



**St. Paul's Hospital
Millennium Medical College**
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STAFF AND STUDENTS CODE OF CONDUCT AND ETHICS GUIDELINES

Cover picture: MD, Clinical Nurse, OR nurse, and support staff with their uniform

Serving the people in their best interest

2022

Preface

Dear staff and students,

It gives me great pleasure while introducing the Health and Students Code of Conduct and ethics, which is the first of its kind for our College, and virtually original in its outline and content. For the betterment of the health service, we are providing, and for the quality education we are delivering, all SPHMMC staff and students must comply with the guidelines set in this Code of Conduct and ethics.

I would like to bring to your utmost attention that adhering to the ethical principles of the Code of conduct and ethics is a mandatory requirement for every member of the College community as a health service provider, educator, learner, and administrator. The Code of Conduct and ethics is equally applicable to health staff and students. Department heads and directorates have professional, moral, and legal obligations to enforce the application of this Code of Conduct in their jurisdiction. Any staff or student who is unable to follow the set guidelines must report to the immediate supervisor or the department head and work together to find an acceptable solution. Failure to comply with the guidelines hereunder may constitute a breach of the Code of Conduct and liable to disciplinary measures.

Department heads and unit leaders are responsible for ensuring that all staff and students are aware of and routinely practicing this Code of Conduct and ethics. The College Human Resource Directorate and Student Dean Directorate are responsible to ensure that uniforms provided for staff and students comply with this Code of Conduct and ethics, respectively. Above all, practicing and adhering to this Code of Conduct and ethics in its entirety makes all of us mature professionals in both content and action. The growing complexity of health care in terms of increasing public questioning the

quality of service and litigation is also a big click to all of us to be time adaptable to the professional code of conduct and ethics.

Therefore, every staff and student must read the guidelines and should have a good understanding about the importance of having ethical behavior and professional conduct for both personal and institutional growth and development. Every member of the College community should utilize the Code of Conduct and ethics as a guide for routine activities. This is the tool we are going to put into action: 1) to treat and interact with our workmates, students, and clients/patients fairly and equitably, 2) to discharge ethical and legal obligations, and 3) to resolve complaints and breaches of the professional Code of conduct and ethics. While in service or academic sessions, it is a must to be accountable to the immediate supervisor/department head/director and governed by this Code, Senate legislation, and all applicable country's laws.

Please, be reminded that this Code of Conduct and ethics does not supersede rather complements the College's Senate Legislation and country's laws. I invite the College community to go through it line by line and start implementing the sooner possible. The College management is committed to providing you the necessary support in the process of implementation of this Code.

Dr Wendmagegn Gezehagn

Provost, SPHMMC

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Acronyms

EMR = Electronic medical recording

IESO = Integrated emergency surgical officer

ILO = International Labor Organization

PPE = Personal protective equipment

PPT = Power point presentation

SOP = Standard operating procedure

SPHMMC = St Paul's Hospital Millennium Medical College

Introduction

Interestingly, the importance of the Code of conduct and ethics was given due consideration since the time of Hippocrates (460–376 BC). In the last century, in particular, it was emphasized among others in The Declaration of Helsinki and The Nuremberg Code. Several countries do also have a number of set of regulations and standards on codes of conduct and ethics based on the Hippocrates oath for good and ethical practices in the health service as a governing principle.

In Ethiopia, medical ethics committee was established in 1978 and the first written code of medical ethics for physicians was published in 1987. Therein, much emphasis was given to research ethics/human experimentation and international code of ethics. In the same document, periodical review was recommended based on social, medical, and legal progress made at national and international levels. However, 35 years passed without further editing it at the Ministry level; some professional associations have developed code of ethics pertinent to their specific profession.

Over the years, much progress has been made in health science and clinical practice. The flourishing private health service in urban areas, the change in health policy, the enormous development in the art, science, and technology of the health science field, and the sociocultural versatility are among others. The health profession being largely different from other professions by the nature of services provided to alleviate human suffering and save lives, otherwise being endangered, needs exceptional ethical and professional practice. Noteworthy, the patients/clients do trust the health professionals for their life and commit themselves even to potentially fatal procedures and medications by assuming that the health workers are dependable to the oath they swore and to the ethical standards set as governing principles. The trust shouldered on the health professionals is,

therefore, an all the time reminder to maintain high ethical and professional standards, be accountable, and uphold personal and professional integrity.

The purpose of this document is to formalize some of the 'customary laws' and practices in action; therein, give due emphasis to highly sensitive ethical, cultural, and gender issues; and capitalize the ethical principles leading to the highest standards of professional conduct. It is basic for the SPHMMC to have such a guiding and governing code of conduct as it has already embraced more than 5 thousand staff and students. It is also becoming highly diversified and the largest public health institution in both health services and academic portfolio in the country.

The Code of Conduct (hereinafter "the Code") outlines the governing principles and defined standards by which every member of the College community must be abided by while on task or on official duty. Compliance with the set ethical principles and standards is the minimum what is expected from the College community for good client-provider communication, student-teacher relation, authoritative administration, and collegial interactions. The set principles are the rules and obligation of the College (as an extension of the Senate legislation) while the set standards are about upholding human rights and dignity, professional ethics, moral values, equity, and equality within all the College campuses and disciplines/affiliated hospitals and health centers.

The code is cemented on the guiding principle of protecting the College community and clients/patients from harm and deterioration by promoting best practice and best learning culture. The code sets out how the College community should appropriately interact with their clients/patients and with each other during working/learning time. Therefore, the set standards and principles guide the college community on how to act and get engaged, and above all to be efficient and effective in their assignments.

The code is elaborated by type and specified by the category (broadly for all and separately addressing the code for the health students), but may not go to the detail of every eventuality. The code for the health staff and students is equally applicable for the administrative and support staff of the College, with the exception of clinical services provided to patients/clients. This code is instrumental for both on job staff and new employees, enrolled students, and new admissions for them to figure out what working/learning behaviors are appropriate for personal and as well as institutional work culture and development.

Scope and applicability of the Code

The Code details the majority of expectations and professional obligations of the College community to act in accordance with the set principles, be accountable, and keep personal integrity. Regardless of the academic rank, administrative position, qualification, appointment, location of the campus, and classification of the student, the set principles/guidelines of the code herein are applicable to all who are under the jurisdiction of the SPHMMC. It will be effective upon approval of the Senate and issuance of a stamped document by the Provost. Members of the College community need to know and practice the set guidelines all the time in all circumstances so as to improve their performance and make such behavior the working and academic culture of the College.

This code outlines the minimum professional and ethical requirements (what behaviors are acceptable and what are not) while providing and receiving service for the assigned mission. It is the College's firm conviction that making this Code part of the routine practice and institutional culture can have a multiplied effect in both the health service and learning-teaching process. The Code is crafted with the assumption that the success of the

College as a public institution rests on the ethical, professional, and moral behavior of its staff and students.

Hence, all staff and students must portray professional image and behavior that encourages trust and confidence to patients and clients or members of the College community to elevate the reputability of the College as an academic and tertiary care-providing institution. Making the College a renowned public institution by building its positive image and reputability is the result of collective and sustainable positively impactful actions.

The College will not tolerate violations of this Code; he/she who has committed a violation of the Code will be subjected to the Senate legislation or any other government laws and regulations. A verdict of violation of a certain Code in this document (including revocation of contractual agreement for staff and dismissal for students and delay in promotion) will be effective by the College authority. Any violation recognized as a serious crime will be transferred to the police, which is serving as a plaintiff for presenting the case from the College to the court.

Be reminded that this Code mirrors several sections, but is not a substitute for the College Senate legislation and country's laws for health service, education, civil service, and financial management. It as well serves as a College-based guide for occupational safety and health to protect and prevent the College community and customers from hazards but does not take the blame for any sustained injury or illness. All staff and students should behave in accordance with the principles set out in this Code, Senate legislation, regulation of the College establishment, Higher education proclamation, and Constitution of the Federal Democratic Republic of Ethiopia. This Code is applicable to live humans, but not to Forensic medicine and animal model for experiments.

Vision

SPHMMC community members are motivated, competent, compassionate, and accountable.

Mission

SPHMMC community members practice and deliver their responsibility as per the standard of this Code and the Senate legislation.

Objective

The overarching objective of this Code is to provide direction about expected conduct and ethics, thereby improving the working relationship with clients/patients, students, and colleagues and ensuring the safety and wellbeing of the College community and the people who utilize the health services of St Paul's hospital and other branches/affiliates.

Specific objectives:

- 1) Providing written guidance to staff and students on expected professional conduct and ethics
- 2) Ensuring the patients/clients and their accompaniers satisfaction with the clinical service
- 3) Ensuring the harmonious and respectful staff and students relationship
- 4) Protecting the staff, students, and patients from inadvertent, suboptimal, and intentional physical and psychological trauma
- 5) Familiarizing staff and students with national and international standards and setting rules

SECTION I: STAFF AND STUDENTS CODE

A. Core ethical principles, values, and behaviors:

- 1) Promoting and upholding client's/patient's rights, dignity, privacy, and wellbeing
- 2) Striving to provide standard service to clients/patients and ensuring equity and quality
- 3) Striving to improve the quality of education and health service through continuing professional development and use of digital technology
- 4) Demonstrating personal integrity, compassion, and professional ethics in the workplace
- 5) Respecting for cultural and ethnic diversity and working in harmony and collaboration, targeting good outcome of collective efforts
- 6) Respecting for patient's autonomy, privacy, and confidentiality
- 7) Being fair and unbiased in decision making and providing service
- 8) Promoting and practicing beneficence (doing good for others) and non-maleficence (doing no harm to others)
- 9) Promoting and demonstrating teamwork and dependence in decision making
- 10) Discouraging and avoiding medical practice by unqualified practitioners
- 11) Avoiding an intentional abuse of the College administration
- 12) Upholding the good name and reputation of the College as a public institution of excellence in specialized health service, postgraduate education, problem-solving research and innovation, and community service
- 13) Being abided by the College's Senate legislation and country's laws
- 14) Demonstrating commitment to the execution of the College's Senate legislation and Strategic plan

- 15) Promoting the College's performance and striving for its vision
- 16) Avoiding discrimination, harassment, bullying, and use of derogatory words
- 17) Avoiding engagement in fraud and corruption
- 18) Disclosing any suspected fraud and corruption
- 19) Demonstrating personal integrity and accountability all the time
- 20) Being politically, ethnically, and religiously neutral whilst providing or receiving service

B. Personal Code and Responsibilities

I. Professionalism with clients and patients:

"Nothing in life is more important than the ability to communicate effectively". Gerald R. Ford

Experts in the field underpin that the core point in the health service provision is building trust by establishing an effective communication between the patient/client and health care provider. Understanding what the patient/client values much is an important step to create a bond of trust, continuity of partnership, and practice evidence based medicine (best research evidence with clinical expertise and patient's preferences). This is because; it is conducive reception and professional communication what patients need utmost in the beginning and firm consistency in all aspects of the course of medical care. Most of the time, systematically building patient's confidence through good communication and respect enables identifying the major problems why the patient comes to the health facility, even in case of highly confidential personal matters.

Establishing an effective two-way communication by creating a welcoming environment, ensuring privacy and confidentiality, and showing empathy and compassion is basic and must be customized in every contact of clients and patients. Once the professional trust is built, the patient/client will not have

anything to hide, including confidentiality of private information, like clients do to their lawyers. In this era, the healthcare practice is considered effective when the professional and the patient as partners be able to establish two-way communication and make a joint decision about the kind of care.

Nevertheless, professional clinical care could not be complete and effective with only caring and compassionate and empathetic relationship. Professional competence is equally important; a health professional who keeps on providing service using the outdated methods and familiar with anecdotal evidence could not be considered as practicing professionalism. Therefore, good manner in patient/client care has to be coupled with competence in the area of specialty. Specific actions are paraphrased hereunder.

- 1) Demonstrate proper professionalism (good interpersonal and communication skills, good patient care, evidence based practice, and commitment to lifelong learning) at all times to ensure your reliability and competency
- 2) Be respectful and courteous while greeting and communicating with your patients/clients and their caregivers/accompaniers
- 3) It is your prime responsibility and duty to respect patient's rights and maintain the confidentiality of patient information and medical records
- 4) Respect for patients' privacy and maintain the professional communication and make it your work culture
- 5) Treat patients with courtesy and compassion, and communicate family members politely
- 6) Create an environment where patients/clients feel comfortable and have easier access to service areas
- 7) Never enter into examination room while the patient is in unless otherwise you are allowed by the examining clinician

- 8) You as a clinician are responsible for ensuring patient safety and comfort while the patient is receiving medical care
- 9) Respect the client/patient's dressing and cultural beliefs and examine when you are allowed to do so
- 10) You are responsible to apply universal precaution of infection prevention for the safety of yourself, the patient, and the environment
- 11) You as a clinician have to follow the College's management protocols, guidelines, and manuals of patient care
- 12) Never take an identifying picture or record patient voice for public use without getting written consent
- 13) Never practice a differential treatment for patients with different social strata and class; treat all equally, regardless of age, educational status, physical appearance, wealth status, and intimacy (friend or enemy)
- 14) Be a role model for others by expressing sympathy, caring, and compassion to those patients who are vulnerable to marginalization
- 15) Protect patients from stigma, discrimination, harassment, intimidation, and retribution
- 16) Do not change your communication traits, approach, and professional practice while you are working in the public and private wing; otherwise, patients' attitudes towards you may become increasingly adversarial
- 17) Avoid verbally disclosing your political motive/view, religious affiliation, and other social affairs to reduce the distress incurring on patients

II. Health care provider-patient/client interaction

- 1) Greet the patient/client and family member with handshake (if the contagious disease is not a concern) and say good morning/afternoon (preferably speaking the patient's language)

- 2) Avoid bossy behavior and use of medical language or jargon words while providing medical care
- 3) Build the patients' confidence by taking care of their image, language, attitude, preference, probably annoying behavior, and irritability
- 4) Always remember that the patient/client comes to the health facility seeking help as she/he is physically and/or psychologically ill
- 5) Provide clinical service through the human rights-based approach so as to ensure the client/patient rights of getting the correct information and be part of the decision making
- 6) Practice participatory style of conversation and decision making
- 7) Address and respect the client/patient's concerns and choices at any point in time of the medical care, including the rights to refuse and choose among options of treatments
- 8) Have always in mind that effective and compassionate health care provider-patient/client interaction and communication is an integral part of the clinical service package
- 9) Understand and practice effective communication not only to ease the health care provider-patient/client interaction, but also to improve the treatment outcome of pain relief, emotional support, blood pressure control, alleviating stress, and improving psychological and physical functionality
- 10) Do all the best to ensure that the care provided is in the best interests of patients/clients and to improve the health outcomes by encouraging self-disclosure and adhering to treatments
- 11) Avail yourself timely and strive not to be a factor for the delay in providing care and treatment for your clients/patients
- 12) Provide emergency health care (first aid) regardless of your clinical specialty and other commitments

- 13) Never examine patients while you are having an active contagious infection
- 14) Apply universal precaution all the time, but never refuse providing care for the fear of disease transmission
- 15) Never provide any form of clinical service while your judgment is likely to be distorted by your illness, lack of sleep, annoyed personality or substance use
- 16) Provide treatment to the best of your knowledge, skills, and experience; otherwise, consult or refer to the rightly skilled health professional
- 17) Provide treatments based on the best available scientific evidence and practice
- 18) Be encouraged to be open and honest with your patients before and after providing treatment.
- 19) It is not only the kind of health problem and potential treatment that you need to openly inform your patient/client, but also possible complications and adverse effects of intervention
- 20) Establish partnership with patients/clients by letting them express their agreement on the services provided, which is one way of reducing unnecessary litigation
- 21) Secure a valid consent (appropriately informed person agreed) before any physical examination considered most private or any invasive procedure potentially endangering the physical and psychological health of the patient
- 22) Never judge rather verbally acknowledge patient's complaints and interpret as genuine until proved otherwise as many of causes of illnesses are not physically detectable
- 23) Involve family members when treatment outcome is foreseen as unpredictable or the disease condition/procedure is life-threatening

- 24) Never pass false information and unachievable promise, like curing malignancy and reversing neurological damage
- 25) To build trust and have a good partnership:
- i) Never interrupt the patient/client while talking
 - ii) Repeat key points what the patient/client speaks out
 - iii) Never criticize what the patient/client shared with you
 - iv) Rather rephrase and encourage the patient/client to talk more
 - v) Never say 'no problem', and avoid giving a false promise
 - vi) Always respect the patient rights to refuse and to receive any planned service

Tips about body language as non-verbal communication

- ✓ Make sure your white coat/uniform and undergarments are clean and neat
- ✓ Never wear a high-heel shoes and your hair style should be conservative
- ✓ Demonstrate your genuine respect and compassion starting from reception/as the patient get in
- ✓ Sit at 45-degree chair arrangement with the patient/client and in upright position
- ✓ Keep a fair distance from the patient during conversation and examination
- ✓ Face the patient/client directly with good eye contact
- ✓ Avoid a striking gesture and eye contact (such as looking over the rim of your eye glasses, showing grimace facial expression, furrowing your brow or protruding your eyes)
- ✓ Take off your eye glasses while listening and speaking
- ✓ Never get distracted by an external noise, cellphone call, visitors
- ✓ Nod your head at appropriate time while the patient/client is talking
- ✓ Avoid use of earphones/headphones while interacting with patients/clients



III. Non-compliant patient/client

Patients/clients for some or no reason may not be compliant with or cooperative to the health workers' treatment plan or counselling. They may start taking some sort of medication, but could not adhere to as it is scheduled to be. It is usually due to fear of the treatment (particularly invasive procedure-related) or else lack of trust in the therapeutic modality or the health worker. Such encounter is quite common among inexperienced and young health workers.

