



**HEALTH SERVICES ADMINISTRATION**  
Department of Social & Public Health

# HLTH 4910 Internship Manual



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## OVERVIEW

The HLTH 4910 internship is to be completed during a student's junior or senior year. It is intended to represent the field experience for undergraduate Health Services Administration majors and is a requirement for graduation. Throughout one semester, the student is required to spend 200, 300, or 400 hours at an organization, for which they will earn 4, 5, or 6 credit hours and a grade of CR.

This internship was created to provide students with an opportunity to gain experience in the professional environment of healthcare administration. By the end of the internship, students will have gained a better understanding of working in healthcare administration. It will also provide students with better personal insight into their own working preferences, as well as their personal strengths and weaknesses in a professional environment. The final product submitted for the internship will be a professional portfolio designed to showcase the internship experience.

Each student is responsible for selecting, contacting, and setting up the internship at an organization of their choosing. The internship should relate to healthcare administration and concepts learned in the program. Ideally, the internship will also be in an area of healthcare administration that interests the student and in which the student would like to pursue their career. Possible internship sites are attached as Appendix I. For further recommendations, students are encouraged to contact their academic advisor.

## **INTERNSHIP REQUIREMENTS**

To be approved for the internship experience and receive course credit, students must meet the following:

- Meet with your advisor during Sophomore or Junior year to discuss the internship manual, your goals for the experience, and how to begin your search. We suggest starting your search at least 6 months in advance of when you hope to complete your internship.
- Complete requisites necessary to enroll in HLTH 4910. These include: HLTH 3160, HLTH 4585, and HLTH 4210. Once you have met these requirements, you may choose to intern during any subsequent semester.
- Search for and select an internship of your choice in consultation with your advisor. Please see Internship Site Examples on page 15.
- Work with your internship supervisor to decide the projects and tasks to be completed throughout the semester.
- Complete the Internship Confirmation Agreement form, Student Responsibility Agreement form, and Goals Worksheet with your internship supervisor. Please see pages 7, 8, and 9 for required forms.
- Once your forms are completed, contact your advisor. They will provide you with a link to submit your forms electronically. Once your forms are reviewed by the internship coordinator, if they are complete, you will be approved into HLTH 4910. If they need additional items, you will be notified of the items that need to be completed prior to your approval into HLTH 4910.
- Register for HLTH 4910 for 4, 5, or 6 credit hours for the semester in which you will complete the internship. Registration is required. Please see registration information on page 4.
- Complete 200, 300, or 400 on-site hours at the organization of your choice. Each student must decide how many internship hours they would like to complete based on their career goals and educational needs. It is recommended that you speak with your advisor about the number of hours that would best suit your goals. On-site hours should correspond appropriately to the number of credit hours you have enrolled in.
- Complete all requirements for HLTH 4910 found on page 5.

## **LOCATION**

Students may choose to intern at the health care organization of their choice with the approval of their advisor. Examples of appropriate health care organizations include acute care facilities, primary care offices, and public health organizations, among others. We encourage students to consider their career goals after graduation, as well as what they are hoping to gain from the experience while considering which organizations they intend to apply to. Additionally, internships can be completed in any state, internationally, or remotely; they do not have to be completed in Ohio. If you have questions about whether an organization will be acceptable, please speak with your advisor.

## **DEPARTMENT & INTERNSHIP SUPERVISOR**

Students may intern within one specific department or work with their internship supervisor to determine if rotating through several departments is most beneficial to the student and organization. Internship supervisors may be any professional within the organization, or the student may work with more than one professional to assist with projects and tasks.

We also encourage supervisors to provide the best possible experience by assigning projects and tasks that allow for a wide range of learning. Additionally, even though we only require students to submit supervisor feedback along with their final portfolio at the end of the semester, we encourage timely feedback throughout the internship.

If the internship supervisor has questions or concerns prior to the start or during the internship experience, they may reach out to the student's advisor.

## PROJECTS

As the needs of the intern and their host organization vary, the projects completed during the internship will also vary. For this reason, we do not require a certain number or type of projects and encourage students to discuss their goals with their internship supervisor to develop the best possible internship experience for the student and organization. In addition to the needs of the organization, we also encourage students and their supervisors to consider the abilities of the student, what they hope to gain from the experience, and what the student has learned within the Health Services Administration program.

