



**USAID**  
FROM THE AMERICAN PEOPLE

PRIMARY HEALTH  
CARE PROJECT



**وزارة الصحة**  
دائرة الصحة العامة

# TRAINING CURRICULUM OF REFERRAL SYSTEM for primary health care centers in IRAQ

---

#### DISCLAIMER

This guideline has made possible through support provided by the U.S. Agency for International Development (USAID) under Primary Health Care Project in Iraq (PHCPI) implemented by University Research Co., LLC. This guideline has been developed in Iraq in close collaboration with the Ministry of Health (MoH) in June, 2013

## Contents

Section 1: Trainer Manual .....	3
Section 2: Training Sessions .....	40
Module 1: Primary Health Care and Referral System in Iraq	42
Module 1: Primary Health Care and Referral System in Iraq	43
The first session: the health system	43
The health system of Iraq:	
The second session: primary health care	47
The third session: referral system	52
Module II: Prevalent contexts and mechanisms and patient flow in the referral system	60
The first session: currently prevalent contexts in the referral system	61
The second Session: proposed new mechanisms for the referral system	65
The third session: The patient flow in every level of the health care	70
Module III: educational materials and referral form	88
The first session: educational material	82
The second session: referral form	88
Module IV: Effective Personal communication	92
The first session: the basic concepts of effective personal communication	92
The second session: Improving personal communication skills	106
The third session: Techniques for improving the effective personal communication	
109	

## **Section 1: Trainer Manual**

This training curriculum is a manual that helps the trainers to improve health care through the training of health professionals on the basics of the referral system

Materials in this document have been designed for training service providers who work in a range of health institutions in Iraq, but more importantly, it is for those involved in the management of primary health care centres. Units can be used in the training of health professionals, doctors, nurses, midwives and other health workers in a training course group or, with modification, as a basis for individual or self-guided learning.

Trainers who carry out this training course should have extensive knowledge about policies, strategies, guidelines and procedures. Because the functions of primary health care centres are based on this course as well as the skills in the described practices, trainers need to have a positive attitude towards the participants and their training

Training can be done on-site or off-site. In the off-site training courses, a group of participants come together from many health institutions and then return to their institutions to apply what they have learned. Off-site training may be the most suitable way to reach members of various small sites. On-site training refers to the training course conducted in a health institution where participants work. Both types of training can be very effective, when conducting off-site training, it may be harder to observe the actual clinical frame. On the other hand, when the training is being conducted on-site, there may be interventions as a result of calling participants to perform their other responsibilities.

### **How to use this manual**

This manual was designed as a working tool for trainers and facilitators. Table of units contains an intensive summary of regular content within the units, it is intended to act as a check list for facilitators before and during the training session. The time specified in each unit is considered time rate by experience, and can vary according to composition and dynamics of each group.

The manual is divided into two parts. Part I is an introduction to the course and gives an overview of the logical method, objectives and the groups targeted by the course. The current section includes recommendations on how to use the manual,

as well as defining the structure, training methods and course scheduling. It also contains information about how to organize a workshop / training course and concludes some recommendations about the determinants of document and how to deal with them.

Part II provides the actual contents of the training, its methods and educational materials in addition to additional books recommended for each area, organized in different units of the program. Each training begins with an introduction to the participants and a team that presents the objectives of the course, its contents, methods and program, allowing participants to express their expectations and concerns.

Course content is being provided by five broad areas of content (units), sub-divided into various courses:

The overall objectives of learning: Remember the objectives that should be achieved by the end of the workshop in terms of knowledge, skills and efficiency.

**Schedule:** Provides an overview of the time spent, the methods, the materials and the recommended content for each course/topic and states specific objectives for each course.

**Courses:** Subdivisions of the unit follow a logical pattern for preparation of the course content.

Specific objectives of the course: linked to the content and the expected level of efficiency to be achieved and can also be used as a basis for the preparation of examination questions.

**General Information for the Facilitator:** contains important general information for the facilitator to develop the content of the course, definitions, concepts, the needed recommended theory and its implementation.

**Exercises:** describes the practical applications of the theory and their purpose is to facilitate the learning process through experimental curricula: role-playing, games and more (check the list of exercises)

**Leaflets:** necessary documents for the participants about the content of the course/ workshop, they start with objectives, list the keywords, establish the content /the theory behind the content, and make recommendations for further readings.

**References:** books, articles, additional recommended books related to the content of the course.

### **Course structure:**

The training course was planned as a training curriculum of 3 days period. In any case, it is possible to reduce the course time due to lack of time and / or to select units according to learning objectives and needs. Time can also be increased in order to deal in greater depth with the content and allow more exercises, practical application and field work.