Cultural beliefs and religion do play an important and determinant role in diverting patient'/clients' decisions against the use of modern medical

therapy; the very bad advice “choose one of the two” is what is frequently heard and makes patients in state of ambivalence. In our society, religious leaders’ advice is most respected although many of the critics against modern medical therapy are baseless and counterproductive to those who are sick.

Non-compliance of a patient may arise from the patient himself/herself feeling insecure, bad previous experience, fear or some abnormal behavior (including personality and psychiatric disorders), providers mishandling (usually due to poor communication skills, low level of experience, and overwork), and an unwelcoming environment of the health facility. Reassuring a worrying patient with no organic problem or in a state of somatic pain may work well. However, if the patient keeps on complaining about something else as a health problem, acknowledging and taking more to council or referring to a psychiatrist is a wise decision.

What health workers need to understand is that such a reaction is natural and can be encountered many times in life. Being patient during counseling and giving more attention to let her/him understand the clinical condition and possible consequences (if left untreated) usually enables securing compliance. In essence, it is wise to take time and give time to the patient/client to think about it for a while. Another effective way of managing non-compliant patient is seeking help from elderly or religious people around, finding aged health workers around, involving family members, and giving recognition to her/his concern while approaching for the second time counseling.

Contrary to this principle, health workers are usually annoyed by the patients’/clients’ refusal to take medications or consent for invasive/surgical procedures. Though the justification is loosely understood, health workers usually rush to let the patient sign for his/her refusal; it may be to get protected from litigation. However, rather than being in hurry not to take

responsibility, again being patient is what makes a difference in terms of helping the patient who comes to you for help. Respecting the patient's choice and providing alternative solution (like providing both modern and traditional/religious therapy) can increase the patient's confidence on health workers

Patients may come back after being discharged against medical advice. In a bit different scenario, patients may discontinue medication or may lose the appointment for myriad reasons. In either instance, there is no need to confront or disregard his/her request. All health workers should take note that we are servants to patients; we must not deny the service we are requested to provide.

1. Make sure that the patient understands her/his illness, the possible complications, and the importance of the therapy
2. You are there to entertain different personalities and reactions of patients for which you are expected to have patience and perseverance
3. Remember that patient's failure to receive or adhere to treatment brings more harm to the patient than to your moral
4. Never rash for defensive actions (including being annoyed and letting the patient sign) when your patient is against or reluctant to your advice or plan of treatment
5. Always sympathize and be compassionate to a patient who comes to get your help, even in case the patient decline to take medication or consent to an invasive procedure
6. Counsel the patient and caretakers to concurrently use medicines and holy water (the common patients' preference as a religious therapy) or any other spiritual or traditional therapy; all efforts need to be invested to ensure continuity of the modern medical treatment
7. Do all the best to trace the lost to follow up through possible means

8. Never shout on patients who come to you with poor adherence or long overdue of the appointment date
9. Take time and counsel the patient or caretaker not to miss medication or appointments
10. Avoid counter-productive actions and reactions (shouting at patient, ignoring patient complaint, accusing the patient of being problematic, and telling no problem for the repeatedly visiting/complaining patient)
11. Promote continuity of care by limiting the number of physicians to one or two for those patients who are on chronic care or a longer follow up
12. Patients with stigma and discrimination sensitive problem need special care and privacy
13. Do not rush to a certain action when the patient is uncooperative with your plan of treatment unless he/she requires emergency treatment
14. Avoid crowding and chaos in an anxious/scared patient for the environment
15. Do not position yourself too close to the patient as it may offend or even may trigger aggression

IV. Denying palliative and supportive care for a patient suffering from incurable disease

"Failure to provide adequate palliative care may be medical neglect". Levy C et al, 2019

The kind of health care that the patient and caretakers primarily seek (be it modern or traditional) is all about alleviating unbearable symptoms. The character of the pathogenic microorganisms and the pathophysiologic changes in the human body is primarily for the interest of the health professional. Patients give much credit to any form of treatment that relieves their suffering and improves their quality of life. Since the time of

Hippocrates, pain management (for instance) has a rich history in medical chronicles, as it is also the most common symptom of myriad causes of illnesses.

The purpose of this section is to highlight the ethical perspective of denying care in case of incurable illnesses. As a matter of fact, it is not uncommon to send a patient with terminal illness home while in excruciating pain or some other crippling symptom. In some instances, a patient suffering from one or more of the disease manifestations may be denied palliative care (preventing and relieving suffering and making death easier if cure is impossible). Terminally ill patients (due to advanced cancer, organ failure, incurable infections and toxins such as botulism) may suffer from one or more of the following: intractable pain, breathing problems/difficulty, skin irritation/itching sensation, digestive problems (such as persistent vomiting, constipation, and difficulty of swallowing), bleeding, hyper/hypothermia, feeling fatigue, bedsores, stiffness, nightmare, and hallucination.

All these symptoms can be alleviated by medications and some surgical procedures. But, surgeons do not have the courage to alleviate any obstruction (airway, esophageal, gastric, bowel, urinary tract of primary or secondary malignancy) and other health professionals may be unwilling to provide care for whom they think that the patient is a dying case or with an irreversible deficit.¹ This is despite the fact that many patients can stay

¹ The stories of three patients may speak for thousands more. One is a case of rabies who visited one of the public hospitals with severe hydrophobia (fear of water), insomnia, hallucination, and on and off confusion who was denied admission, claiming that this is an incurable disease. One can imagine the extreme suffering before death. More than that the risk of transmission to the caretakers is much more worrying as they try to do their best. Another is a case of chronic renal failure who was denied dialysis in one of the public hospitals (while the machine was free and no shortage of supplies), claiming that it is a terminal illness. The third is a very recent case of quadriplegia and respiratory failure secondary to cervical fall injury who was initially admitted to one of the public hospitals and supported by a mechanical ventilator. The hospital decided to refer to another public hospital for possible neurosurgery, but the hospital supposed to receive denied admission despite adequate ICU beds and neurosurgeon agreed to receive the patient. The family took her to one of the private hospitals, but could not afford to keep her in ICU for longer time. After so many ups and downs, the hospital medical director and the surgeon agreed to admit her to one of the public hospitals, but the anesthesiologist rejected their decision, claiming that the patient will be on a respirator for a longer time that can be used for other patients. This is literally making a decision for the patient to die of respiratory failure. The paradox is that there is no such objection when the patient comes to a private hospital. The question is; does anyone have the authority to deny care in public hospitals assuming that others yet to come can benefit better? Is human life/medical care assumed as business? Is that what medical ethics is all about?

physically active and psychologically encouraged with optimal palliative care. More than that, although there are many disease conditions (particularly cancer) that cannot be cured once advanced, there are more than dozens of case reports of survival with supportive therapy to many highly fatal infectious diseases (Rabies, Botulism, systemic Anthrax, Ebola, Marburg, Yellow fever, systemic fungal infections). Therefore, it is good to do the best all the time and hope for good outcome.

Differing palliative care when indicated (patient suffering from one form of symptoms), particularly for non-progressive disorders and highly contagious infectious conditions (such as Rabies, COVID-19, Cholera, Yellow fever), is ethically unacceptable, and it is a violation of human rights to health. Even in countries where there is a law that allows practicing Euthanasia (the practice of discontinuing life support or accelerating death) is aiming good death or ending the life of a patient and limiting suffering. Therefore, easing suffering by all available means should be a universal practice, regardless of disease stage and anticipated outcome. Since many terminally ill patients prefer home-care to hospitalization, optimal care can be provided by trained health workers who are serving in the primary health care unit.

"Avoidance of talking about death will allow avoidance of death itself or that discussing death may bring 'bad karma' (universal Indian causal law by which good or bad actions determine the future modes of an individual's existence)". Unknown source

1. Put your impression, but never make a concluding remark on the outcome of a patient; similarly, never give unachievable promise (like life prolongation) when the disease condition is with clearly unpredictable natural course
2. Erase from your mind the pessimism about critically ill patients; a dying patient does not necessarily mean dying soon; palliative care should no

The family has been begging for money for the patient's life support. To everybody's surprise, the patient has become machine off after about a month. Note the limitation of human knowledge.

longer be used as a euphemism for dying (inoffensive expression); rather, should be recognized as a discipline for good health

3. Start with the notion that palliative care is to prevent and treat suffering and improve quality of life, which is highly desirable for the patient, caretaker, and provider
4. Be more compassionate while providing palliative care to patients with incurable diseases/disorders; it is easier for you to do, but more important for the patient suffering from the natural course of the disease
5. Alleviate suffering (pain, thirst, anxiety, fear, shortness of breath, vomiting, urinary retention) and make death comfortable in terminally ill patients
6. Take note that early initiation of palliative care for advanced diseases is not only to improve quality of life, but also to minimize the cost of care, and be ethically responsible
7. Be reminded that providing palliative care and easing suffering is also a means of reducing your stress, dysfunctional grief, and regret
8. Do all the best to prevent pain and be encouraged to administer strong analgesics (such as Morphine and Opioids) when the patient is suffering from intractable pain
9. Never discontinue or withdraw lifesaving medical or mechanical supports (chemotherapy, radiotherapy, mechanical ventilation, dialysis, oxygen, intravenous fluids, blood transfusion, electronic monitoring) by assuming that the patient is likely to die sooner or later
10. Do not deny lifesaving supports for terminally ill patients; preserving lifesaving support service for curable disease conditions may be arguable, but it is unethical
11. Do not lose hope to provide the maximum care although the patient's condition looks irreversible or deteriorating, may be due to organ

failure, drug-resistant TB, cardiorespiratory failure, advanced cancer, or degenerative neurologic disease

12. It is your ethical duty to provide the maximum care and moral expression for the dignity of the patient
13. Be reminded that failure is not after an attempt; failure is after failing to attempt.
14. Create awareness of the importance of palliative care and the ethical responsibilities of health workers on care provision to terminally ill patients
15. Strive to ensure the availability of essential medicines and supplies for palliative care
16. Develop a protocol on the palliative management of terminally ill patients across diseases groups, and try to establish a palliative care ward and organize a community service unit
17. Do your best to include palliative care in the medical and health sciences education and in the national guidelines as a continuum of chronic care
18. Strive to include palliative care in the universal health coverage essential package to ease the financial hardship for those who cannot afford it
19. Take note that euthanasia is unethical and illegal in Ethiopian medical practice, which is very likely to subject to litigation

V. Professionalism with colleagues

1. Communicate with colleagues openly and straightforward to build trust and firmness
2. Avoid use of unprofessional words that may be perceived as insensitive or offensive

3. Promote and practice collaborative and team work to ensure high quality services
4. Understand that quality of service and continuous improvement is not only ensured by professional competence, but also by establishing a good working relationship with colleagues and the health care and administrative systems
5. Promote and practice consensus building and collective decision making for better results
6. Treat your colleagues with dignity and respect, and make sure that you have fully protected their rights
7. Give due attention and respect for your colleague's ideas and expertise in the team
8. Establish and maintain team work with other health cadres and support staff
9. Recognize referrals, handovers, recommendations, and reports as genuine as possible until proved otherwise
10. Collaborate with colleagues to maintain the College's culture of innovation and diversification
11. Encourage and demonstrate multidisciplinary work culture in teaching, clinical care, and research activities
12. Be reliable, trustworthy, and accountable to your colleagues, immediate supervisors, and managers
13. Demonstrate humility by being humble, modest, and unpretentious while interacting with colleagues, students, and patients/clients
14. Protect your colleagues from intimidation, retaliation, and worthless litigations, and allegations
15. Respect the privacy, rights, and confidentiality of your workmate/classmate

16. Show compassion for colleagues and support staff working as team
17. Be civil and considerate while interacting with colleagues and students, and as well speak candidly and truthfully
18. Never verbally disregard or criticize your colleagues work or ideas publicly, in front of patients and students
19. Never unduly speak publicly about your colleagues or any member of the College community
20. Go through the official channels to report complaints and misbehaves
21. Avoid all forms of discrimination, stigmatization, harassment, threats, or violence to colleagues, students, and patients

VI. Commitment to your profession

"Do not wait for life to give you lemons, go and buy some". Nicole Noel

1. Have a positive attitude about your profession and job duties
2. Be cognizant that you are the guardian and demonstrator of your profession
3. Demonstrating commitment to your profession is proving your dedication to advance your career and live your dream
4. Being kind and willing to help others seeking your expertise even in challenging situations is demonstrating your commitment to your profession
5. Embrace lifelong learning from colleagues and strive for advancement of your profession
6. Engage in research to practice up-to-date scientific evidence based clinical medicine

7. Ensure that your behavior aims building public confidence in your professional practice
8. Demonstrate allegiance to your profession, clients/patients, workmates, students, and line of managers
9. Discourage and must not participate in ghostwriting and honorary authorship
10. Practice working as a cohesive team for better results in every professional task
11. Cooperate with your colleagues and College administration in all aspects demanding your expertise

VII. Responsiveness and punctuality

Failure to respond, arrive, and deliver timely is probably the most common fault observed in the workplace of a public institution, including this College. This may be true across the College's authoritative hierarchy. Simple examples of unresponsiveness are failure to respond to emails, phone calls, application letters, meeting requests, grade reports, investigation results, thesis/proposal evaluation reports, competition results, procurement, and financial liquidation. In this regard, people in other countries (the so-called '*ferenjies*') are exceptionally better than us. Their response may not be positive or pleasing, but timely.