## HLTH 4910 REGISTRATION

Interns must register for HLTH 4910 during the semester they wish to complete their internship. This is a policy of the College of Health Sciences and Professions (please see undergraduate catalog) and exceptions will not be made. Please notify your advisor of your intent to complete the internship at least one semester in advance of the start date.

Please follow the steps below to register for the internship section, HLTH 4910:

- Complete the Internship Confirmation Agreement form, Student Responsibility Agreement form, and the Goals Worksheet on pages 7, 8, and 9. Please note that all three forms require a signature from your internship supervisor.
- Once your forms are completed, contact your advisor for the link to submit them electronically. Be sure to keep a copy of all 3 forms.
- The internship coordinator will review your submitted forms. If they meet the requirements, an electronic permission slip will be created, and instructions on how to complete enrollment will be sent to your Ohio University email account. You will need to complete enrollment through your Student Center.
- Once you enroll in HLTH 4910, the tuition for 4, 5, or 6 credit hours will be added to your student account for the semester the internship is completed. Please refer to the Bursar's website for additional information on tuition.
- Please note, you do not have to add HLTH 4910 to your "shopping cart" for enrollment. You will be enrolled once you submit your paperwork to your advisor, the green slip has been created, and you complete the enrollment process.
- Completing an internship without registering for HLTH 4910 will result in no credit for the internship experience and the hours will need to be repeated during a future semester.

## HLTH 4910 REQUIREMENTS

In addition to completing your required internship hours, throughout the semester students will engage with professional development material and student interns from HSA and other majors in the Department of Social and Public Health, as well as complete a final portfolio and presentation which highlight accomplishments during your internship. These requirements are meant to provide additional support as you progress throughout your internship semester. As student interns work at various organizations throughout the country, all material and meetings will be virtual.

In order to earn credit for 4910 you will need to complete the following. Additional guidelines can be found on the Blackboard course site for HLTH 4910:

1. Work Requirements: 200, 300, or 400 hours on site, documented on the Weekly Timesheet found on page 14. This form requires your internship supervisor's signature.
2. Weekly Response: Every week you will respond to a prompt in Blackboard. The prompt will either ask you to summarize your experience at your internship site for the week or it will ask you to engage with material related to professional development. Responses that summarize your internship experience will later be added to your final portfolio.
3. Group Touchbase Meetings: Interns will meet virtually as a group 3 times throughout the semester. These meetings are required and a date/time that works for everyone will be determined prior to or during the first week of the semester. Be aware these meetings will likely take place in the evening due to internship schedules.
4. Professional Portfolio: Students will create online portfolios that can be utilized beyond graduation for their job search and other professional activities. Portfolios will include a resume, highlighted accomplishments, etc.
5. Final Portfolio: The final portfolio allows students to synthesize and reflect on their internship experience. It is comprised of weekly journals, a final paper, documentation of projects completed throughout the internship, and evaluations.
6. Final Presentation: To showcase your accomplishments you will present the highlights of your work to faculty within HSA. Presentations will take place during finals week.

## REQUIRED FORMS

**Pre-Internship Forms:** To register for HLTH 4910, and begin their internship hours, student interns must complete the required forms prior to the start of their internship. These include:

- Internship Confirmation Agreement (Page 7)
- Student Responsibility Agreement (Page 8)
- Goals Worksheet (Page 9)
- All three forms must be signed by the student intern and the internship supervisor.
- Once they are completed, please email your advisor prior to the start of the internship (or a mutually agreed upon date). They will provide you with a link to submit your forms electronically.
- Your forms will be reviewed by the internship coordinator. If they are complete, you will be approved into HLTH 4910. If they need additional items completed, you will be notified and those items will need corrected prior to your approval into HLTH 4910.
- You must then complete enrollment for HLTH 4910 through your Student Center.
- Please retain a copy of all three forms for your records to assist in the completion of your final portfolio.

