. Request immediate notification of concerns.
- 6.3.4 Notify Sponsor of approval to proceed with shadowing.
- 6.3.5 Issue Participant name badges to the Sponsor.
- 6.3.6 Receive and record shadowing dates and times from Sponsor at the conclusion of the shadowing experience.
- 6.3.7 Submit qualifying community benefit information to Finance, Corporate Reporting Manager.
- 6.3.8 Retain documentation for 10 years.

**7. TERMINATION OF PARTICIPATION IN THE SHADOWING PROGRAM**

A Participant's participation in the Shadowing Program will terminate when any of the following occurs:

- The Participant fails to meet requirements of the on-boarding process.
- The Participant fails to abide by the Participant Responsibilities.
- The Participant violates any Queen's policy, or, if in the judgment of the Queen's care provider or manager, the Participant's actions are not in the best interest of Queen's, its patients, or themselves.

**8. EXCEPTIONS**

Exceptions to this Policy can only be made by the President of the Queen's Entity or the Vice President of the service area being considered for the Shadowing Program.

**9. FEE SCHEDULE**

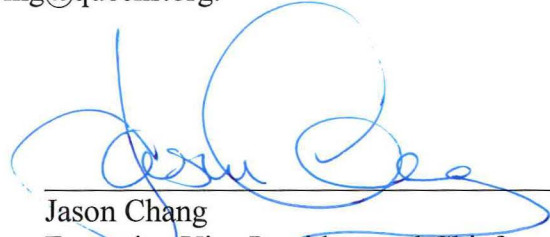
Fee Schedule may be obtained from the QHS Clinical Support Office. Fees are subject to change without notice.

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If you have any questions, please contact [shadowing@queens.org](mailto:shadowing@queens.org).



Gerard K. Akaka, M.D.  
Vice President, Native Hawaiian Affairs &  
Clinical Support  
The Queen's Health Systems



Jason Chang  
Executive Vice President and Chief  
Operating Officer  
The Queen's Health Systems

Attachments:           A:    Application Form  
                              B:    Applicant Checklist  
                              C:    Sponsor Form and Sponsor Checklist and Guidelines  
                              D:    Participation Agreement

Approved By:           System Leadership Council, The Queen's Health Systems on  
                              October 13, 2017

Distribution:           All Queen's Companies and Affiliates

***This policy/procedure is for the use of The Queen's Health Systems and its affiliates, and is not to be disseminated to any other organization or person without prior approval.***





# THE QUEEN'S HEALTH SYSTEMS

## ATTACHMENT A SHADOWING PROGRAM

### APPLICATION FORM

#### PERSONAL INFORMATION

Name		Date of Birth (mm/dd/yyyy)		
Home Address		City	State	
Country	Zip Code	Home Telephone	Mobile Telephone	Work Telephone
Email		Work/School Affiliation		
Emergency Contact Name		Home Telephone	Mobile Telephone	Work Telephone

#### SHADOWING EXPERIENCE INFORMATION

Sponsor Name		Unit/Department/Program		
Email		Work Telephone		
Shadowing Start Date	Shadowing End Date	# of Hours Requested		

Describe why you are interested in a shadowing experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements made in this Shadowing application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release The Queen's Health Systems and its Affiliates from any liability whatsoever for supplying such information.

Signature of Applicant or if minor, signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of parent or guardian \_\_\_\_\_

**\*\*If you are under the age of 18, a parent or guardian must sign the Application. If the Application is accepted, the parent or guardian must sign the Participation Agreement form.**

Email completed application along with all documentation (see Checklist) to [shadowing@queens.org](mailto:shadowing@queens.org).  
Please allow at least 6 weeks for processing. Applicants for long-term shadowing (up to 4 weeks) are advised not to make travel or accommodation arrangements until the application has been approved.



## THE QUEEN'S HEALTH SYSTEMS

### ATTACHMENT B SHADOWING PROGRAM

#### APPLICANT CHECKLIST

After the Shadowing Application has been accepted and approved, the following documentation will be requested.

- **All documentation must be submitted as one complete packet to The Queen's Health System Clinical Support office at [shadowing@queens.org](mailto:shadowing@queens.org).**

- Shadowing Program Participation Agreement (Attachment D)
- Copy of current government issued photo identification. (Also bring original with you on your first day of shadowing)
- Copy of current school identification or photo identification badge from the facility of employment. (Also bring original with you on your first day of shadowing)
- Health care screening documentation:
  - Proof of Tuberculosis Clearance (Within the last 12 months)
  - Proof of Measles, Mumps and Rubella vaccinations or titres
  - Proof of Varicella vaccine or history of Varicella
  - Proof of Influenza vaccination for current flu season, if observing during cold and flu season

#### Long term applicants must also provide the following:

- A letter from the parent institution stating educational intent and continuation of health insurance.
  - Letter must be submitted in English on business letterhead, OR. letter endorsed using an institution's office stamp may be accepted on a case-by-case basis.
  - Letter must be signed by an authorized official of the institution.
- Letter(s) or Recommendation signed by the director-level supervisor on company/institution letterhead.
  - Letter must be submitted in English on business letterhead, OR letter endorsed using an institution's office stamp may be accepted on a case-by-case basis.
  - Letter must be signed by an authorized official of the institution.
- Current Curriculum Vitae.
- Verification of Nursing or Medical School Diploma
- Non-United States citizen participants must also provide proof of legal status, for example
  - United States Permanent Resident Card (Green Card)
  - Passport with current visa
- Applicable fees

Check or money order made payable to THE QUEEN'S HEALTH SYSTEM. Please ensure your NAME and SHADOWING are written on the check then mail to The Queen's Health System Clinical Support Office, 1301 Punchbowl Street, Honolulu, Hawaii, 96813.