The common excuse for unresponsiveness is being too busy with other activities; however, studies have shown that unresponsiveness is a reflection of the inability to make decisions and fear of accountability. The worst part is that those staff who repeatedly was unable to get a response for their email, call, request, or application did consider it as disrespect, and may increase the frustration and hopelessness. Unresponsiveness is also one of the causes of grievance and poor governance.

The response much needed and many times delayed or ignored is by higher officials. Failure to timely responding to formal requests by higher officials is not like denying collegial replies; it may indicate the lack of good governance. Therefore, much effort should be invested to timely respond before the delay becomes a source of grievance and lose of staff confidence.

1. Make a habit of immediately responding to verbal, telephone, virtual, or written requests by stating that at least you have acknowledged and given due consideration to the request
2. Devote a few minutes in a day to respond at least for email and phone calls if not able to respond right away
3. Uphold respecting appointment all the time; in case you are out of your control, inform the appointee ahead of the due date and time or pass the information to the delegate
4. Post your daily schedule on the door of your workplace with time and list of activities
5. Document what you have communicated with colleagues to ensure continuity and reliability
6. Give attention to patient data integrity and archiving
7. Communicate in written when you hand over activities and official responsibilities
8. Execute the assigned activities as per the scheduled time if not earlier
9. Come to the workplace earlier and leave for home on time
10. Discourage and break the custom of arriving late, leaving early, and taking longer health breaks
11. Strive for increasing performance through punctuality and attendance at work
12. Oversee overwork and ease tension to reduce burnout and stress to sustain the quality of healthcare, education, and office delivery

13. Avoid words opening room for delay and excuses like 'around', 'about', 'near' when you make appointments and plan activities
14. Never transfer activity to the next day or somebody else while it is possible to do it shortly by yourself as the lost time cannot be found again
15. Respect and express commitment to the chain of work command

VIII. Meticulous, organized, and time conscious work culture



Source: Consultant's collection from other public institution

An office with a bunch of papers under and over the tables and many more gadgets, the officer appearing as hiding behind it, could not be taken as a motivating work environment. Among others, searching for missed papers may take a very long time and occasionally may not be even found, thereby leading to delay in delivery and staff or customer grievance. In the

procedure rooms, one could find medical equipment and drapes soaked with blood and being dumped into a bucket and left there for several hours if not for days. Some staff may do things haphazardly and some leave their working place/office while materials are in disorder/entropy. Such dismay cannot be justified or excused. Therefore, making the workplace neat and clean is good conduct.

1. Be organized and meticulous to ensure every detail of activities are not missed and every tool is properly placed and can be accessed at ease
2. Do all your best to be proactive and (if not) timely reactive for things that are out of your control
3. Be time conscious and act as per the schedule; take note that time conscious professionals finish their obligations earlier and enjoy their work
4. Have a clear agenda for the day, month, and year
5. Demonstrate etiquette (behaving and practicing in a proper manner and right way while talking with colleagues, students, and patients)
6. Keep your working place (including chairs, desks, tables, floor, walls) neat and clean all the time
7. Put equipment, stationary, chairs, benches, tables, and other materials in order
8. Label a long list of items by name and put them in alphabetical order
9. Keep other items too clean, categorically shelved, and labeled
10. Prepare tools and arrange the setup for the planned task ahead of time
11. Make sure that tap water, electric lamps/bulbs, dividers, computers, printers, and the like are turned off when you leave the room
12. Do all what you can do today; tomorrow is another day for another activity
13. Start the lengthy work plan today; if you cannot start it today, it is less likely you to do it tomorrow

14. In this technology-driven fast-paced world, you can compete when you do liberate yourself from the traditional mindset and style of life; again do not rush, but be time conscious and keep the momentum of pace

IX. Personal integrity

"Honesty is the first chapter in the book of wisdom". Thomas Jefferson

Personal integrity is critically important in the health profession, thereof the oath at the time of graduation is practically demonstrated. Among others, the health professional as the most trusted by clients/patients has to be honest in providing the necessary information and keeping the clients/patients' information confidential. Health professionals should not cause any harm to the patient (maleficence) for personal or institutional benefit. Similarly, the wholeness and sincerity should be a characteristic behavior of any of the College staff and students in the teaching-learning process, personal interactions with colleagues and administrative staff, regardless of religion, ethnicity, academic rank, income, or any other personal matters. While someone does things right and good for others, much of the return is for himself/herself. As we are what we eat (wellbeing), we are what we behave (trustworthy).

"Integrity is doing the right thing, even if nobody is watching". Unknown source

1. Develop your personal integrity by being honest to your colleagues, students, and patients/clients; working in harmony and ensuring sincerity; ensuring safety, reliability, and consistency; and demonstrating wholeness of your personal character
2. Demonstrate your personal integrity by adhering to this Code, keeping your promise, maintaining confidentiality, and giving credit to others
3. It is your moral obligation to judge others fairly and legitimately

4. Respect all categories of people in your domain as a human who deserves the maximum moral standards
5. Act as per the moral standards not to harm an individual or the public by being dishonest
6. Keep your promises as a measure of your honesty, loyalty, and responsibility to whom you are serving
7. Pay attention to protecting your personal integrity, and consider it as a cornerstone of your life principle

X. Accountability and responsibility

In this Code, accountability refers to the obligation and responsibility of the College community (staff and students) to be liable to what she/he decided and/or acted while on task/learning. This is with the understanding that lack of accountability and responsibility is known to cause significant damage to the individual and institutional reputability and growth. Such behavior and practice may open room for negligence, poor quality of patient care, life threatening patient complications, poor academic performance, repeated litigation, and demotion.

Several of the litigations associated with medical mistakes across the globe are preventable provided that guidelines warning/reminding on accountability and responsibility are rightly implemented, and standard operating procedures (SOP) are practiced. Take note that accountability is not only taking responsibility for action, but also for accepting mistakes and failures as a practical demonstration for your commitment to learn and avoid repeating either. As well, be dependable and willing to hierarchical managers to take additional responsibilities as a demonstration for your commitment to advance your career and maintaining the reputability of the College.

1. Conform that accountability and taking full responsibility is an integral part of the College work culture
2. Underpin that demonstrating accountability, responsibility, allegiances, and transparency is at the individual and managerial level
3. Underline that taking personal and professional responsibility is upholding the ethical principles for the set standards
4. Be accountable to the Senate legislation, guidelines, protocols, and manuals developed by the departments/directorates where you are working in
5. Be part of developing common values (punctuality, responsiveness, applying the dressing code, teamwork, compassion, transparency, effective communication, and others) so as to create a culture of accountability and responsibility within the College
6. Take full responsibility for the set of activities you are entitled to carry out within a specified time
7. Accept assignments given by your immediate supervisor or department head with no resistance, and complete the task on time
8. Pay attention that demonstrating a good work ethic by accepting additional responsibility is preparing yourself for all forms of potential career development and recognition
9. Exercise shared decision making with patients and family members and colleagues
10. You are held accountable and liable to your immediate supervisors, department heads, professional colleagues, students, and patients
11. You are held accountable to wear uniforms, be in time to the work place, document and report activities
12. Take note that striving to upgrade your professional competence by pursuing continuing education in your area of expertise is your responsibility

13. Take note that striving to use an electronic medical recording (EMR) system, instituting digital learning methods, electronic transaction, and communication is the responsibility of every member of the College community
14. You are responsible to integrate health services as per the national guidelines
15. You are responsible to develop innovative solutions for challenges encountered in the health service delivery and education
16. Developing SOPs and ensuring their use by every staff in charge is the responsibility of directorates, department heads, and unit leaders
17. Recognize that holding accountable is learning from mistakes and getting ready for continuous improvement
18. Take into account that holding accountable is also reducing misuse of resources and improving efficiency
19. Take into account that doing all the best to bring about ownership of the College activities is laying a strong foundation for accountability and responsibility
20. Take note that valuing others' opinion, innovative working style, giving responsibility, building consensus for collective decision making are commendable practices
21. You are responsible to educate others and transfer professional skills when the condition allows you to do so
22. You are responsible to protect any confidential information of the College
23. You are requested to timely report any perceived risks to the College's property damage and reputation
24. Be honest and trustworthy when documenting medical history and reports

25. Never persuade patients to unnecessary investigations, medications, procedures, and hospital stay targeting extra income
26. Do not contribute to length hospital stay of patients because of your delay in taking appropriate actions, including failure to carry out business round and make decision
27. Understand that misleading your patients, students, or the public at large by giving false information about your qualification and expertise is one of the professional offenses
28. Avoid delegating somebody for clinical service provision whose qualification, skills, and experience is off limits

XI. Certifying and testifying in health condition

Certifying and giving testimony on health matters is an important code of ethics requiring professionals providing credible evidence to support the process of decision-making by a third party. In court or administrative proceedings, medical sources/information presented in person or in written are taken as irrevocable evidence for passing a verdict or justification for fitness/illness. The medical sources could be an expert opinion (requiring a specialized and experienced health professional in the field) and/or observation and diagnostic findings in a hospital setting to verify the request from the third party.

The request for certifying and/or testifying could be a response to medical liability or medical malpractice claim (litigation), medical certificate for abroad medical treatment, health assurance for driving or employment, birth certificate for a scholarship or abroad travel, death certificate for many reasons. In the College affiliated and owned hospitals, because of the undergraduate and residency programs, patients are evaluated and treated by Interns, residents, and consultants of same or consulted department.

However, residents and Interns are not authorized to certify and/or testify for the court; it is a must responsibility of the consultant in charge during that specific period to know every detail of the patient. As the employed staff is legally authorized to treat patients, 'I do not know the patient' cannot be an excuse for the court.

1. Make sure that you are eligible to certify or testify for the request, including being trained and experienced, licensed by a regulatory body, and is currently practicing in the field
2. Make sure that the provided evidence in the form of certificate is based on accurate and traceable/recorded document
3. As the implication of the certificate is huge and probably detrimental to life and devastation to an individual or public property, your honest report and words have paramount significance to assist the court or some other decision-making process
4. Never engage in corrupted procedure while testifying and/or certifying; be loyal to your oath and provide unbiased opinion
5. Protect the confidentiality of the patient's information unless authorized and/or enforced by a court to do so
6. Never testify/report a piece of patient health information with identifier unless the patient gives written consent or is ordered by a legal body
7. Testify the case in the way the non-health personnel easily understand; be careful to your words as they are liable to misinterpretation leading to wrong decision making
8. Make sure that highly sensitive documents liable to be subjected to medico-legal cases (such as car accidents, fighting injury, deaths, homicidal) are archived in a locked box, preferably in the recording and archiving director's office

9. While serving as expert testimony in the court, provide the most up-to-date scientific evidence and standards of care; do not be judgmental in case of controversy or idiopathic cases
10. Be neutral to either party and impartial in your expert witness, particularly in cases subjected to criminal proceedings
11. Never get aggrieved while in court, probably because of the long hours of waiting outside the courtroom, tedious process in searching evidence, or nagging questions posed by the judge or lawyer
12. Do not be argumentative while the cross-examiner attempts to provoke you
13. Be assured that your role is to help the court to get the right evidence
14. Your presence in person in a court could be for a criminal or civil case, for which you will be facing a jury and just a judge, respectively
15. Make sure that you are dressed conservatively in a court, as you do during practical clinical examination and taking the stage for a presentation
16. Do not be annoyed when you are guided to the witness box (as a witness) and enforced to stay in a standing position while the jury see your case (if you are prosecuted for medical malpractice)
17. Answer questions carefully and thoughtfully only asked once. The barrister may show you a plain white paper and ask you: 'Do you know this?' Say yes, but do not say 'Yes, that is a paper'.

XII. Harmonious and compliant work behavior

1. Be familiar with and implement the guidelines of this Code and the health ethics all the time
2. Accept constructive criticism as a learning opportunity and respond with humility

3. Accept extra assignments given by the College officials to work as member or as a leader of a task force or standing committee
4. Be guided by the Senate legislation, Strategic plan, this Code, and country's laws while dealing with your assignments
5. Align your community and hospital-based projects with the Senate legislation and Strategic plan of the College
6. Collaborate with public scrutiny; welcome given feedbacks from evaluators and immediate supervisors
7. Be exemplary in bringing harmonious and productive working relationships with your team members
8. As you request recognition and respect of your rights and responsibilities, do the same for others, including your workmates and students
9. Carry out your obligations in a responsible, diligent, and collegiate manner
10. Promote and practice a positive workplace culture by entrenching and adhering to the ethical principles of this Code
11. Be impartial, caring, and compassionate while treating and judging persons
12. Be altruistic or selfless while helping others and discharging professional responsibilities
13. Do not be unnecessarily argumentative and hot temper while reacting and discussing controversial matters
14. Be logical rather than being rigid and arguing with unsubstantiated notion
15. Do not expect or be manipulative of others to accept or reflect your thoughts and suggestions
16. Be persuasive in action rather than being a driver to have quite a large number of followers and implementers

17. Be willing and reactive to remove any barrier that may impede access to the benefit of your workmate
18. To the best, do not use substances, including cigarettes, alcohol, *khat*, illicit drug
19. Do all the best to maintain substance-free learning and working environment
20. Never use substances while coming to the workplace or while in campus and do not bring either for others on professional duty
21. If you cannot stand out as a real model in everything, have good conduct and professional ethics to enjoy your work and inspire others
22. Empower and encourage your students and junior workmates to develop self-esteem and confidence in expression
23. Make sure that your consensual intimate relationships with students or staff should not interfere with your work assignment or make others on work uncomfortable or disturbed

XIII. Occupational safety and health



Corrosive



Explosive



Flammable



Toxic

The regulation on Occupational Safety and Health in Ethiopia was endorsed in the 1940s, probably before the Ministry of Health was established (1948). As per the International Labor Conventions, no occupation is free from health or safety risk, but the degree of exposure varies. The International Labor Organization (ILO) Occupational Safety and Health Convention (1981,

No. 155) and Occupational Health Services Convention (1985, No. 161), in particular, were driving ILO documents for many countries to adopt occupational safety and health policy. The radiation protection convention (1960), occupational cancer convention (1974), and chemical convention (1990) are some other ILO instruments, which are relevant to the current Code.

Specific to the College community, being protected from occupational health risks, keeping the workplace safe, and protecting the environment, patients, patient relatives from hazardous chemicals, infection, radiation, and sharp objects is the responsibility of the workers. Staff and students being protected from such hazards is one of the fundamental human rights as enshrined in the United Nations Universal Declaration of Human Rights (1948). Enforcing workers to engage in any life-threatening activity is violating human rights. Health workers must be protected from the highly toxic chemicals (like leaked Mercury from the blood pressure apparatus, spilled chemotherapy drugs for cancers, different laboratory acids, disinfectants, pesticides) in the hospital environment.

Health workers and support staff should understand that hospitals are not only places for curative, palliative, and rehabilitative services, but also potentially risky areas for humans to acquire infections, get exposed to radiation, and sustain chemical and sharp object injuries. Hospitals are also well-known environment pollutants unless the waste, chemicals, used medical supplies, and damaged medical equipment are properly discarded and/or disinfected.

The risk to humans from diverse environment (chemical/tissue) pollutants and sharp objects from hospitals may outweigh the industry product pollution. Unlike gross injuries, the effect of toxic chemicals (usually heavy metals and cytotoxic drugs) and radiation may not be apparent for years

(but causes incurable degenerative and cancer diseases). As a result, unaware workers give little attention and keep on being exposed.

Human errors and negligence contribute to much of the environment pollution and hazards. It should be capitalized that giving less attention or throwing hospital chemicals, infection carriers, and sharp objects haphazardly is an immoral and unethical act. Studies in Ethiopia have shown that sharp object injuries are disproportionately higher among hospital cleaners, porters, and gardeners than health workers, partly indicating the inappropriate management of wastes and use and throw objects.