**Post-Internship Forms:** To complete and submit your final portfolio, student interns and their supervisors must complete:

- Internship Supervisor's Evaluation of Student Intern (Page 10)
- Student's Evaluation of Internship & HSA Program (Page 12)
- Weekly Timesheet (Page 14)

Both evaluations and the weekly timesheet must be completed and submitted along with the student's final portfolio to be reviewed for a grade. Portfolios will not be reviewed by your advisor unless both evaluations and timesheet are completed and the Internship Supervisor's Evaluation of Student Intern and weekly timesheet are signed.

# **INTERNSHIP CONFIRMATION AGREEMENT**

## **HLTH 4910: HEALTH SERVICES ADMINISTRATION INTERNSHIP**

Please complete the following information with your internship supervisor. Once completed submit to your advisor to register for HLTH 4910. It is highly recommended that both the intern and supervisor retain a copy of the completed form for their records.

Student Intern Name: \_\_\_\_\_

Internship Semester (Choose One): Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year: \_\_\_\_\_

Host Organization: \_\_\_\_\_

Host Organization Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Internship Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department(s) student will be interning with: \_\_\_\_\_

Internship Start Date\*: \_\_\_\_\_ End Date: \_\_\_\_\_

\*Students please refer to the academic calendar for dates that align with the semester you will be completing your internship.

Selected # of On-Site Hours (Choose One): 200 (4 cr) \_\_\_\_ 300 (5 cr) \_\_\_\_ 400 (6 cr) \_\_\_\_

Weekly # of Hours\*: \_\_\_\_\_

\*This may change weekly depending on intern availability and organizational need. Please provide an anticipated average number of hours.

Selected Tasks & Projects\* \_\_\_\_\_

\*Tasks and projects may change throughout the term depending on intern ability and goals, and organizational need. Please provide a general idea of what the intern will be working on.

Internship Supervisor Signature: \_\_\_\_\_

Student Intern Signature: \_\_\_\_\_





# STUDENT RESPONSIBILITY AGREEMENT

## HLTH 4910: HEALTH SERVICES ADMINISTRATION INTERNSHIP

Please complete the following information with your internship supervisor. Once completed submit to your advisor to register for HLTH 4910. It is highly recommended that both the intern and supervisor retain a copy of the completed form for their records.

I, \_\_\_\_\_, agree to:  
(Student Intern Name)

- Conduct myself in a professional manner and positively represent the HSA program, Ohio University, and my host organization for the duration of the internship experience.
- Follow the policies, procedures, rules, and regulations established by the host organization during my affiliation with the organization, including those governing the confidentiality, privacy and security of protected health information under HIPAA.
- Provide my own health insurance coverage for the period of the internship experience and will provide evidence of such coverage to facility upon request.
- Adhere to Ohio University's Student Code of Conduct throughout the internship:  
<https://www.ohio.edu/student-affairs/community-standards/student-code-of-conduct>
- Read, review, and embrace the American College of Healthcare Executives Code of Ethics as displayed in Appendix II on page 16 of the internship manual.
- Understand that noncompliance with the items above or unsatisfactory performance during my internship can lead to dismissal from the host organization, as well as a non-passing grade and repeat of HLTH 4910.

Internship Supervisors, please utilize this space to define any additional responsibilities expected of the student prior to or during the internship while they are being hosted at your organization. This can include required vaccinations, onboarding, training, etc.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Internship Supervisor Signature: \_\_\_\_\_

Student Intern Signature: \_\_\_\_\_



## Internship Goals Worksheet

### HLTH 4910: HEALTH SERVICES ADMINISTRATION INTERNSHIP

The purpose of this worksheet is to help you define what you would like to gain from your internship. It should be utilized to assist you with understanding what you need to make this a successful experience for you and discussing your goals with your internship supervisor. This worksheet needs to be returned to your advisor along with your Internship Confirmation Agreement and the Student Responsibility form, prior to receiving a green slip for HLTH 4910. Please keep a copy of the completed worksheet to assist in writing your final paper.

Strengths:	Needs Improvement:

Procedures, Technology, Programs, etc., I would like to learn:

Overall Goals for the Internship:

Career Goals:

Internship Supervisor Signature: \_\_\_\_\_

Student Intern Signature: \_\_\_\_\_

**Internship Supervisor’s Evaluation of Student Intern**  
**HLTH 4910: HEALTH SERVICES ADMINISTRATION INTERNSHIP**

Thank you for your time and dedication to providing an invaluable professional experience for our students as they prepare to graduate from Ohio University.

