



**THE QUEEN'S
HEALTH SYSTEM**

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Applicability Queens System-Wide AG

Shadowing Program Policy, SW-20-057

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

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.

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 internships, volunteering, and touring.
 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: recruitment@queens.org
 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
 3. **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 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.
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

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.
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).

3. After the application form is received, the Clinical Support Office will review the application and either accept or reject the application.
4. If the application is accepted, the Clinical Support Office will send the Applicant/Participant the Applicant Checklist (Attachment B).
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.

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

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 (Attachment A)
 - 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 Influenza vaccination for current flu season, if observing during cold and flu season.
 5. Other clearances as requested.
 - f. Information Security & Privacy Screening Test (HIPAA)

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.

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. 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, confirmation of health insurance. This letter must comply with documentation requirements listed in Section 5.3 below.
 - 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

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

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

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 Clinical Support Office from both Participant and Sponsor.

2. Sponsor

1. Submit **completed** Sponsor Form (Attachment C) to the Clinical Support 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 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. 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.
11. Submit actual shadowing dates and times to the Clinical Support Office for record keeping.

3. The Queen's Health Systems Clinical Support Office

1. Receive, review, and approve all documentation.
2. Follow up on missing or non-approved documentation.
3. Notify unit/department/program manager(s) of approved shadowing. Request immediate notification of concerns.
4. Notify Sponsor of approval to proceed with shadowing.
5. Issue Participant name badges to the Sponsor.
6. Receive and record shadowing dates and times from Sponsor at the conclusion of the shadowing experience.
7. Submit qualifying community benefit information to Finance, Corporate Reporting Manager.
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.

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

[SW-20-057 Shadowing Attachments \(Final\) rev 08-27-20.docx](#)

Approval Signatures

Step Description

Approver

Date

COPY