Out of sympathetic reaction, it is not uncommon cleaners and porters embrace bleeding patients with their bare hands; there are several occasions in which corridor babies (born in the corridor or stretcher) umbilical cord is cut and babies picked by porters or cleaners, ignoring the blood in their hand. This is the reflection of the practice back in the community. Educating those support staff working in the hospital on occupational safety and health is the most ignored subject. Here and there infection prevention training is given to health workers.

Therefore, the infection prevention and environment protection culture need a meticulous follow up and continuous upgrading. Health workers, in particular, have to understand that they have multiple responsibilities, including protecting the safety and health of their own, other persons in the hospital, and the hospital environment. The College management is responsible to take its part in protecting staff and students from occupational hazards and diseases. Apart from legislating this Code, the College has a legal responsibility to enforce the practical application of the guidelines as stipulated hereunder.

1. Be reminded that the incident of work-related injuries and diseases while providing health service and assisting health workers is

regrettably high, indicating the requirement of careful application of preventive and protective measures

2. Understand that support staff working in the clinical setting, laundry, and green areas are at higher risk for sharp object injury, infection, and chemicals exposure
3. Use all opportunities to uphold the support staff awareness and use of and apply injury, infection, chemicals, and radiation preventive methods
4. Make sure that support staff are aware of the availability of post-exposure prophylaxis for some viral infections and emergency treatment for injuries
5. Ensure that safety measures from injury and contagious infection are in place and practiced all the time, and potential hazards are earlier identified
6. Be vigilant to occupational hazards and regularly inspect and evaluate the application of safety measures and procedures
7. Make sure that rooms are well ventilated, hazardous chemicals, human tissue, blood, and excreta are appropriately discarded or disinfected
8. Create a system of reporting for wastes and chemicals of public concern
9. As the College is responsible to provide PPE (such as goggles/face shield, face mask, boots, surgical and heavy-duty gloves, long-sleeved gowns) and other safety devices, it is your responsibility to appropriately and consistently use these final lines of defence as per the PPE use guidelines
10. You are responsible to comply with this Code for your own and others safety and health
11. Keep your and others safety while operating hazardous devices and caring for patients

12. Make sure that assembling and maintaining of medical devices, imaging machines, and office equipment is performed by skilled person
13. Verify the safety of any of the devices and electric gadgets before, during, and after operating
14. Prevent dehydration and hypotension while you are engaged in intensive/laborious physical work, working in a high-heat room for hours, and wearing heavy PPE in COVID-19 ICU
15. Contribute to the establishment of decent working conditions and environment
16. Discourage working in a state of excessive physical and mental stress as it increases the risk of error and injury
17. Promote continuous improvement of occupational safety and health in the workplace
18. Strive for the establishment of a national institution for compensation or occupational health insurance
19. Participate in basic and systematic surveillance of factors predisposing students and staff for hazards and diseases, including simple unscheduled walk-through observation
20. Establish a regular reminder system about prevention and control of occupational hazards (mini-media, regularly posting on College's website, publishing flying leaflets)

XIV. Health care providers and support staff dressing code

In Ethiopia, health care provider defines health professionals who are graduates from University, Colleges, and Technical and Vocational Education and Training centers and licensed/recognized by the Ethiopian Ministry of Health to practice. These include clinical specialists, general practitioners,

integrated emergency surgical officers, health officers, nurses/midwives, optometrists, dentists, anesthetists, laboratory technologists, pharmacists, chiropractors, clinical psychologists, and others. Support staff who have a role in the clinical service include orderlies (non-medical care providers engaged in patient positioning, washing, and toileting), porters, cleaners, gatekeepers, mortuary attendants.

It is known that health care providers are among professionals who operate with branded uniforms. Exceptionally in health care, uniforms are not only professional images, but also Personal Protective Equipment (PPE). There is a large body of evidence that has demonstrated the huge impact of health care providers dressing on building trust and partnership with clients and patients. Patients' number one preference is doctors to wear the traditional white coats (long to knee); wearing short white coats, scrubs, or dress clothes are the most disregarded. The public perception about the health service providing institution is positive when the health service providers are conservative to the tradition of the health uniforms.

However, probably due to the lack of the dressing code guidelines, health professional uniforms (specifically scrubs and white coats) may be worn by orderlies, maintenance and dietary personnel, environmental services, and technicians within the hospital campus, for which SPHMMC is not an exception. As a result, it has become increasingly difficult for patients and families to identify health professionals from other hospital staff. It adds further confusion and miscommunication to patients and family members who are probably new to the hospital environment. Making clear the appearance of health care providers with identifier badge helps patients/clients easily identify the professionals whom they are searching for.

The purpose of having a dressing code is to standardize the professional appearance and help people at ease identify, appropriately communicate,

and know the roles of the identified hospital staff. Certainly, it is the uniform that identifies the health worker from support or administrative staff. Health professionals wear different uniforms while they are engaged in different health care activities; in the clinic white coats or nursing uniforms and in the procedure rooms scrubs with bare below the elbows. Personal protective equipment is not profession-specific and is not considered as uniform.

The dress code in high-risk areas (where health professionals contact with patients/clients) must be followed strictly, while in low-risk areas (offices, computer rooms/library, restrooms, duty rooms, stores, campus cafeteria, transport and maintenance areas), a health professional can be liberal to wear the profession-specific uniforms. List of guidelines are below to be strictly practiced by every health worker and student in clinical practice and offices. Take note that respecting your uniform is respecting your profession. Your uniform is not only a brand for your profession but also a personal protective tool from contamination and infection. Therefore, make sure that you are wearing an appropriate size of your uniform all the time while you are in a hospital.

The admin and support staff are also expected to be dressed well and respect the dressing Code of the College. So far, it is only security personnel and hospital support staff who have been wearing their uniforms. This is despite the fact that the College provides wool cloths, shirts, and shoes for some staff. Thus, from now onwards, starting from the most senior staff and higher officials of the College management, it is must to be dressed appropriately as described hereunder.

1. Wearing a uniform is a must to do while serving patients in the hospital or other health facility setting
2. Wearing additional PPE is highly recommended in case of increased risk of exposure to the patient's body fluids or aerosols

3. Never examine a patient without wearing the white uniform for the clinician (white coat, white cape, white dress, white T-shirt, white trouser) unless condition compels to do so (like examining children, examining patients in the procedure room and at the reception of the operation theatre, and in life-threatening emergency condition) or the College provides special uniform for all
4. Never leave the operation theatre without changing your uniform designated for the operation theatre
5. OR scrubs should not be worn outside an operation theatre, high tech procedure rooms, central sterilization rooms, and delivery ward
6. Do not wear OR scrubs in a clinic and white coats in the operation theatre
7. Travelling with uniform outside the health facility campus to nearby cafeteria or shop or bank is absolutely forbidden
8. Apply bare below the elbows while in the procedure rooms (short sleeve scrubs, no wristwatch, no finger rings, no bracelets, no nail growth or nail extensions)
9. Never wear a body fluid contaminated uniform before washing and ironing at the maximum temperature that the fabric can tolerate
10. Never go home with your uniform in a state of handling a contagious disease, including infection outbreaks
11. Comply with the institution infection prevention and control guidelines
12. Make sure that hands are disinfected after each contact with a patient and before and after changing uniform
13. Never keep on wearing a uniform which is contaminated by a blood/body fluid
14. Until uniforms for all health cadres for casual use in clinics, wards, and offices are ready, make sure that personal attire (formal cloths) are not either of the following: short shorts, hipsters and mini-skirts, chest

- exposing midriff tops or low-cut tops, “ripped” jeans or clothes which expose the bare midriff, sportswear, big earrings
15. Footwear must not attract the attention of others; must not be slippery and preferably provided by the health facility and appropriate to the duties performed.
 16. The hairstyle should be secured or conservative if not appropriately covered or cut short (take note that hair longer than shoulder is a source of infection)
 17. It is an offense for patients to get closer to them with heavy perfumes, body lotion, air freshener, aftershaves, hair spray, or any other substance with strong smells and volatility, which may create discomfort or induce allergic reactions
 18. Wearing name tags and ID badges or printing names and positions on uniforms is a must to do as per this Code
 19. Keeping oral and body hygiene and making hair and fingernails clean all the time is a must to do
 20. Long nails, artificial/acrylic nails, glitter and appliqués around fingers are unacceptable
 21. Offensive tattoos (indicating racism, graphics or wording/language considered offensive for patients) must be appropriately covered
 22. Visible body piercings other than ears (such as piercings on lips, tongue, nose, eyebrows) may not be culturally acceptable by our society
 23. Never wear dirty, wrinkled, stained, faded, or frayed uniform or attire
 24. Never wear slippers, sandals, and shoes with an unpleasant odor; all shoes in high-risk areas should be with enclosed toe and heel
 25. Never wear hats and head coverings unapproved by the department or College Human Resource Directorate

26. Wearing necktie and shirt is a must for all men staff (academia, health worker, and admin staff) while on campus unless scrub uniforms are worn
27. Putting stethoscope like a scarf and walking outside the hospital campus is a bossy and unpleasant behavior



Right, buttoned his gown; worn neck tie, shoes and trouser are perfect, but the gown is short; he put his hands in his pocket, and his stethoscope like a scarf. Left, did not button his gown; the gown is too short; worn pestle shirt, and no neck tie.



Profession	Uniform specification
Clinical staff	
Medical doctor, including dentistry	• White coat
IESO/Health officer	• White coat
General or mid-wife nurse	• White shirt • White trousers
Optometry, pharmacy, laboratory	• White coat
Scrubs (any health professional)	• Ocean blue shirt • Ocean blue trousers
Non-clinical staff	
Porters	• Light pink shirt • Light pink trousers
Cleaners	• Red orange shirt • Red orange trousers
Security guards/gate keepers	• Light blue shirt • Light blue trousers
Catering staff	• Dark green shirt

	Dark green dress or trousers with Chef cape
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Staff	Hair style	Eyeglass	Neck	Above the waist	Below the waist	Shoes
Women	Curled	For sight or solar	None/Hijab	Covering the chest	Trouser or full dress	Short or flat heel
Men	Short and symmetric	For sight or solar	Neck tie	Shirt with long sleeve	Trouser to the foot	Short or flat heel

XV. Use and misuse of College property



Source: Consultant's collection from other public institution

The College management needs to be vigilant and work tirelessly to make sure that the use of College property is for the purpose it is earmarked. Creating an awareness of the staff on the features and implications of College property misuse can change the behavior of many of the less concerned members of the community. Presenting objective findings of the resource consumption and the cost incurring on the College, and by large on the country is a click reminder.

The general service directorate office can publish posters and distribute the baseline data and the change through time. In due course, it is envisaged that the concept of College resource-saving can be impregnated by the majority of the members of the College community. It should be overemphasized that the multidimensional growth of the College is a moral satisfaction for everyone who has contributed to it. Of note, no higher education in the world becomes renowned without the sustainable, relentless, and industrious effort of its staff.

1. Every College employee and enrolled student has moral responsibility and legal obligation to use the College resources economically and carefully (both use and throw and reusable ones)
2. Ensure that College property is safe from theft and negligent damage
3. Use office equipment and communication tools only for the assigned purpose
4. Prevent College property from abuse/misuse and wastage before use
5. Give equal credit and care for the College property as you do for your personal property
6. Office hours are the property of the College demanding the devotion of each staff to properly utilize it and only for the assigned activities
7. Ensure that the College properties are used for the purpose they are entitled

8. Computers, telephone, office equipment, and vehicles are used for official business
9. College property should not be used for personal purposes unless otherwise formally requested and officially allowed
10. Maintain proper record of material and financial resources of the College
11. Make sure that temperature and heat-sensitive equipment, medical supplies, and other materials are safely stored
12. Make sure that dysfunctional office and medical equipment are timely maintained or discarded
13. Properly discard expired medicines, medical supplies, and dysfunctional and unrepairable equipment
14. Cooperate and make available office furniture, office equipment, medical equipment, and others for inventory
15. You are accountable for misused or unjustifiably damaged/lost office furniture, office equipment, medical equipment

XVI. Conflict of interest

Conflict of interest is considered as occurred when personal interests interfere with impartial and fair judgments, commitments, and functions to be personally unduly benefited. This can occur in the health service provision, selection and promotion of students, academic staff publication and promotion, performance appraisal, financial transaction, staff recruitment, and procurement of the College properties. Literally, conflict of interest is a corrupted act unduly tilted to the benefit of an individual who does not deserve it under normal circumstances.

Conflict of interest is not uncommon in the medical practice as the pharmaceutical companies provide different gifts, prizes, and high class

lunch/dinner to promote their product and bias health professional's decisions on therapeutic choices. Health professionals may be biased in their service provision when they have dual interests (such as engagement in both private for-profit and public health services).

In the Ethiopian situation, conflict of interest may also occur when there is hidden financial deal between a private health institution (clinic, hospital, pharmacy) and an employee or practicing student in one of the public health institutions to increase the referral for investigations and directing patients where and what to purchase medications and medical supplies. Conflict of interest is not also uncommon among regulators, which is not in the interest of this Code.

In general, in the medical profession, conflict of interest can occur in both clinical service and research. Many of the health service providing institutions and medical schools have adopted a conflict of interest policies banning various incentivizing stimuli to influence practitioner's impartial clinical practice and publishing genuine research outcomes. To the best, ahead declaration of interest of the family or personal relationships, business affairs, or any other connection that can have a negative impact on impartial and independent decision making is a moral responsibility what every staff of the College needs to make it a norm. Secondly, declining from engagement with the potentially conflicting circumstances with your professional practice, and not accepting any gifts or sponsorship likely to influence your decision-making is an appropriate practice.

1. Do all your best not to interfere with a secondary interest for a primary interest
2. Declare the potential of conflict of interest in a task in which it is familial or business affairs that can potentially bias your professional judgment or choices

3. Disclose the potential conflict of interest either verbally or in written to the respective task team leaders or department head when the need arises
4. Disclose any financial relationships while submitting a proposal for granting, manuscript for publishing, and applying for a scholarship
5. Defer undertaking/assigning practical and viva examinations when the student has a close personal relationship with the examiner
6. It is your moral duty to disclose any perceived conflict of interest endangering the reputation of the College
7. Make sure that orientation on conflict of interest is provided to faculty, health staff, clinical fellows, residents, and undergraduate students
8. Make sure that the College develops guidelines on public-private partnership, which will comprehensively be addressing conflict of interest

XVII. Gifts from the pharmaceutical and medical equipment manufacturing and distributing companies or others

It is a hard fact that promoters of pharmaceutical companies are 'normal flora' in many of the public health facilities. Probably unknowingly, we do receive whatever material they provide for us as a gift; accept invitations for dinner/lunch; participate in promotional lectures; and may also get an offer of sponsorship for short training or tour. Since the intention of the brand product promoters is to push health professionals to choose their product, which is diverting and against their unbiased decision. All such acts and engagements are professionally and ethically unacceptable. There is a large body of data that has verified the falsely generated evidence to wrongly convince health professionals and prescribe their products. Therefore, it is

your professional and ethical obligation not to be biased by the so called “scientific evidence”, which is commonly found in the promoters’ hand. The commonly presented “scientific evidence” demonstrating the effectiveness of the promoters product is a cooked data for the purpose of promotion or published in predatory journals.