Please utilize this form to review your student intern’s performance by providing honest feedback and recommendations. At the end of the internship experience, please discuss the evaluation with your student intern. This will assist in their overall development.

Student Intern Name: \_\_\_\_\_

Internship Supervisor: \_\_\_\_\_

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

Host Organization: \_\_\_\_\_

Department: \_\_\_\_\_

<b>Please evaluate the student’s ability to:</b>	Exceeded Expectations	Met Expectations	Did Not Meet Expectations
1. Complete projects according to assigned format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Communicate effectively with staff and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Seek guidance when appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accept responsibilities, instructions, and constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Demonstrate dependability, promptness, and ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrate professional appearance and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please take a moment to answer the following questions:**

What are the student’s greatest strengths?

What areas should the student focus on to improve his/her effectiveness in a professional environment?

Any additional comments for the student intern or Health Services Administration program?

Internship Supervisor Signature: \_\_\_\_\_

If your organization would be interested in hosting another student intern from the Health Services Administration program, please complete the information below. If you are unable to host another student intern at this time, please leave blank.

If interested in an internship with your organization, students can contact:

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

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

Host Organization: \_\_\_\_\_

Host Organization Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Available Department(s) or Learning Areas: \_\_\_\_\_

Desired skills, interests, abilities of potential interns (Optional): \_\_\_\_\_

Available internship semesters (Check all that apply): Fall \_\_\_ Spring \_\_\_ Summer \_\_\_

## Student's Evaluation of Internship & HSA Program

### HLTH 4910: HEALTH SERVICES ADMINISTRATION INTERNSHIP

Students, please utilize this form to provide honest feedback and recommendations regarding your internship organization, the Health Services Administration program, as well as your performance in the internship position.

Student Intern Name: \_\_\_\_\_

Internship Semester (Choose One): Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Year: \_\_\_\_\_

Host Organization: \_\_\_\_\_

<b>Please evaluate your internship experience:</b>	Exceeded Expectations	Met Expectations	Did Not Meet Expectations
1. The guidance I was provided from my supervisor and organization:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The feedback from my supervisor and additional staff when completing projects:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The amount of work and projects I was given:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The relevance of work and projects I was given:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My overall performance in the internship:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Please rate your overall internship experience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Please take a moment to answer the following questions:

1. What are your future career goals and how did your internship relate to these goals?

2. Would you recommend the organization at which you interned to other students? Why or Why not?

3. In what ways do you believe the education you received in the Health Services Administration program at Ohio University helped to prepare you for your internship and the professional world in general?

4. What, if anything, do you believe was lacking in the education you received in the Health Services Administration program at Ohio University that would have improved your internship experience?

6. Did you receive a job offer as a result of your internship? Please explain. If yes, please provide the organization, location, and your working title.

7. Any additional comments?

## Weekly Timesheet

### HLTH 4910: HEALTH SERVICES ADMINISTRATION INTERNSHIP

Students, please utilize this form to track your weekly hours during the internship experience. At the end of the semester, your internship supervisor must sign to attest to the completion of 200 or 400 hours and this form must be submitted along with your internship portfolio.

Week #:	Dates:	Weekly Total Hours:
Total Internship Hours:		

I, \_\_\_\_\_ attest \_\_\_\_\_  
(Internship Supervisor Name) (Student Intern Name)

has completed (check one): 200\_\_\_ 300\_\_\_ 400\_\_\_ hours throughout the semester at  
\_\_\_\_\_  
(Organization Name)

Internship Supervisor Signature: \_\_\_\_\_

Student Intern Signature: \_\_\_\_\_

## INTERNSHIP SITE EXAMPLES

### **ATHENS & SOUTHEAST OHIO**

Adena Health System  
Barnesville Hospital  
American Red Cross of Southeast Ohio  
Appalachian Behavioral Healthcare  
Appalachian Community Visiting Nurse Association  
Athens City/County Health Department  
Echoing Meadows Residential Center  
The Gathering Place  
Genesis Health Care System  
Health Recovery Services  
Hocking Valley Community Hospital  
Holzer Health System  
Laurels of Athens  
Lindley Inn Assisted Living  
Live Healthy Appalachia  
Marietta Memorial Hospital  
Memorial Health System  
Oakview Dermatology  
OhioHealth O'Bleness Hospital  
OhioHealth Home Care  
OhioHealth Campus Care at Ohio University  
Ohio University, Campus Involvement Center  
Ohio University, Human Resources  
OUCOM, Community Health Programs  
Ross County Health District  
Selby General Hospital  
Veterans Affairs Medical Center

