



**THE QUEEN'S
HEALTH SYSTEM**

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Owner Colleen Isa: Dir,
HR Tal Acquis &
Tal Dev
Area Human
Resources
Applicability Queen's System-
Wide AG

Shadowing Program Policy

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 explore and shadow Queen's clinical care providers and/or observe specific clinical programs and/or procedures.

2. POLICY

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 processing requirements.
 - b. Obtain the written consent of the individual being shadowed (Sponsor, as defined in Section 3.2).
 - c. Sponsor must 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.
2. Shadowing activities must not at any time conflict with the provision of health care services to

patients and families, with any other programs, or compromise the operations of Queen's.

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 volunteering and touring.
 1. **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
 2. **Tour:** A brief viewing under employee supervision of a unit(s) or department(s).
Contact: Corporate Communications at 808-691-4105

3. DEFINITIONS

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.
2. **Sponsor:** A member of the Medical Staff or 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. Family¹ members may not be Sponsors.
3. **Associate Sponsor:** Designated by the Sponsor, a member of the Medical Staff or a Queen's employee who will fulfill the Sponsor's responsibilities.
4. **Applicant/Participant – Short-term:** A student (high school age 16 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.
5. **Applicant/Participant – Long-term:** A student (high school age 16 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

1. The Workforce Development Office will screen Shadowing inquiries to ensure applicants meet the criteria to participate in the Shadowing program at Queens. The screening process will include confirmation that the applicant has identified a Sponsor who has agreed to allow the applicant to shadow them.
2. If the Workforce Development Office determines the inquiry meets the criteria, the applicant will be provided with the Shadowing application and agreement, Applicant checklist and the Information Security and Privacy Training.

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 Workforce Development Office at shadowing@queens.org.

1. **Short-Term Applicant** (*up to 8 hours of Shadowing, \$150 fee for non-Hawaii residents*)

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.
2. All required documents must be submitted and approved and all requirements completed prior to participating in the Shadowing Program:
 - a. Shadowing Program Application Form
 - b. Sponsor Form (Sponsor Form to be submitted by Sponsor)
 - c. Checklist and Guidelines
 - d. Shadowing Program Participation Agreement
 - e. Copy of current government-issued photo identification and a current school identification or photo identification badge from the facility of employment.
 - f. Health screening documentation:
 1. Proof of a negative Tuberculosis test performed within the past 12 months.
 2. Proof of Measles, Mumps and Rubella vaccinations or titres.
 3. Proof of Varicella vaccine or history of Varicella.
 4. Proof of Influenza and Covid vaccination performed within the past 12 months OR signed waiver form if you have declined the influenza and/or Covid vaccines in the past 12 months. If you have declined one/both vaccines, masks will be required to be work in patient care areas.
 5. Proof of health insurance coverage.
 6. Other clearances as requested.
 - g. Information Security & Privacy Screening Test (HIPAA)
 - h. \$150 fee must be received by the Workforce Development Office before shadowing can commence. Payment can be made via check, cashiers check or cash.

2. **Long-Term Applicant** (*up to 4 weeks of Shadowing, \$300 fee for non-Hawaii residents*)

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

1. The Shadowing Program required documents will be sent to the applicant by the

Workforce Development Office once evidence of a secured Sponsor is provided via email.

2. All required documents must be submitted and approved and all requirements completed prior to participating in the Shadowing Program. For Long-Term applicants who are international, (visiting from outside of the U.S.) will be required to provide the items listed below in addition to the Short-Term Applicant requirements listed in Section 5.1:
 - a. Confirmation of health insurance. This evidence must comply with documentation requirements in section 5.3.
 - b. Non-US citizen observers must also provide proof of legal status, i.e., United States Permanent Resident Card (Green Card) or passport with current visa.
 - c. \$300 fee for non-Hawaii residents must be received by the Workforce Development Office before shadowing can commence. Payment can be made via check, cashiers check or cash.
3. **Documentation Requirements for International Letters**
 1. Evidence of health insurance must be submitted in English.
 2. Evidence of health insurance must be signed by an authorized official.

6. RESPONSIBILITIES

1. Participant

1. **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
2. Abide by hospital policies.
3. Practice hand-hygiene in keeping with Infection Control Guidelines.
4. May attend rounds, seminars, case conferences, and other educational activities. The following are **excluded**: Graduate Medical Education (GME) activities and didactics.
5. View/discuss interactions with the Sponsor, with the patient's approval.
6. May not make chart entries nor make copies of patient charts (paper or electronic).

7. May not take photos or recordings of patients or procedures.
8. Are not permitted any direct patient contact, verbal or physical.
9. Are not permitted in isolation or precaution rooms.
10. Mobile phones and other electronic devices must be turned off and stored with personal belongings while shadowing.
11. Must suspend shadowing activities if Participant has a known exposure to a contagious agent, an active cold or infection, or does not feel well.
12. Participants may not view patient charts.
13. Must be accompanied by the Sponsor or Associate Sponsor at all times.
14. Will not receive remuneration for participating in the Shadowing Program.
15. Understands that shadowing is not considered an internship, practicum, or volunteering.
16. All costs incurred are the responsibility of the Participant, including accommodation, transportation, parking, and meals.
17. Ensure all required documents are received by the Workforce Development Office from both Participant and Sponsor.