1. Do not receive free goods for the purpose of promotion and marketing by a profit-making pharmaceutical organization or some other profit making companies
2. Promoting profit making entity within the campus is absolutely prohibited
3. Never collaborate with researchers testing who are testing drugs efficacy or safety unless proved otherwise that the trial is registered; ethical clearance is secured; and institutional approval is given
4. Engaging in any form of misinformation, including promoting a certain product, is a professional misconduct
5. It is unprofessional and unethical to advise and recommend pharmaceutical products or medical services to your patients for financial or other forms of personal benefits
6. Do not accept samples of product purposed for company promotion
7. You should not accept any gift considered as an inducement to act differently from the fair and impartial practice
8. Use your professional judgment to prescribe medicines and medical supplies using their scientific/generic name; never prescribe medicines by their brand name as such practice is not standard
9. Awards or honorary degree for your competition-based merit and is not related to promotion of a company or its products is acceptable

XVIII. Misuse of information technology

These days, information technology is in different aspects of our daily lives, partly serving as a major source of information, and partly distracting people from their duty and traditional way of social life and engagements. Interestingly, whether the information source is social media, email, loaded electronic devices, or databases, it is transforming the formal and informal learning method from the traditional face-to-face and instructor-centered to the digital method (blended in the early phase) and learner-guided.

Although Internet-enabled us to reach a large audience (if not unlimited) to sell our product or buy others product and learn from the international electronic library, Covid-19 served as a big stimulus to upgrade and keep the momentum on digital learning. While digital learning and digital technology transformation are on the horizon in the Ethiopian context, their application and development need due consideration for resourcing and close monitoring to prevent misuse and abuse of the College IT system. Therefore, the purpose of this Code is to give general guidance on how to go about it.

1. Use the College Internet and digital technologies for the purpose they are intended
2. Use social media responsibly and respectfully not to damage individual's and College's reputation
3. Think twice about your writing and video messages before releasing them to the larger audience, which will give little room for correction thereafter
4. Avoid the use of inflammatory and derogatory languages in any of your personal communications as such behaviors damage your and your College's reputation
5. Avoid using social media or virtual meetings during working/learning hours unless otherwise you are allowed to do so

6. Make sure that your social media engagement should not be at the expense of the traditional public to public interaction opportunities
7. Inappropriate and abusive use of the information technology of the College (accessing too much expensive videos with no academic purpose or disseminating offensive text messages and videos) is absolutely forbidden and likely to subject for disciplinary measures
8. Never transmit an unauthorized text messages or video on behave of the College
9. Similarly, it is an offense to share unauthorized College information with the regular public media, particularly those that can affect the College's reputation
10. You are encouraged to give a professional comment with the highest ethical and professional standard for the benefit of the public at large

XIX. Plagiarism, duplicate publication, and use of predatory journals

The Copyright issue, plagiarism, and predatory journals are global deceitful challenges in several professions. Plagiarism and predatory journals, in particular, are threats to scientific advancement and credibility. Plagiarism is common professional and scientific misconduct misleading the reader and evaluator, and it is characterized by theft of somebody's intellectual property. It can be committed unknowingly or deliberately to get benefitted from others' original work or thoughts.

Plagiarism may range from self-plagiarism (recycling the same work for different purposes), copying a full statement of another person (also called verbatim plagiarism) and including in a text (without putting it in a quotation or getting permission from the originator) to duplicate publication (by changing only the author's name and republishing a full article), which is

also known as global plagiarism. A significant portion of text from single or multiple literature sources may be copied without any synthesis and additional thoughts of the contents.

Although the terminology plagiarism is usually used to describe appropriation of another person's written work, it can occur when ideas, results, or processes are embezzled without giving appropriate credit, or when a false attribution of authorship is given to ghostwriters. Another form of soft plagiarism is 'aggregating' (lack of original work). Aggregators do not add new ideas or findings in their manuscript, but aggregate others' work with proper citation and referencing.

Duplicate publication is another problem, which is reported as increasing in the global arena. It can be done by the same author in different journals, simply by changing the title's name and order of the authors name, or by another author who may make similar modifications without or partly changing the content in the text. The worst form of duplication experienced in 2020 is publishing same data 8 times (a research on genetic regulation of cancer growth) by same author, only by changing the cancer types. Electronic publications in the form of proposals and full articles are highly vulnerable to both plagiarism and duplicate publication. Such dishonest acts are too much damaging as they make the original work contributors at a greater disadvantage and creating stagnation to the scientific work growth.

Predatory journals are other threats to scientific integrity and credibility. Such journals are fake and publish articles online without peer review and rigorous editorial work, merely for making money. They may list fabricated names or renowned names without their permission/knowledge as editorial board and editors, and may beautify the cover page as indexed in renowned websites (such as PUBMED/MEDLINE), have an impact factor, and very broad scope, but all are false. They usually receive manuscripts by email, publish rapidly, widely advertise as fast publisher, and do not have

institutional email addresses; they use non-professional public providers, such as Yahoo and Gmail. By virtue of their nature, predatory journals are hundred percent open access, and they do not publish without full payment. Such journals usually do not have an online journal submitting system. Take note that there are more than 3,000 predatory journals publishing articles without scientific merit, provided that the payment is made. Predatory journals accept and immediately publish all articles rejected by scientific journals because of poor quality.

In general, being conscious of plagiarism and other academic misconduct is critically important. Using software to detect plagiarism and duplication of publications is still important; however, working on the human mind outweighs the other efforts to reduce such irresponsible engagements. Therefore, educating students and less experienced faculty on the literature review skills and identifying predatory journals should be given top priority. Much of these works are expected from the research directorate office of the College.

1. Do not copy others' published or unpublished work/ideas without permission or proper attribution to the originator, in the form of citation and referencing or putting in quotation
2. Take the idea for literature review from different sources and show your expertise by synthesizing and analyzing the ideas you have reviewed
3. Take note that plagiarism is professional misconduct in any academic dissemination of original work when it is done without consenting the originator
4. Be conscious of publications cited as credible evidence to promote pharmaceutical companies; ghostwriters, fabricated results, and publication bias presented by the pharmaceutical industry are not uncommon

5. Notwithstanding with open access journals paid by the world bank for low-income countries (such as PLOS and BMC series of journals), make sure that the journal which you are submitting to an open-access journal is not a predatory journal
6. Provide training to students and faculty on what constitutes plagiarism and predatory journal and on how to avoid them
7. Create awareness by disseminating the information via leaflets about plagiarism, duplication of publications, and predatory journals and their indicators
8. It is the responsibility of the supervisor/advisor to verify the originality of the submitted thesis work with other online accessible documents using plagiarism checker software
9. Provide orientation training to theses work supervisors and examiners on the human and electronic method of detecting plagiarism
10. As part of the quality control mechanism, include checklist for plagiarism in the evaluation of theses for promotion and proposal for funding
11. Play a leader role in the movement of anti-plagiarism, anti-duplication of publication, and avoiding predatory journals; increasing awareness by itself is a one-step forward movement to prevent such misconduct
12. Start uploading postgraduate thesis on the College website until computers are loaded with automatic anti-plagiarism checker software
13. Check your original work for accidental plagiarism while synthesizing the literature review and discussing the results using online plagiarism checker software
14. Researchers should make sure that the journal they are interested in for submission is not a predatory journal

15. Research directorate and the promotion committee at different levels should counter check the submitted journals with the master list of predatory journals

XX. Verifying the reliability and credibility of published data or text

The College as a higher academic institution is mandated to teach undergraduate and postgraduate students, conduct research, engage in training, and participating in the production of national guidelines, protocols, and strategies, which all need a credible (trustworthy) and reliable (consistent) scientific evidence from local and global sources. The College scholars and alumni are also expected to disseminate their research work through the credible portals for better marketability of the product and promotion of the working group.

However, because of the flourishing and easy access to Internet/Web-based information, differentiating credible from trash information requires skills and experience. As a matter of fact, quite a large number of Web-based information do not qualify for scientific evidence as all are not regulated and anyone can publish anything he/she is interested in on the Web. As noted above, a large body of predatory journals is making unfair business by disseminating unscientific evidence. It is not as such easier for inexperienced faculty and students to exclude them from citation or potential submission for publication of research work.

Journals indexed in the most popular databases and published by credible publishers with high volume numbers and impact factors are the most trusted. University-based peer-reviewed publications, professional society-based publications (such as ACOG, RCOG, American Heart Association and American Stroke Association/AHA/ASA, American Academy of

Pediatrics/AAP), government guidelines, protocols, and strategies, WHO and UN academic publications are released after being rigorously reviewed; and included information are usually up to date and scientific.

Therefore, it is the responsibility of every faculty or student to use and deliver correct and error-free information, for which great care should be taken to identify the credible and reliable source or media of dissemination.

Some of the credible indexing databases/digital libraries and publishers in medicine and health sciences.

Publishers		Abstracting/Indexing
• Nature, • Springer link/open, • BMJ, • The Lancet, • JAMA network, • Elsevier, • BioMed central, • LWW Journals, • PLOS, • Frontiers, • Annals, • Taylor & Francis, • AAP, • ASPET journals • Genome Research	• New England Journal of Medicine • Oxford University Press • Wiley-Blackwell, • Wiley online library • SAGE Publishing, • MDPI, • AME, • AHA/ASA, • MDPI, • WHO, • FIGO, • Bentham open, • Cell Press	• PubMed, • PubMed central, • MEDLINE, • HINARI, • Cochrane Library, • Scopus, • EBSCO, • Science direct/open • Clarivate Analytics, • PsycINFO, • PsycArticles • ClinicalKey, • EMBASE • UpToDate, • DOAJ

1. Make thorough scrutiny of the credibility of the author(s), journal, book, website, publisher, index in the reliable databases, and impact factor or number of editions of the book or volume of the journal before considering a source for citation or choosing for publication or presentation
2. It is good to rely on meta-analysis, meta-synthesis, systematic reviews, narrative analysis, scoping reviews, randomized controlled trials, and text/reference books (hard copy and second or more edition)
3. Take note that journals with Thomson Reuters impact factor, SCImago high journal ranking, Eigenfactor, CiteScore, Source Normalized Impact per Paper (SNIP) are more likely to be credible
4. Be careful with web sites ending as .com (commercial) as compared to the non-profit-based website, such as .edu (education), .gov (government), and .org (organization)
5. Show effort to identify the author(s) profile/biography index for his/her/their reputability and reliability (whether they have a proven track record in the field)
6. Cross check the information for validity from reliable sources by tracing citations to the primary source
7. Identify biased information by questioning (particularly) pharmaceutical company's sponsored results
8. Make sure that students are guided on the use of credible and reliable sources for their seminars, case presentations, and research literature review
9. Make sure that doubtful journals are counter-checked with the predatory journals list.
10. To the best, use software to detect or verify journals and resources for the accuracy or biased or fake publications

11. Underscore that information is knowledge when it is credible and reliable

XXI. Lawful obedience and comply with universal codes

1. Unauthorized access to archived data of patients within all SPHMMC hospitals and centers is strictly forbidden
2. Use of patient data, administrative information, or students' academic profile for a purpose other than authorized work plan or sharing either of these with the social or regular media is unprofessional/unethical and recognized as a violation of the College's legitimate authority
3. Ensure the privacy and security of client/patient information and academic data of students
4. Never receive "compensation" for referring patients or sending specimen to a private-for-profit clinic or hospital
5. Understand, respect to, and comply with all applicable national health and education laws
6. Comply with any lawful order given by a legally authorized person or legal body
7. No staff is allowed to devote his/her working time to another public or private health facility/institution unless permitted in an exceptional agreement
8. You are eligible to consultative and professional work provided that it is outside the working hours or permitted and not compromising the work you are entitled to
9. Ensure that consultative and professional work engagement is as per the Senate legislation
10. Be reminded that engagement in consultative and professional work is not a right but a privilege

XXII. Political affiliation

It is every individual's constitutional right to have an affiliation to any political party/group he/she is interested in, provided that it does not interfere with executing professional responsibility he/she is entitled to and does not disturb colleagues, students, or other staff in the workplace. As noted earlier, the workplace requires speaking a common work language, team spirit, and tolerating differences. The first and foremost target of the workforce in the workplace is the given task. Other interests, including being a politician and activist or blogger, should not be disclosed while executing official and professional duties.

Occasionally, confrontation and polarization come to the workplace when the staff start talking politics promoting their side and disgracing the rival group. The instructor may express his/her political views and motives (probably criticizing others and promoting what he/she supports) while giving lectures or bedside teaching or in a demonstration lab. Unhealthy political affiliation may not only be unveiled verbally but also by wearing a politically tagged T-shirt, putting photo of the political leader or quotation on the desk, loudly listening to speeches and videos of their affiliate. Not uncommonly, such acts do further deepen the political polarization and invariably negatively affect the collegial work relationship and active engagement with the assignment.

1. Make sure that political programs and issues (announcing attending a rally, running for office, or signing a petition) are off the discussion, off the television in the workplace, off action, and off the College website
2. Divert conversations away from politics and focus more on generic aspects, even when colleagues incidentally indulge in highly sensitive political talks while on job

3. Put aside your political stance while you are in the workplace (as a health care provider, instructor, office-bearer, or learner) even when the majority of your colleagues are like-minded in their political views
4. Underscore to your team that political issues are sensitive and may lead to coercion and quarreling
5. Put “intensively discussing a hot politics at the workplace is unacceptable” as a work rule
6. Posting political slogans or a favorite candidate’s photo (who is contesting for a political position), campaign posters, and stickers on the College campus or College’s website is absolutely forbidden
7. Take care not to express your political views and motives while lecturing or delivering a speech to an audience gathered for College level matters
8. Your working hours must not be used for political campaigns unless otherwise officially allowed by the College Provost
9. Discriminating against employees or job applicants based on their political beliefs or affiliation is unacceptable
10. The human resource directorate must remind/announce the College’s policy towards political activities in the workplace
11. The College do not offer protection to staff who are engaged in a political campaign or some other activity outside the working hours or being convicted for such action

"We do not hire LIBERALS. This is not because we disagree with their political views. It is because working here requires superior reasoning, logic and reading comprehension skills, and in our experience, Liberals are deficient in those areas. We have found that they make decisions based on their emotions, not logic".
Unknown source

XXIII. Religious affiliation

Like the political affiliation, the workplace in the College campus or affiliated health facilities must not be used for preaching others or demonstrating

religious affiliations. Religious commitment has a formal place and should not be extroverted or exhibited anytime, anywhere in the workplace.

In many public institutions, it is not uncommon to see religious spectacles and pictures in the workplace, but this does not mean that the doctrine of the religion allows to do like that. In other words, being such materials found everywhere does not mean that the practice is acceptable by the standard of the religion and by this Code. This is because; while we think we are doing right, we are disturbing others in the workplace who are in different religious domains, and more than that such practice is contravening the principles of the respective religion.

1. Avoid or do not express your personal religion in the way that can influence the working relationship
2. Never put religious pictures, posters, sculptures, stickers, or any other form of depiction in the workplace
3. Do not post text, spectacles, and illustrations in offices, corridors, wards, and clinics demonstrating your religious or political affiliation
4. Never preach to your colleagues, students, patients/clients, or others in the workplace
5. Do not forget that what makes you happy may be offending for others, who are not in the same religious doctrine
6. Do not be your religion exhibitionist while you are in your workplace
7. Acknowledge that the workplace is not an appropriate setting for religious faith conversations, congregation, or performance through various approaches
8. Never directly or indirectly discriminate against a patient, colleague, or student because of his/her religion; entertain inclusive work and education culture
9. Do not tolerate harassment targeting religious beliefs

XXIV. Receiving payment for work not done

It is really disappointing that some individuals do not have shame and guilt feelings when they receive salary and top-up payments for the work they do not perform, while they are not officially excused. There are several case-based examples in which the formally employed staff leave the public institution or are absent from work for several months and occasionally for more than a year, but keep on receiving salary and top-up payments. Such instances remain unnoticeable for long period of time, particularly when the human resource directorate do not have a regular update from an authorized department head, director, or unit leader.