### **CINCINNATI & SOUTHWEST OHIO**

Bon Secours Mercy Health  
Christ Hospital  
Christ Hospital Center for Health and Aging  
Cincinnati Children's Hospital  
Crossroads Health Center  
Dayton's Children Hospital  
Kettering Health Network  
Kettering Medical Center  
Lindner Center of Hope  
Maxim Health Services  
Miami Valley Hospital  
Premier Health  
Providence Medical Group  
Saber Healthcare Group  
TriHealth Cincinnati  
TriHealth, Good Samaritan Hospital  
Upper Valley Medical Center

### **CLEVELAND & NORTHERN OHIO**

Akron Children's Hospital  
Akron Regional Hospital Association  
Candlewood Park Healthcare  
Carmella Rose Health Foundation  
Cleveland Clinic  
Cleveland Clinic Union Hospital  
Five Lakes Professional Services  
Foundations Health Solutions  
Lake Health Women's Health Specialists  
MetroHealth  
Northeast Ohio Neighborhood Health Services  
Ohio Guidestone  
Pinnacle MX Group  
ProMedica Toledo Hospital  
UH St. John Medical Center  
UH Parma Community General Hospital  
University Hospitals  
University of Toledo Medical Center  
Veterans Health Administration  
Western Reserve Hospital

### **COLUMBUS & CENTRAL OHIO**

Central Ohio Diabetes Association  
Fairfield Medical Center  
Forum at Knightsbridge  
Foundations Health Solutions  
Friendship Village of Columbus  
Genesis Health Care System  
Maxim Healthcare Services  
Molina Healthcare of Ohio, Inc.  
Mount Carmel Health Systems  
Nationwide Children's Hospital  
Ohio Department of Health  
Ohio Guidestone  
OhioHealth System  
Ohio Rehab & Diagnostic Center  
Ohio State Health Network  
OSU, James Cancer Hospital  
OSU, Wexner Medical Center  
Quantum Health  
Riverview Surgery Center  
Sedgwick



## **Preamble**

The purpose of the *Code of Ethics* of the American College of Healthcare Executives is to serve as a standard of conduct for members. It contains standards of ethical behavior for healthcare executives in their professional relationships. These relationships include colleagues, patients or others served; members of the healthcare executive's organization and other organizations; the community; and society as a whole.

The *Code of Ethics* also incorporates standards of ethical behavior governing individual behavior, particularly when that conduct directly relates to the role and identity of the healthcare executive.

The fundamental objectives of the healthcare management profession are to maintain or enhance the overall quality of life, dignity and well-being of every individual needing healthcare service and to create an equitable, accessible, effective and efficient healthcare system.

Healthcare executives have an obligation to act in ways that will merit the trust, confidence and respect of healthcare professionals and the general public. Therefore, healthcare executives should lead lives that embody an exemplary system of values and ethics.

In fulfilling their commitments and obligations to patients or others served, healthcare executives function as moral advocates and models. Since every management decision affects the health and well-being of both individuals and communities, healthcare executives must carefully evaluate the possible outcomes of their decisions. In organizations that deliver healthcare services, they must work to safeguard and foster the rights, interests and prerogatives of patients or others served.

The role of moral advocate requires that healthcare executives take actions necessary to promote such rights, interests and prerogatives.

Being a model means that decisions and actions will reflect personal integrity and ethical leadership that others will seek to emulate.