**Please note, all Participants in the Shadowing Program must complete the Shadowing Orientation and must submit the completed Shadowing Orientation Post Test prior to the start of shadowing.**



# THE QUEEN'S HEALTH SYSTEMS

## ATTACHMENT C SHADOWING PROGRAM

### SPONSOR FORM

**SPONSOR** (May not be related to Participant)

Sponsor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Associate Sponsor Name (if applicable): \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PARTICIPANT** (May not be related to Sponsor)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Sponsor: \_\_\_\_\_

\* Please note: Student must be at the high school senior level or above. Operating room and Emergency room require a minimum age of 18.

**SHADOWING DESCRIPTION**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Specify dates of shadowing: \_\_\_\_\_

Description of what will be observed: \_\_\_\_\_

List departments: \_\_\_\_\_

I will follow The Queen's Health Systems (QHS) Shadowing Policy, review the following Guidelines, and will ensure the above individual is supervised at all times while they are on the premises of any QHS entity. Also, in accordance with this policy, I will assist the Clinical Support Office in contacting the individual and will ensure the individual submits all documentation and requirements prior to the commencement of the shadowing experience.

\_\_\_\_\_  
Sponsor - Printed Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Associate Sponsor - Printed Name  
(if applicable)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date



## THE QUEEN'S HEALTH SYSTEMS

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#### SPONSOR CHECKLIST AND GUIDELINES

- Submit completed Sponsor Form to the Clinical Support office [shadowing@queens.org](mailto:shadowing@queens.org) at least six (6) weeks prior to commencement of the shadowing experience.
- Family<sup>1</sup> members may not be Sponsors.
- If shadowing is to occur in the Operating Room, the Operating Room Access Policy 2301-xx-792 must also be followed.
- Obtain consent from the unit/department/program manager(s) at least six (6) weeks prior to commencement of the shadowing experience.
- Once all documents have been received and approved, the Clinical Support office will issue Participant name badge(s) to the Sponsor. The Sponsor will then issue the Participant name badge(s) on the first day of shadowing.
- Ensure the Participants are wearing the shadowing name badge at all times when on the premises.
- Sponsor or Co-Sponsor must accompany the Participant at all times.
- Patient(s) must be introduced to the Participant and give their permission for the Participant to be present at the time of the clinic visit, procedure, or other patient services.
- Participant may attend rounds, seminars, case conferences and other educational activities. The following are excluded; Graduate Medical Education (GME) activities and didactics.
- The Sponsor has overall responsibility for the Participant.
- Actual shadowing dates and times must be submitted to the Clinical Support office within one week of the shadowing experience termination.

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<sup>1</sup> \*The term "family" means a spouse; ancestor; sibling (whether whole or half blood); child (whether natural, adopted or step); great-grandchild; spouses of a sibling, child, or grandchild; or any person who shares a Sponsor's household, even if unrelated by blood or marriage.



## THE QUEEN'S HEALTH SYSTEMS

### ATTACHMENT D SHADOWING PROGRAM

#### PARTICIPATION AGREEMENT

I, \_\_\_\_\_, have asked to participate in Shadowing Program at \_\_\_\_\_, and hereby understand and agree to the terms below.

**Participation:** I understand that my experience is limited to shadowing and observing activities at \_\_\_\_\_ (\_\_\_\_). I will not participate in any direct patient contact at any time. I agree to abide by all \_\_\_\_ rules and policies, and I will follow the direction of my Sponsor at all times. I understand that my participation in the Shadowing Program can be terminated by \_\_\_\_ at any time.

**Assumption of Risk:** I understand that I may be exposed to certain risks of bodily injury and other dangers, including but not limited to, exposure to blood borne pathogens, infectious diseases, biological waste, and dangerous chemicals. I am aware of these risks and knowingly assume all such risks. I agree to assume responsibility for any illness, damages or injury which I may sustain as a result of participating in the Shadowing Program, including any and all medical expenses that may result from such illness or injury.

**Release of Liability:** For and in consideration of being allowed to participate in the Shadowing Program, I hereby release and discharge \_\_\_\_ and its officers, agents, medical staff and employees from any and all claims, liability or cause of action related, directly or indirectly, to my shadowing and observation experience.

**Confidential Information:** While participating in the Shadowing Program, I may have access to confidential information of \_\_\_\_, including protected health information of \_\_\_\_ patients. I understand that anything I see, hear, overhear, or surmise regarding patients, patients' family, staff or the business of \_\_\_\_ must be kept confidential. I will not at any time during or after my experience at \_\_\_\_ disclose any confidential information to any person. I understand that state and federal laws regulate the confidentiality and security of protected health information, and that unwarranted disclosure of patient information, may result in civil and criminal penalties.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Participation Agreement and agree to be bound by it.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*If Participant is under 18, Parent/Legal Guardian consent is also required:*

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_