Sadly, those individuals who are found being dishonest do not regret for their egotistic behavior; rather, may try to justify it by saying "I deserve more than that for the work I did before". Whatever small the amount of salary or sum payment is in the College, it is a legally authorized and agreeable rate, which is also similar to other Ethiopians of similar qualification and equal status. Such a response is traumatizing and a bad example for the generation, which is not yet recognized as it has counter-productive consequences.

Senate legislation offers payment for academic staff who are granted an officially endorsed leave (study leave, research leave, sabbatical leave, sick leave, short course leaves). Similarly, administrative and support staff have the right to get paid annual leave, sick leave, and occasionally study leave.

Therefore, any staff who keeps on receiving payment for the job not done and not delivered has to be condemned in strong possible terms, and the money should be returned to the government treasury. If the individual fails to return the abused public money, the legal office has to take such cases to the court for payback appeal. Establishing an interface between the human

resource and respective departments or directorates is the minimum to monitor such misconduct and act of corruption.

1. Department heads, directors, and unit leaders:
 1. Must establish a system of verification for the availability of the staff and execution of the given work as scheduled
 2. Must take the primary responsibility for the verification of staff being on duty unless otherwise excused for a justifiable reason
 3. Are accountable for failing to timely report those staff who are not on their job
2. The College has to enforce the civic law and oversee the execution in every academic unit, health service and admin wing
3. Human resource directorate is entitled to receive a monthly updates of on-job staff list, ahead of salary and top up payment execution
4. The human resource directorate is authorized to withhold salary and any other payment of staff who is not on duty
5. Similar action must be taken to housing and other benefits and privileges
6. As per the Senate legislation and country's laws, it is your right to leave your job, but to the best should be with earlier notice and completion of the active assignment
7. You are responsible for reporting to the department head, director, or unit leader when you leave the College or when you are aware that a staff has quit the College job without notice
8. Be reminded that unauthorized leave or leave without notice is damaging for the College, an irresponsible and immoral act to the leaving staff, and a bad example for others.
9. When you leave the College, do all the best not to bring about the mess and incur a cost, which has no return

10. Take note that in one or another way in your career, you need support from the College administration or senior staff; therefore, leave the College with praise
11. Be reminded that you are liable to prosecution for any unjustifiable College property loss and/or payment you unduly received
12. Be reminded that allegations while serving the public may be unavoidable; get prepared to defend with credible evidence

XXV. Providing medical treatment by untrained and unqualified staff/student

As a matter of truth, it is not uncommon for cleaners, porters, students (other than Interns), and rarely guards to support clinicians in emergency and difficult situations while providing medications and performing procedures. In this regard, individual clinician's experience is rich. Such mechanistic engagement of hospital support staff may, unfortunately, give them an opportunity to be acquainted with some routine clinical practices, encouraging them to take risks by trying doing the same.

Some may be intentionally trained, which is not acceptable by any standard and cannot be recognized as an excuse for accreditation. The classical example is those fistula patients in Ethiopia who later become "fistula surgeons" after observing the surgical techniques for years and were encouraged to perform the procedures. They do not have formal education and even could not write their name and the procedure they performed. Similarly, in the old times, health assistants (the only health worker in a health station) used to "train" the guard and the cleaner how to inject medicines and open IV-line. The local community had been recognizing them as second-line health workers, for which they were not objecting their practice.

Even these days, in the rural area, there are several clinics and pharmacies run by former non-health professional staff in health facility settings. They do prescribe medicines, provide injectable medications, IV fluids, and perform tooth extraction and minor surgery. They encountered little objection from the local officials and health professionals. Interestingly, like the "*Wegeshas*", they order X-ray and ultrasound scanning to be done somewhere (some have their own ultrasound). Similar practices are very common in India with increasing trends.

Obviously, the majority start the practice while they are working in a health facility (some traditional healers advance to providing modern medicines). They usually provide treatment to patients coming at lunchtime, late at night, and during the weekend (naturally, when the health workers are not around in rural health facilities). Unexpectedly, encountering a cleaner injecting medicine or opening IV-line in big hospitals may be a big surprise for someone, but that is not uncommon, for which the teaching hospitals of this College may not be an exception. Students may as well get tempted to prescribe medicines after they take their pharmacology, pathology, and microbiology courses.

Health workers practicing outside their scope (without credible training and qualification) is a huge problem across the country. It is not uncommon to encounter a plastic surgeon performing hysterectomy for cervical cancer. Ultrasound scanning is probably the most abused diagnostic procedure by untrained health workers.

One more commonly overlooked is the volunteers and missionaries' engagement in medical practice. They may come as expatriates, volunteers, elective students, priests/nuns, and researchers and announce to the community the kind of health service they are going to provide. Some call such practice 'physical misery of the natives in the jungle' and 'the Third World as experimental fodder'. Whatever they do or plan to do,

little attention is given to 'white' people, which has a long history in many developing countries, for which Ethiopia is not an exception; no one may be interested to look into the dark side of the free service they provide. Rather, the nature of such practice as volunteerism and free of charge attracts the majority of the poor people. Nevertheless, by any standard, medical services provided by an untrained and unqualified person are more damaging than the natural course of the illness. The fertile ground for unethical drug experimentation, organ exploitation, and malpractice (including here and there amputation) is conflict and war-affected population and illegal migrants.

1. Staff and students must understand that medical practices by unqualified persons are unethical and illegal, which will subject the practitioners to legal action
2. Health workers providing treatment or performing procedures outside their scope of practice should be subjected to a reprimand
3. The College will deter from defending those health workers litigated for practicing outside their scope of practice
4. Make sure that any foreigner applying for medical practice in the College-owned or affiliated hospitals and health centers has an authenticated license for the practice
5. Staff and students have moral obligations of whistleblowing any health worker, student, or support staff practicing medicine outside his/her scope
6. The College staff responsibility to protect the people of Ethiopia from unethical practices may extend beyond the College territory while volunteering for health campaign, providing community service, and being assigned to give service to internally displaced and war-affected people



Avoid undesirable behaviors

- Time unconscious and unscheduled move
- Careless about personality and work setting
- Dismissive facial expression during communication
- Use of chewing gum in front of patients/clients
- Refuting or disregarding another person's idea
- Disapproving and criticizing somebody's achievement
- Unresponsiveness or delay in response to requests
- Baseless negative attitude and biased decision
- Discrimination and favoritism on the basis of economic class, gender, religion, ethnicity urban/rural residence, political affiliation
- Corruption and nepotism
- Egotistic and narcissistic
- Disseminating malicious rumors/gossips
- Plagiarizing or publishing others' work
- Receiving payment or praise for a job not done

XXVI. Whistleblowing by the College community members

The practice of whistleblowing (exposing unethical and immoral behavior or practice to the authorized office) may seem challenging and may be interpreted as personal attack. However, its purpose is to protect the College's property, staff/individual rights, and the good name of the College. By any standard, the public advantage outweighs the individual risks to the whistleblower or alleged person for potentially committing misconduct or crime. Generally, whistleblowing is a moral and ethical obligation to minimize risk, wrongdoing, and bringing those engaged in any serious misconduct to justice and ethical practice.

1. Report verbally or in written to an authorized individual/body what you have witnessed as an illegal act or malpractice endangering human and environment safety, or recognized as a criminal offense
2. The motive behind whistleblowing should be making a disclosure in the interest of an innocent individual or the College/public at large.
3. You must carry out your duties with integrity and accountability, and refrain from collaborating in any fraudulent and corrupt activities (giving/receiving money, goods, or other personal benefits to influence decisions)
4. Report suspected sabotage, fraud, and corruption to the College's corruption office the sooner possible
5. Be reminded that corrupt and fraudulent conduct is a deliberately acted dishonest or deceitful to have a personal benefit, which includes abusing student's grade and selection, College's resources, undeclared conflicts of interest, fabricated research report, and publishing somebody's work
6. Disclose any other wrongdoing to the most senior supervisor or the person in charge to the immediate administrative unit

7. The perceived wrongdoing could be anything that can severely compromise or damage the College's resources, reputation, governance, or international linkage
8. Handle reported violation of the Code cautiously and confidentially until investigation result is consistent with the report
9. Respective offices that receive a report of suspected wrongdoing must soon investigate and take decisive action accordingly
10. The College reassures the security of confidentiality of whistleblowers not to expose for retaliation
11. Ensure the confidentiality of the reported violation of code to the whistleblowers and their safety from retaliation
12. The College will take legal actions against those who intend or engaged in retaliation for their wrongdoing
13. Whistleblowers who saved the likely huge loss are rewarded for their meritorious action

XXVII. Litigation, allegation, and disciplinary measures

Misconduct is a student or staff behavior or an action in which it is against the principles of this Code and the national laws, which is likely to make the College and its customers at a higher risk for loss or dismay. The misconduct may result in delayed action, patient grievance/dissatisfaction, death, material damage, financial loss, and loss of the College's positive image. Types of misconduct that may subject to litigation, include but are not limited to the list in the Table below.

On the other hand, an allegation for professional misconduct is becoming a growing challenge in the health service; the allegation could be based on a credible breach of professional conduct or it can be false accusation. As the public awareness about health is increasing, questioning the health service

providers and occasionally taking the matter to the court is not uncommon. Many physicians have been jailed for unverified allegations. In such instances, there are conditions in which the College legal office can defend the health staff from unsubstantiated allegations, provided that every step in the clinical service is well documented and the service provided is up to the standard.

Discipline measures refer to an institutional sanction of punishment to an individual or group who failed to provide the supposed to do service or failure to adhere to this Code and other regulations, which is verified by a formal investigation as misconduct or crime. Indiscipline and misconduct are not uncommon; however, disciplinary measures are not always easy to do as put straightforwardly in the guidelines and the laws, particularly in the Ethiopian situation, where the social interconnectedness is strong and complex.

Any staff with substantial evidence for breach of one or more of the set Code is subjected to disciplinary measures. The kind of disciplinary measures depends on the gravity of the misconduct; criminal offenses are transferred to the court.

Short of that, as per the Senate legislation and civil service laws, disciplinary measures may range from verbal warning/reprimand, written censure, loss of salary, temporary suspension/unjustified layoff, loss of steps, delaying promotion to dismissal, or termination of the contract. Disciplinary proceedings are also subject to the degree of the misconduct. Misconduct interpreted as major offense requires disciplinary committee investigation and consensus-based verdict recommendation.

In short, health professionals should be reminded that when things go right, it may not be that much worrisome. Disappointingly, you do not know which cases get complicated and may end up with death or disability, thereby leading to litigation. In such instances, your 'lawyer' is end-to-end

documentation of the time-based events and interventions as per the standard, including consultations and procedures. Therefore, on top of being vigilant to the course of the patient, proper documentation with time should be unwavering practice.

• Unreasonable absenteeism, late reporting, or early closing, • Professional malpractice (harmful to individual or the College), • Being negligent to the task, • Fabricating data, grade, patient history, or official records, • Using or bringing addictive substances at the workplace, • Disclosing confidential information of patients or the College, • Engaging in social media at the working hours, • Sleeping while on duty task • Failure to handover duty tasks • Failure to disclose conflict of interest, • Engagement in fraud, theft, • Use of obscene/derogatory words, • Engagement in plagiarism, duplication of publication,	• Abusing social media, College email, and Internet, • Engagement in cybercrimes, • Improper dressing (failure to adhere to the dressing code), • Refusing to accept or disregarding instruction of the immediate supervisor, • Insubordination to senior/official • Negligence to the College property, • Intentional destruction of patient or College document, • Poor monitoring of the work progress and College property, • Discrimination, sexual harassment, rape, intimidation • Abusing or unauthorized access to the College's patient, student, and administrative data • Physically assaulting student, colleague, official, or patient, • Receiving payment for the job not done
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1. Be aware that sexual harassment, exploitation, or exchange of sexual favors for service or good grade exposes to litigation and contract termination
2. Inappropriate use/abuse of power to negatively influence the decision and favors certain individual/group makes liable to litigation
3. Creating a hostile work environment by practicing coercion, publicly humiliating, threatening, intimidating, or blackmailing makes liable to litigation
4. Do not expect legal protection from the College for crimes committed against humanity, College property, and this Code
5. The College legal body defends for false allegations and litigations directly related to the health services and education provided as per the national protocols, curricula, and national laws
6. No College community member is immune from litigation in case of personal or professional misconduct or crime
7. Carrying out or glorification of violence on the College campus or carrying unauthorized military weapons is enough reason for the College to take disciplinary measures, including termination of contract/employment
8. Weird allegation with no credible evidence compels the College administration to take disciplinary measures and take the case to a court of competent jurisdiction if the allegation is originated from the College and outside, respectively
9. Understand that the College management may seek advice from the disciplinary tribunal/committee when the disciplinary issue requires investigation and second party opinion
10. Be reminded that contravening the principles of this Code and Senate legislation is a misconduct

11. Be reminded that failure to appear before a disciplinary committee or comply with the disciplinary measures is serious misconduct leading to dismissal or termination of employment
12. Disciplinary measures for an alleged offense should be effected with the shortest possible time of the occurrence of the offense

XXVIII. Complaint and grievance

In a giant institution like this College embracing more than five thousand College community members and patients with their relatives in thousands in a day and with limited resources, complete avoidance of complaint and grievance is impossible. In other words, whatever good the Code of staff and administration is, dissatisfaction of certain individuals by the service provided and administrative actions cannot be avoided. The dissatisfaction or grievance from patients, students, and staff may be expressed individually or in a group either verbally or in the form of a petition, usually to the higher official of the College, which could be meritorious or unmeritorious.

Patients and relatives are not in the domain of this Code; staff and students, however, need to know when to express complaints and grievance, otherwise, it may have a counterproductive effect. Complaint and grievance are usually used interchangeably, but the former is primarily initiated by the complainer, while the latter is a specific response to an action of an individual or an office/legal body, including for malpractice, unfair treatment, unresponsiveness, disciplinary measures, denied a right, policy issues.

Common causes of grievance in the College are: delayed procurement, delayed academic promotion, delayed ladder career, delayed payment (allowances, research fund), dissatisfaction with allocation of College resources and housing, lack of or inadequate medical supplies and equipment, inadequate office equipment and supplies, lack of scholarship

opportunities, delayed students grade report, and delayed academic status determination or internship evaluation. Apart from good conduct and ethical behavior, instituting good governance and transparency minimizes the likelihood of complaint and grievance.

1. Capitalize that providing a clear explanation for newly introduced or delayed action is the most effective preventive measure not to have excessive complaint and grievance
2. Decision-makers in the College hierarchy (such as DC, AC, disciplinary committee, SEC, RAPC, ASAPDC, Senate, administrative council) must document and demonstrate ground evidence for decision
3. Decision-makers in the College hierarchy should have a regular meeting
4. The decision by the College's authoritative body should ensure fairness, impartiality, and justice to be in line with the provisions of this Code
5. Members of the College authoritative body should be confidential and speak the same words when they leave the meeting room; disclosing disagreements on certain issues in the process of decision making is catastrophic for the integrity of the College management system
6. Disputing matters leading to irreconciliation should be presented to the administrative council for consensus-based resolution
7. Expressing grievance either verbally or in the form of petition for decisions which is disproportionate, unfair, biased is every College community members' right
8. However, staff and students should know that petition without adequate ground is misconduct and shall subject the petitioner to reprimand and apology for petitioning in a letter, which will be recorded in his/her personal file
9. Aggrieved staff and students must understand the rules and regulations, and must have credible evidence before submitting petition expressing a grievance

10. Until proved otherwise, every complaint or grievance should be entertained as genuine and worth due consideration first to solve the cause by inviting the aggrieved individual(s) to a round table discussion
11. Grievance issue that cannot be resolved by one-on-one/multiple face-to-face discussion will be reexamined by a committee; the committee should not take more than a week to submit the report with recommendation
12. Appeal after a committee evaluated the case and recommended endorsing the earlier decision is a right, but unlikely to bring about a remarkable change

XXIX. Documentation and archiving

In literature, the quote “it is not documented; it is not done” is to emphasize the importance of recording whatever verbally communicated or technically executed. The recording can be paper-based or electronically secured (preferably using an Intranet system). Unfortunately, in many instances, we like to pass information or anything being done verbally, which cannot be verified/referred or accepted by law. Furthermore, what many could not give much attention about recording is the lack of alternate source/backup to know for what was done and could be traced back when the need arises.