2. Sponsor

1. Submit **completed** Sponsor Form to the Workforce Development Office at **shadowing@queens.org**.
2. Family members may not be Sponsors.
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.**
4. Obtain consent from the department/program manager(s) at least six (6) weeks prior to commencement of the shadowing experience.
5. After all documents from the Participant and Sponsor have been received and approved, the Workforce Development Office will notify the Participant's sponsor of clearance and the Sponsor will create a name badge for the Participant. The Sponsor will then issue the name badge(s) to the Participant prior to the commencement of the shadowing experience.
6. Ensure the Participants are wearing the shadowing name badge at all times when on the premises.
7. Sponsor or Associate Sponsor must accompany the Participant at all times.
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.
9. May attend rounds, seminars, case conferences, and other educational activities. The following are **excluded**: Graduate Medical Education (GME) activities and didactics.
10. The Sponsor has overall responsibility for the Participant.

3. The Queen's Health Systems Workforce Development Office

1. Receive, review, and approve all documentation.
2. Follow up on missing or non-approved documentation.
3. Notify Sponsor of Participant's clearance and approval to proceed with creation of name badge.
4. Submit qualifying community benefit information to Finance, Corporate Reporting Manager.
5. 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 Workforce Development Office. Fees are subject to change without notice.

If you have any questions, please contact shadowing@queens.org.

¹The 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.

Attachments

[📎 Applicant & Agreement \(1\).pdf](#)

[!\[\]\(08a82c22d89d6b027ff69762ad096586_img.jpg\) HIPAA Acknowledgment Form \(Non-Employee\) \(1\).pdf](#)

[!\[\]\(35e4f762fc1cfea5610d92e2d225d5b4_img.jpg\) HIPAA Training Link \(1\).pdf](#)

[!\[\]\(d84e7ea36f695d92cb39ec32c307ac93_img.jpg\) Shadowing Checklist rev5.25 \(1\).pdf](#)

[!\[\]\(feabb98897b440bc8695a03336a6e2df_img.jpg\) Sponsor Form \(1\).pdf](#)

Approval Signatures

Step Description	Approver	Date
SVP and Final Approval	Jason Chang: Pres/CEO, QHS & QMC Pres	06/2025
System Director HR Operations Approval	Jared Prestidge: Sr. Dir, System HR Operations	06/2025
	Colleen Isa: Dir, HR Tal Acquis & Tal Dev	05/2025

COPY



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.
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 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: _____



SHADOWING PROGRAM APPLICANT CHECKLIST

SHORT TERM (8 HRS OR LESS):

All documentation must be submitted as one complete packet to The Queen's Health System Workforce Development at shadowing@queens.org. ***These items are a requirement for ALL Shadowing candidates.***

- Shadowing Application
- Sponsor Form
- Shadowing Program Participation Agreement
- Copy of Current Government Issued Photo Identification.
- Copy of Current School Identification or Photo Identification Badge from the facility of employment.
- Copy of your Health Insurance Card.
- Health Care Screening Documentation:
 - Proof of Tuberculosis Clearance (within the last 12 months of shadowing)
 - Proof of Measles, Mumps and Rubella vaccinations or titres
 - Proof of Varicella vaccine or history of Varicella
 - Proof of Influenza and Covid vaccination for current flu season, or waiver form if you declined either or both
- Information Security & Privacy Screening Test (HIPAA)

LONG TERM (More than 8 HRS), everything listed above, plus:

These items are a requirement for ALL International Shadowing candidates.

- Confirmation of health insurance.
 - Evidence must be submitted in English
- 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 – For Non-Hawaii residents ONLY

- Short term (8 hours or less) \$150.00
- Long term – Anything more than 8 hours up to 4 weeks \$300.00

Once you have been approved to Shadow, please bring in/mail a Check or money order made payable to:

THE QUEEN'S HEALTH SYSTEMS

Attn: Reyna Santiago, Workforce Development

1301 Punchbowl Street, Honolulu, HI 96813

Please ensure your NAME and SHADOWING are written on the check

The Shadowing program is not for Queens current employees or volunteers. You may secure a sponsor and work on a schedule with them directly. Shadowing does not need to be notified.



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 Workforce Development 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



SHADOWING PROGRAM

SPONSOR CHECKLIST AND GUIDELINES

- ☐ Submit completed Sponsor Form to the Workforce Development Office shadowing@queens.org at least six (6) weeks prior to commencement of the shadowing experience.
- ☐ Family¹ 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 Workforce Development Office will notify you that the candidate has been cleared. You will then create and 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.

¹ *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

Shadowing Program

HIPAA Training

Please click on the link below to complete the required HIPAA training. Once you complete the training in its entirety, you can fill out the HIPAA Acknowledgement form that was attached to your email and send it back to the Shadowing Department.

<https://rise.articulate.com/share/TDspvcGMdY7zMRnhq6Znfpsodaxrn3d6#/>



Health Insurance Portability & Accountability Act (HIPAA) ACKNOWLEDGMENT

I acknowledge receipt of The Queen's Health Systems Health Insurance Portability & Accountability Act (HIPAA). I understand that it is my responsibility to read and understand the contents of the material given to me before my first working shift. I further understand that if I have any questions or concerns about the material, I will contact a member of The Queen's Health Systems management team for clarification.

I hereby agree to abide by the standards, expectations and confidentiality terms as outlined in the document, and agree to follow any and all of the reporting/notification procedures as indicated.

Signature

Date

Complete the following required information needed to create you in the Human Resources Database:

PLEASE PRINT:

First Name: _____

Middle Name (if applicable): _____

Last Name: _____

Department: _____

Job Title: _____

(All information is kept confidential.)