## **I. The Healthcare Executives Responsibilities to the Profession of Healthcare Management**

The healthcare executive shall:

- Uphold the *Code of Ethics* and mission of the American College of Healthcare Executives;
- Conduct professional activities with honesty, integrity, respect, fairness and good faith in a manner that will reflect well upon the profession;
- Comply with all laws and regulations pertaining to healthcare management in the jurisdictions in which the healthcare executive is located or conducts professional activities;
- Maintain competence and proficiency in healthcare management by implementing a personal program of assessment and continuing professional education;
- Avoid the improper exploitation of professional relationships for personal gain;
- Disclose — and when appropriate, avoid — financial and other conflicts of interest;
- Use this Code to further the interests of the profession and not for selfish reasons;
- Respect professional confidences;

- Enhance the dignity and image of the healthcare management profession through positive public information programs; and
- Refrain from participating in any activity that demeans the credibility and dignity of the healthcare management profession.

## **II. The Healthcare Executive's Responsibilities to Patients or Others Served**

The healthcare executive shall, within the scope of his or her authority:

- Work to ensure the existence of a process to evaluate the quality of care or service rendered;
- Avoid practicing or facilitating discrimination and institute safeguards to prevent discriminatory organizational practices;
- Work to ensure the existence of a process that will advise patients or others served of the rights, opportunities, responsibilities and risks regarding available healthcare services;
- Work to ensure that there is a process in place to facilitate the resolution of conflicts that may arise when values of patients and their families differ from those of employees and physicians;
- Demonstrate zero tolerance for any abuse of power that compromises patients or others served;
- Work to provide a process that ensures the autonomy and self-determination of patients or others served;
- Work to ensure the existence of procedures that will safeguard the confidentiality and privacy of patients or others served; and
- Work to ensure the existence of an ongoing process and procedures to review, develop and consistently implement evidence-based clinical practices throughout the organization.

## **III. The Healthcare Executives Responsibilities to the Organization**

The healthcare executive shall, within the scope of his or her authority:

- Lead the organization in prioritizing patient care above other considerations;
- Provide healthcare services consistent with available resources, and when there are limited resources, work to ensure the existence of a resource allocation process that considers ethical ramifications;
- Conduct both competitive and cooperative activities in ways that improve community healthcare services;
- Lead the organization in the use and improvement of standards of management and sound business practices;
- Respect the customs, beliefs and practices of patients or others served, consistent with the organization's philosophy;
- Be truthful in all forms of professional and organizational communication, and avoid disseminating information that is false, misleading or deceptive;
- Report negative financial and other information promptly and accurately, and initiate appropriate action;
- Prevent fraud and abuse and aggressive accounting practices that may result in disputable financial reports;
- Create an organizational environment in which both clinical and management mistakes are minimized and, when they do occur, are disclosed and addressed effectively;
- Implement an organizational code of ethics and monitor compliance; and
- Provide ethics resources and mechanisms for staff to address organizational and clinical ethics issues.

#### **IV. The Healthcare Executive's Responsibilities to Employees**

Healthcare executives have ethical and professional obligations to the employees they manage that encompass but are not limited to:

- Creating a work environment that promotes ethical conduct;
- Providing a work environment that encourages a free expression of ethical concerns and provides mechanisms for discussing and addressing such concerns;
- Promoting a healthy work environment, which includes freedom from harassment, sexual and other, and coercion of any kind, especially to perform illegal or unethical acts;
- Promoting a culture of inclusivity that seeks to prevent discrimination on the basis of race, ethnicity, religion, gender, sexual orientation, age or disability;
- Providing a work environment that promotes the proper use of employees' knowledge and skills; and
- Providing a safe and healthy work environment.

#### **V. The Healthcare Executive's Responsibilities to Community and Society**

The healthcare executive shall:

- Work to identify and meet the healthcare needs of the community;
- Work to identify and seek opportunities to foster health promotion in the community;
- Work to support access to healthcare services for all people;
- Encourage and participate in public dialogue on healthcare policy issues, and advocate solutions that will improve health status and promote quality healthcare;
- Apply short- and long-term assessments to management decisions affecting both community and society; and
- Provide prospective patients and others with adequate and accurate information, enabling them to make enlightened decisions regarding services.

#### **VI. The Healthcare Executive's Responsibility to Report Violations of the Code**

A member of ACHE who has reasonable grounds to believe that another member has violated this Code has a duty to communicate such facts to the Ethics Committee.