The challenge with documentation goes beyond a failure to do so for activities done. Documenting as done what was not done is professional misconduct, and equally detrimental to that specific practice. Fabricated recordings could potentially be liable to ramifications and perpetuation of similar acts.

Paper-based archiving of documents (keeping documents/data permanently with no chance of editing or changing the content) is a common practice in any system-based institution. The current transition from paper-based to

electronic documentation and archiving needs careful consideration not to lose the data in the form of server damage or cyber-attack (deliberate exploitation of computer systems and/or network to access or damage personal or institutional data). Archiving electronic data is described as offloading data from expensive primary storage devices to less expensive secondary storage devices; access to offloaded data is possible with permission from the archive office. Take note that archived data can be abused (medical/birth/death certificate) and theft for financial or material gain.

In general, proper recording and archiving is a professional obligation and an example of good practice. The archived document/data is credible evidence to defend in a court, refer for continuity of service, and conduct research.

1. Ensure the smart way of keeping the memory of an action or event by properly recording and archiving
2. Take note that preserving the data is legally protective for you as performing the task and for the College as hiring and authorizing institution
3. Record and defend any circumstance likely to be experienced anytime in the future
4. Create awareness by providing training to staff and students on types of cyber-attack and cyber security
5. Avoid accessing doubtful websites and do not open emails of unknown origin to prevent cyber-attack of personal and institutional data
6. Make sure that the software in your computer are up-to-date
7. Develop the tradition of keeping a backup data
8. Make sure that the electronic storage devices are up-to-date as new media may not be able to read the old archiving devices
9. Do not use same password setup for different applications and archiving; change the password on yearly bases if not biannually

10. Attempting to access electronically or paper-based archived data without permission from the authorized body is a criminal offense and professional misconduct
11. Ensure confidentiality of electronically archived and actively used data
12. Make sure that data access request or data transfer to a second party is officially permitted and the person accessing the data is accountable for any wrongdoing with the accessed data
13. Make sure that data access and transfer must be as per the guidelines developed by the College

XXX. Stage rules and public speaking

Stage rules apply to people publicly speaking, lecturing, presenting, and demonstrating a subject matter they are interested in. As the stage is the most respected place in a hall (standing by the podium for honorable speaker, acting field for actor/actress, a platform for the singer and dancers), people on the stage are also most respected, by one or another way standing on behalf of the audience. The stage holders have also a big responsibility to respect their audience. The maximum possible dressing code/style and good personality is to express respect to the audience.

Beyond respecting each other, the stage is a learning platform on how to acquaint with it and transfer the required message to the audience. For the actor and honorable speaker, the purpose of the stage is probably to motivate, entertain, and change the emotion, action, and attitude of the audience (collectively known as persuasion or influencing the audience).

The stage for higher education professionals and their students, however, is mainly transmitting existing and new theoretical knowledge, for which certain rules are important. Students, while learning the major subject, should learn and develop the public speaking skills to pass the required

information to their audience and not to suffer much of the rush of adrenaline (stomach cramps, shaky hands, dry mouth, pounding heart, cold sweaty armpits, quivering voice, and missing lines/words).

More than that, the stage is an important exercise field to know the expectations from the larger audience and be familiar with personality style and docile response to an arrogant reaction of the audience. With such exercise, by the time they are supposed to/interested in public speaking, they have already liberated themselves from stage fright and being nervousness. The remaining is making good preparation by researching every piece of available information and consolidating with local data.

Historically, three key stage rules while making public speech were recognized over 2000 years ago by Greek philosophers as *ethos*, *logos*, *pathos*, which are interpreted as the credibility of the speaker (knowledge, authority), the logic behind the conclusion of the speech (quality and content of speech or understandability), the ability of the speaker to catch the audience (emotional appeal or connection), respectively. To catch the attention of the audience, the power of the spoken word (tone of voice, coherence, and logical flow) and body language have paramount significance. People are usually first get interested in and more influenced by the power of the sound and quality of voice than by the content of the subject.

As everybody likes to hear stories and humors, storytelling (locally known as energizer) is an essential component of speech or presentation to keep the audience awake and attentive. On top of that, your body language (dressing, physical gestures, facial expressions) significantly influences the conscious and subconscious level interpretation of the message you are trying to pass on.

Time management is an important part of the stage rules. It is not uncommon for the less experienced presenters to finish the allotted time and

be forced to stop while at the stage of introduction; many high-level stages allow 10-15 min for oral presentation. Last but not least, as a beginner, tips to reduce fear of public speaking include but are not limited to: taking deep breaths, mental rehearsal of the speech/presentation, shifting focus from the audience to outwards, building confidence in the quality/originality of the speech/presentation.

1. Dress formally and gently as a sign of expression of respect to your audience, but make sure that it is not distracting the attention of the audience from the subject of the presentation
2. If you are less experienced, exercise speaking on stage to ease tension and nervousness ahead of the presentation
3. Be well versed and do internalize the subject matter and clearly define the objective of the presentation
4. Practice the presentation a couple of times (at least once in the presence of family members/friends) to estimate its alignment with the allotted time, ahead understand and correct awkward words/phrases, reduce nervousness, and get feedback
5. Ahead test the compatibility of electronic gadgets with your device
6. Know your audience by professional background, number, and gender mix, and determine your goal/role (educating, inspiring, persuading) ahead of the presentation
7. Use the following outline of powerpoint presentation (PPT) presentation for preparation: Title of presentation, outline, structured body of subject, conclusion or take-home message, recommendations, and references
8. Prepare the body of subject/presentation as historical background, culminating key points with increasing importance, major problems, complexities, and doable solutions

9. Make sure that the reference listing is consistently Vancouver style (Authors, Title of reference, year published, volume number, issue number, pages number for classical journals)
10. Make sure that the PPT presentation is up to the standard (≤ 7 lines per slide, font size 32, Arial, legible, not animated, a few or no full sentences)
11. Avoid jargons, long sentences, illegible words, and too much information
12. Be careful on spelling mistakes and clarity of images, as they negatively affect the presentation and distract the attention of the audience
13. Invest much of your time on preparation (1hr preparation for 1min presentation); good preparation is outsmarting energy and confidence for the presenter and eye-catching and engaging instance for the audience
14. Present the tip of the iceberg of what you know about the subject matter; there should not be anyone in the room who knows the subject matter better than you do
15. Present one important message per slide; display, but never read line by line or rush
16. Support your slide presentation with visual aids (pictures, graphs, illustrations, and charts) as more than 80% of learning occurs visually
17. Never start with negative statements and connotations like 'the poorest country in the world, a lot of challenges, almost non-existent, failing institution, and the likes
18. Avoid powerless talk like hesitations ("uh", "well", "um", "you know"), hedges ("I think", "I guess"), tag questions ("is it not?")
19. Never as well share negative comments and unsubstantiated critics with your audience

20. Once you are on the stage, thank the moderator and the audience for coming preferably with the locally spoken language before starting the speech/presentation
21. If the attendants of the presentation are senior dignitaries and aged persons, you may need to show your respect by bowing forward like what Japanese do
22. Do not hide behind the podium while speaking; step away and move on the stage occasionally, face the audience almost at all times
23. Maintain a relaxed and open posture when speaking and responding to questions
24. Avoid stress gestures (putting hands in your pocket, clutching notes, scraping head, clenching hands, grimace face)
25. Be rather an orator and vocal than being the reader; taciturn sound, monotonous voice, and text readers on stage are usually 'sedatives'
26. Give special emphasis to body language as more than 50% of the message received by the audience is through the non-verbal communication
27. Keep eye contact and monitor the mood and interest of the audience
28. Do not make your speech non-stop; rightly timed short pauses to allow the audience to absorb the desired information
29. Do not ignore telling the right stories in between, which are memorable and related to the major subject of speech or presentation
30. Establish an atmosphere of trust by being firm and giving a substantive response to queries posed by the audience
31. Thank the audience at the end of your presentation for their attention
32. Never apologize for or disclose to the audience that you do not know; abstract the subject when you are not well versed about the question; if you are not a student, no one will ask you the same question

33. Use some diplomatic words (such as 'well-taken comment', 'your point is well taken, appreciated') even when the comment from the audience is unsubstantiated critics or offending
34. Never undermine any comment, question, or suggestion posed from the audience
35. Never regret for failing to respond to questions or taking more time, but take the lesson not to repeat it

XXXI. Demonstrating servant leadership

As leadership is about influencing and directing others to accomplish a mission and achieve a common goal, it is an integral part of our daily life, giving an ample opportunity to both lead and follow. Leadership is all about effective/two-way communication, desirable and attainable vision, being creative and innovative, empowering followers and creating many more leaders, credibility, and being perseverant for challenges. Invariably, when the leadership is good, there will be more followers, improved leader-follower cohesiveness, improved and sustainable performance, low staff turnover rates, increased creativity and innovation, and increased staff and clients'/patients satisfaction.

Unlike the old times, servant leadership is much promoted, and its guiding principles are a concern for the followers, stewardship, fair distribution of resources and power, accepting leadership as a form of service, creating a positive ethical climate, and being open to new and transformative ideas. The College community, as a service provider for the people coming from all corners of the country, is expected to demonstrate the principles of servant leadership.

At the College level, the leadership exercise includes but is not limited to handling the customers at the gate and reception, health staff effective

communication with their patients/clients/students, admin staff effective communication with staff and students, student association, and office bearer effective and responsive communication with staff/students/guests. The responsibility of every member of the College community is not limited to executing duties and assignments, but also leading others for the achievement of the College's vision.

1. Go for having as many followers as possible, but do not go for driving others for your mission, as the latter is not long-lasting
2. Your effectiveness as a leader is partly determined by your consistent behavior (integrity, emotional stability, self-confidence), understanding and respecting diversity, interpersonal sensitivity, and competence
3. Be motivated by the desire to serve others and accomplish the College's mission by being both a committed leader and follower
4. Demonstrate highly collaborative and interdependent leadership and followership style
5. As a group leader, listen carefully and give credit to others opinion, new ideas, and innovative ways of working
6. Do all the best to motivate and inspire your followers to overcome barriers and strive for change
7. Prepare your followers to be leaders by infecting your vision, creativity, demonstrable commitment, competence, dependability, honesty, and integrity
8. You should set the College's work plan and priorities with input and consultation with colleagues and stakeholders
9. Encourage consensus leadership in the state of controversial and difficult (but not emergency) circumstance
10. Demonstrate your commitment by taking the initial step

11. Encourage decision making, “original” risk-taking, and encourage the staff to take ownership
12. Give equal emphasis to the workforce and the successful completion of the work to ensure sustainability and minimize the staff grievance and turnover
13. Do all the best to minimize the creative roadblocks within the College
14. Decentralize authority, funds, material, and information to increase performance and job satisfaction
15. Be sensitive to what motivates others and empower them to win with a shared vision and goal
16. Be up to date on new developments and share information generously with all under your auspices
17. Listen deeply, respectfully, and develop trust across a network of constituencies
18. Never get bogged down when you encounter overwhelming problems and challenges

SECTION II: UNIQUE CODE FOR STUDENTS

Dear respected students, the profession you choose is full of pride and recognition provided that you have developed and practiced the highest standards of professional and ethical conduct. This time, you are learning the hard science, the art, and the social aspect of health to be acquainted with the basic principles and standards of the health profession. While preparing to enter to such a highly demanding profession, you are obliged to be abided by certain rules and regulations (set as standard in the Senate legislation). You should as well fulfill ethical and behavioral expectations and requirements as stipulated in this Code.

In complement with the aforementioned guidelines, the student specific ethical principles, personal conduct, and responsibilities are presented hereunder. It is your ahead compliance with these principles and guidelines what makes you the health professional of the society. The below guidelines are plus to the detailed articles and sub-articles narrated in the student code of conduct and disciplinary measures of the Senate legislation (Article 183-187).

XXXII. General provision

1. Your primary interest is learning to develop your knowledge and skills, but should have a positive attitude towards the ethics of the health profession
2. While you are clerking patients, you should behave in a professional, honest, and trustworthy manner all the time; respect the rights and dignity of patients
3. First and foremost, keeping the health, wellbeing, and safety of patients should be your priority
4. Although you may not be in a court or called to an authoritative body as a legal witness, your action and documentation have to be up to the standard to assist your consultants in defending the allegation
5. Keeping confidentiality of the client/patient information, unless otherwise, the circumstance is compelling to do so is a must you need to develop
6. Respecting the existing cultural and ethnic diversity among classmates and learning and living in harmony makes your interaction and socialization smooth and harmonious
7. You must avoid stigmatization and discrimination on the basis of economic status, gender, religion, ethnicity, or disease type of patients

8. It is your primary responsibility to refrain from breaching the principles and standards of this code, Senate legislation, and the country's laws
9. Refraining from engagement in any form of psychological or physical abuse, harassment, intimidation, violence, or retaliation of your classmate or any member of the College community is a must to do
10. Understanding and complying with the respective curricula, guidelines, and policies of the College help you to get focused and be abided by the set rules and regulations
11. Be reminded that absenteeism for unjustifiable reason and disobedience are bad behavior of a student
12. With the exception of Interns, you are not authorized to recommend or prescribe any investigation or medical treatment; Interns' interventions as well should be supervised
13. As noted earlier, the dressing style should be in the best interest of the health profession; the too short student gowns and long hairstyle of male students, in particular, do not fit for the purpose
14. Be reminded that you are not expected to dress and physically appear in any style you like it most; you should be up to the expectation of your patients whom they have in mind what a health worker's personality looks like

XXXIII. The "flying theses"

This is an extension of the practice of plagiarism and duplication of publication described earlier. These days, there are several mini-shops around almost all university and college campuses of Ethiopia licensed to sell different commodities; however, as "black market" shops do, they are also actively engaged in making business by duplicating countless proposals, final

theses, term/essay papers, and presentations worked on by students of earlier batches of same or some other universities and colleges.

Theses graded as “excellent” in one of the universities/colleges may circulate throughout other similar institutions running same program for several years. Such theses/essays can be considered as “flying” from one university/college to another one by the flight operators (“brokers”). Some do not purchase from a shop but download and convert the PDF to a word document and change the name and other identifiers. These all indicate how much abundant the sources of old theses are.

Addis Ababa University has initiated uploading postgraduate theses into its website to make it accessible to advisors for cross-checking. But, there is no inter-university/college system that can help to cross-check theses stolen/commercialized from other universities/colleges. The practice is overwhelmingly common among undergraduate students whereby little attention is given by any of the higher institutions and advisors.

In both undergraduate and postgraduate programs, the little engagement of advisors in the course of theses work (starting from topic selection, objective/research question setting, methods, and tools development) has contributed a lot to the duplication of theses, for which a large number of students, lack of motivation, and faculty burnout may be significantly contributing to the students’ delinquency. Although, it is not well scrutinized, our College is not immune from theses and presentation duplication.

Therefore, at least to minimize such transgenerational delinquency and dishonest, advisors need to be reminded/trained on methods of verifying the originality of the submitted thesis work, starting from the proposal. It should also be a topic of discussion in the university and medical councils to sort out mitigation strategy.

1. Understand that using somebody's work for the purpose of academic promotion is literally stealing, recognized as a crime that may subject the stealer to academic dismissal
2. If you steal a thesis/essay, definitely you have already lost your confidence and will not liberate from guilty feelings throughout your life
3. If you are identified as plagiarist (stealing others original work), your published paper could be retracted and will be labeled as a journal blacklist (a very bad experience in your research career)
4. Do little today to do big tomorrow
5. The department offering the course should have an online verification system (a plagiarism checker) using keywords, at least for online accessible literature
6. Protect your original work from theft primarily by publishing in reputable/peer reviewed journals; you may also follow online for duplication/plagiarism of your work

XXXIV. Enforcement of the code

How beautifully written and conceptually enriched the Code is, may not bring about the desired behavioral change and precaution not to cross the redline, unless it is internalized and owned by the College community and accepted as an important principle to follow in our daily routine. The Code will meet the purpose when the College community are committed to demonstrate the principles all the time as a public servant.

The College leaders all the way in the hierarchy must take the primary responsibility of staff and students awareness creation and ensuring that the practice and the behavior therein is as per the minimum standard of the Code. Therefore, the prospect of the Code relies on its acknowledgement

and enforcement by creating ownership, aligning with the different systems, and incorporating it in the evaluation and promotion of students and staff.

1. Obeying this Code by the College community is a must to ensure the desired ethical standards
2. Each member of the College community has moral and legal obligation to comply with the set principles and standards of the Code
3. Advocating and awareness creation about the Code for existing and new staff/students using all possible forums and personal interactions is the responsibility of the College community
4. Every staff or student is responsible to report a known or suspected violations of this Code or some other laws of the country
5. Every staff or student must understand that retaliating anyone who reports known or suspected unethical behavior or misconduct is violation of this Code
6. Departments, directorates, and other administrative offices must include the application of the Code
 1. in the staff/student performance evaluation
 2. as one of the criteria for promotion and career development
7. The College higher management body should delegate the authority of enforcement to subordinates
8. There should be a periodic evaluation for the implementation of the Code by staff and students

XXXV. Dissemination of the code

The human resource directorate of the College will take the prime responsibility to publish and disseminate this document to the respective academic units and administrative offices.

1. Posting the full document of the Code on the College website with key principles and standards at the front page
2. Printing and distributing the Code to offices and library where staff and students can easily access; encouraging them to read, understand, and adhere to the principles and standards
3. Briefing new students and staff on the Code during orientation sessions and signing employment agreement, respectively
4. Printing adequate copy of the summary of the Code that will be twice the estimated number of staff and students
5. Letting each college community member read and sign on the summary of the code of conduct in two copies (one copy for the staff/student, and one copy for HR/student dean office)
6. Providing short training when resources allow to do so

Acknowledgement and Agreement Form for Staff and Students

Summary of the Code of Conduct and Ethics

Objective:

- This code is to give direction to the college community (academic staff, health service staff, admin staff, support staff, and students) on how to behave and improve the working relationship with clients/patients, students, and colleagues, and serve in the best interest of them.

Core ethical principles, values and behaviors:

- Keeping personal integrity, responsiveness, respecting clients'/patients' privacy and rights, demonstrating compassion and professional ethics in the workplace, upholding multidisciplinary teamwork and collective decision, honesty, and being accountable to the job entitled are on the must list for both staff and students.

Professionalism with clients/patients and students:

- Providing standard service to clients/patients, applying universal precaution, teaching up-to-date scientific evidence, making the working and learning environment conducive, and engaging in research undertaking are absolute requirements

Professionalism with colleagues

- It is a must for every member of the College community to establish a harmonious and respectful relationship with colleagues and students, and ensure the safety and wellbeing of the College community and clients/patients

Responsiveness and punctuality:

- Timely responding to emails, phone calls, application letters, meeting requests, grade reports, investigation results, thesis/proposal

evaluation reports, competition results, arriving, and executing procurement and financial liquidation is civility and a desirable behavior

Accountability and responsibility:

- Accountability and reliability to immediate supervisors, department heads, professional colleagues, students, and patients are parts of the professional and moral responsibilities
- Educating others and transferring professional skills to colleagues and students are professional duties for all staff

Harmonious and compliant work behavior:

- Using substance in the workplace or bringing it to the College campus is absolutely forbidden
- Be exemplary in bringing harmonious and productive working relationships with your team members

Occupational safety and health:

- Polluting the environment and giving less attention to potential hazards is unprofessional, and the College is responsible to provide PPE, but will not take responsibility for occupational hazards encountered as a result of the failure of taking safety measures

Conflict of interest:

- Failure of disclosing conflict of interest, and engagement in fraud and corruption is an offence automatically subjecting to dismissal or litigation

Gifts from the pharmaceutical and medical equipment manufacturing and distributing companies or other

- Receiving a gift that can bias the professional decision is unacceptable

Misuse of information technology:

- Use of social media during working hours is forbidden

Plagiarism, duplication of publication, and use of predatory journals:

- Plagiarism, duplication of publication, and use of predatory journals are absolutely forbidden

Certifying and testifying:

- Certifying and giving impartial testimony on health matters when required is a professional obligation

Health care providers and support staff dressing code:

- Wearing a standard size uniform and name tags, and making the hairstyle and nails size conservative is a must to do while serving patients in the hospital or other health facility; wearing a necktie and shirt is compulsory for men while on work

Receiving payment for work not done:

- Receiving payment for work not done is a crime; make the beneficiary liable to prosecution

Political and/or religious affiliation:

- Expressing political or religious affiliation to the extent that can disturb others in the workplace or interfere with the College's regular and routine academic, health service, and administrative activities is unacceptable

Whistleblowing:

- Reporting suspected sabotage, fraud, and corruption to the College's corruption office the sooner possible is highly appreciated, and it is a moral obligation

Litigation, allegation, and disciplinary measures:

- Being governed by the country's laws, Senate legislation, and this Code are absolute requirements for every member of the College community
- Taking part or openly expressing discrimination, harassment, intimidation, bullying, and use of derogatory words is misconduct and may subject to punishment

Documentation and archiving:

- Maintaining the confidentiality of patient information, keeping electronic and hardcopy medical records from loss or theft, is being governed by the guidelines for data access and transfer are parts of the ethical principles

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As you sign your appointment letter, you are acknowledging that compliance with the country's laws, College regulation, Senate legislation, and the Code of conduct and ethics is a must to do.

Acknowledgement

I acknowledge that I have read, understood, and agreed to uphold and be governed by the College Code of Conduct and Ethics, the country's laws, College regulation, Senate legislation. I understand that my failure to comply with the requirements of the Code of Conduct and Ethics and other laws and rules in the College and in the country will result in disciplinary measures being taken against me by the authorized body in the College or by other law enforcing body.

Name: _____

Signature: _____

Department/Unit: _____

Date: _____

Glossary

Accountability: is an obligation for taking full responsibility for any action committed in working place or learning platforms, and honestly admitting any wrongdoing.

Beneficence: an ethical obligation of researchers or clinicians to primarily act for the benefit of study participants or patients and clients, by applying the motive of mercy, kindness, and charity for humanity.

Code: is the short form of Code of Conduct which are the set guidelines in this document.

Code of conduct: a set of guidelines issued in this document to help the College community act in accordance with the set guidelines (standards and principles).

Disclosing conflict of interest: is the act of awareness creation on any circumstance potentially perceived and actual conflicts of interest identified (including financial, professional, academic, or personal matters) to let others assess it and make a decision.

Ethics: originating from ancient Greek word “Ethikos”, describing one’s character. Ethics in modern world is a science of moral value, which literally means doing the right thing. Ethics, law, and religion share common value, encouraging the right conduct.

Flying thesis: in the code, flying theses is to indicate that proposals, final theses, term/essay papers, and presentations are plagiarized as defined below.

Medical ethics: is specific to clinical medicine and in scientific research in terms of applying moral principles that apply values to the practice

Confidentiality: a strict act of protecting and maintaining the privacy and secrecy of patients or clients by health professionals unless compelled by a legal body to disclose secluded information.

Integrity: fulfilling the expected standards of behavior and actions by being honest, accountable, transparent, impartial, and providing service with care and meticulousness.

Non-maleficence: researchers and clinicians must ensure that the intervention for trial or treatment do not cause serious harm to the study participant or the patient.

Plagiarism: is a form of stealing others written work or ideas without crediting the originator, and using for publication or promotion.

Responsiveness: is expected from every staff and officials as a demonstration of executing responsibility, good governance, and one form of servant leadership, which is about timely responding to the individual or group request

Professionalism: is not only about being knowledgeable and skillful, but also about is being reliable, coherent, ethical, and adherent to a set of standards.

Whistleblowing: reporting or disclosing certain type of suspected wrongdoing solely aiming for the benefit of the College property, community, and/or reputation.

Annex 1. Hippocrates oath/physician oath

I swear by Apollo the Healer, by Asclepius, by Hygieia, by Panacea, and by all the Gods and Goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture.

To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to indentured pupils who have taken the physician's oath, but to nobody else.

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly, I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein.

Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.

Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I transgress it and forswear myself, may the opposite befall me.

የሐኪሞች ቃለ-መሐላ (SPHMMC)

- ▶ እኔ በሕክምና ሙያዬ ሕመማንን እንደ ችሎታዬ በንጹህ ህሊና ምንግዜም እረዳለሁ፡፡
- ▶ ዕውቀቴንና ችሎታዬን ጉዳት ለማድረስ ምንግዜም አልጠቀምበትም፡፡
- ▶ በተግባሩ ላይ በሕመማን የሚገለፅልኝንና የምደርስበትን ዕውቀት በሚስጥር እጠብቃለሁ፡፡
- ▶ በሕክምና ሙያ ለሚማሩትም ዕውቀቴን በመሉ ልቦና አስተላልፋለሁ፡፡
- ▶ እነዚህ ሐሳቦች ሁልጊዜ ለማክበር ቃል እገባለሁ! (3 ጊዜ)

Annex 2. Florence Nightingale Pledge/Nurse oath

The Original 1893 Pledge:

"I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practice my profession faithfully. I shall abstain from whatever is deleterious and mischievous and shall not take or knowingly administer any harmful drug. I shall do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping and all family affairs coming to my knowledge in the practice of my calling. I shall be loyal to my work and devoted towards the welfare of those committed to my care."

The Updated 1935 Pledge:

"I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession and will hold in confidence all personal matters committed to my keeping, and all family

affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and as a 'missioner of health' I will dedicate myself to devoted service to human welfare."

Modern Practical Nurse Pledge:

"Before God and those assembled here, I solemnly pledge; To adhere to the code of ethics of the nursing profession; To co-operate faithfully with the other members of the nursing team and to carry out faithfully and to the best of my ability the instructions of the physician or the nurse who may be assigned to supervise my work; I will not do anything evil or malicious, and I will not knowingly give any harmful drug or assist in malpractice. I will not reveal any confidential information that may come to my knowledge in the course of my work. And I pledge myself to do all in my power to raise the standards and prestige of practical nursing; May my life be devoted to service and to the high ideals of the nursing profession."

የተመራቂ ነርሶች ቃለ መሀላ

በዚህ በአምላኬ ፊት እና በዚህ ጉባኤ ፊት ሙያዬን በቅንነት ለመተግበር ለራሴ ቃል አገባለሁ።

እንደ ሳይንስ እና እንደ ስነ ጥበብ የነርስ ደረጃን ለመጠበቅ እና ከፍ ለማድረግ እጥራለሁ።
የከፍተኛ የእንክብካቤ ደረጃዎች እና የግል ተጠያቂነት አስፈላጊነትን በሙሉ ልብ እገነዘባለሁ።

የአኔን እንክብካቤ ለሚፈልጉ ሁሉ ፈውስ፣ ጠበቃ እና ደህንነት ለመሆን አራሴን እሰጣለሁ።
በምኖርበት እና በምሰራባቸው ማህበረሰቦች ውስጥ ለጤና መሻሻል የመስራት ግዴታን እቀበላለሁ።

በሀይማኖት፣ በዜግነት፣ በዘር ወይም በማህበራዊ አቋም ላይ ያሉ ጉዳዮች በሃላፊነቴ እና በታካሚዬ መካከል ጣልቃ እንዲገቡ አልፈቅድም።

በራስ መተማመን ስሜት ሁሉንም የግል ጉዳዮች በጥንቃቄ እይዛለሁ በተጨማሪም የህክምና መረጃን ግላዊነት አከብራለሁ።

በስነምግባር ጉዳዮች ላይ በርህራሄ እሰራለሁ።

እያወቅኩ ማንኛውንም ጎጂ ንጥረ ነገር ለታካሚዎች አልስጥም ለራሴም አልወስድም።

ከተለያዩ የጤና ሙያተኞች ጋር በትብብር ለመስራትና እና የዕድሜ ልክ ትምህርት ለመውሰድ እራሴን እሰጣለሁ።

በጥሪዬ የተቀበልኩትን ከበድ ያል ሃላፊነት እና ዛሬ የገባሁትን የተስፋ ቃል አስፈላጊነት ሙሉ በሙሉ አምናለሁ። የገባሁትን ቃል እንድፍፅም ፈጣሪ ይርዳኝ።

Annex 4. The Public Health Oath

“As a public health professional, I hold sacred my duty to protect and promote the health of the public. I believe that working for the public’s health is more than a job, it is a calling to public service. Success in this calling requires integrity, clarity of purpose and, above all, the trust of the public. Whenever threats to trust in my profession arise, I will counter them with bold actions and clear statements of my professional ethical responsibilities. I do hereby swear and affirm to my colleagues and to the public I serve that I commit myself to the following professional obligations.

In my work as a public health professional:

- I will strive to understand the fundamental causes of disease and good health and work both to prevent disease and promote good health
- I will respect individual rights while promoting the health of the public
- I will work to protect and empower disenfranchised persons to ensure that basic resources and conditions for health are available to all
- I will seek out information and use the best available evidence to guide my work

- I will work with the public to ensure that my work is timely, open to review, and responsive to the public's needs, values, and priorities
- I will anticipate and respect diverse values, beliefs, and cultures
- I will promote public health in ways that most protect and enhance both the physical and social environments
- I will always respect and strive to protect confidential information
- I will maintain and improve my own competence and effectiveness
- I will promote the education of students of public health, other public health professionals, and the public in general, and work to ensure the competence of my colleagues
- I will respect the collaborative nature of public health, working with all health professionals who labor to protect and promote health
- I will respectfully challenge decisions that are contrary to supporting and protecting the public's health
- In all that I do I will put the health of the public first, even when doing so may threaten my own interest or those of my employer

In dedication to these high goals, on my honor, and with a clear understanding of these obligations that I as a public health professional have accepted, I do, this day, commit myself."

The following code of conduct/ethics documents from local sources are revised.

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2. SPHMMC Post graduate policy, 2021
3. የቅዱስ ጳውሎስ ሆስፒታል ሚሊኒየም ሕክምና ኮሌጅ የስራ መሪዎችና ሰራተኞች የስነ-ምግባር መመሪያ 2011 ዓ.ም
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5. SPHMMC Senate legislation 2020
6. SPHMMC Strategic plan 2014-2019
7. Code of Medical ethics, Ethiopia, 1979-1980 (3 pages note on establishment of ethical committee)
8. Medical Ethics for Physicians practicing in Ethiopia, 1987
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11. Shiv Nadar University. Unqualified Medical Practitioners in India. 2017
12. CGCOM. Code of Medical Ethics. 2016