Time frame of the training course consists of six hours per day. These hours are divided into two morning courses and two afternoon courses. Each course takes usually two hours. The number of trainers per course can be one to two per course according to the requirements. As well, and for special topics, outsiders should be requested to give lectures and work with the group in their areas of expertise. Ratio of instructors to participants should be 1:15, a percentage of 1 to 20 or 25 is still acceptable. Number of participants must not exceed 25 persons.

Course structure and training methods do not only allow development of knowledge, skills and competence, but also work on changing the attitudes of the participants. The concept of course is also designed for participants to put it into force after training during their supervisory work or by organizing their own training courses. So, this manual is not just a guide for facilitators, but it is a guide for supervisors as well.

### **Training and learning curriculum**

The training course described in this document is based on the principles of adult learning, competency-based training and performance improvement. We have included below selected elements of the strategies that guide the course of this material and should guide its implementation and use.

#### **How do people learn in a better way?**

People learn better when the following conditions are available:

1. Participants are motivated, not worried, know what is expected of them, and are treated with respect.
2. When the skills and information are interesting, important, meaningful and based on what participants already know
3. The experiences and expertise are organized, logical, practical and include several available methods, techniques and procedures.
4. The new experiences are relevant to the work and the training needs, so that the participants can apply them directly
5. The trainee participates in the training effectively, applies and shares the learning responsibility with the trainees.
6. The training is a group event or activity, that includes trainers and assistant trainers, in which participants are provided with many experiences and the trainer preferences are identified.
7. The role of the trainer is a facilitator of the learning process, not like the role of the teacher who teaches the learner.
8. The responsibilities of the trainers/facilitators and learners/participants are as follows:
  - The facilitators are responsible for providing learners with opportunities to acquire the knowledge and skills necessary to perform the tasks or duties for which they were trained
  - The facilitators are responsible for providing learners with the necessary opportunities for experiencing the directions required for the implementation of the acquired skills in an orderly manner and to begin the process of adopting these directions
  - The learner bears the responsibility of his/her learning
9. The mutual relationships between facilitators and learners at the level of adults with adults are characterized with respect and mutual help.
10. The trainers are knowledgeable and familiar with the subject and skills, they use several methods of training, pay attention to the concerns of each participant separately, and encourage them through reinforcement and feedback.
11. Participants should be selected according to certain criteria, such as relativity of the training material to the learner's profession / tasks.
12. The participants should have a prior knowledge in order to benefit from the new learning experience
13. The feedback must be immediate with a focus on the behaviour that the learners or participants can control.
14. Segmentation of training should be based on the goals that participants can understand.

### **Knowledge, skills and situations**

The course aims to improve the health care by changing the knowledge, skills and attitudes of workers.

- ◀ It includes knowing the facts that the participants need to know to perform their duty.

**Notes about increasing knowledge through training:**

1. Start with what the participants know in advance or the experiences that they already have
2. Use a variety of educational sources including participation activities, which in turn require the participants to make use of their knowledge
3. Use means of teaching aids
4. Review or shorten at times
5. Evaluate the knowledge to verify learning

- ◀ The skills include the specific tasks that the participants need in order to be able to perform

**Notes about increasing the skills through training:**

1. Provide a description of the skill
2. Provide the methods and procedures
3. Present the skill
4. Let the participants present the skill
5. Clarify that each skill is applied correctly
6. Evaluate the skills by observation, using the skill assessment form

- ◀ Situations affect the behaviour, whether during application of the acquired skills or during interaction with the clients

**Notes about directions and behaviour changing through training:**

1. Provide the information and examples
2. Turn to the direct trial
3. Call for discussion of values, interests and experience
4. Use role-playing and brain-storming
5. Embody the positive directions
6. Evaluate the changes in direction by observing the behaviour

## Training techniques

The training will use the learners' engagement and application technique where the role of the trainer is focused on facilitating the learning process through the participants. While learning remains the responsibility of the participants.

Participants learn more by participating in events and activities when they play an active role in their own learning and through the diversity of teaching methods used. The following are some of the methods proposed in the curriculum / units:

### Chosen training techniques:

- Brain storming
- Case studies
- Clinical session
- Presentation
- Re-presentation
- Discussion
- Field visits
- Exercises in the big group
- Tasks in the big group
- Individual tasks
- Individual exercises
- Interviews
- Short lectures
- Notes
- Pair exercises
- Deletion
- Questions and Answers
- Search
- Role-plays
- Self-directed activities
- Discussion in the small group
- Suggestion
- Exercises in the small group
- Summary
- Application at the training room
- Exercises for team building

### In each workshop or session:

This curriculum contains a training plan for all the key points in the content. Each workshop contains the following sections:

1. The first page with the workshop number, objectives of the workshop, the content of the workshop meetings and estimated time of the workshop.
2. Session plans cover several contents

Each class contains the following sections:

- Trainer preparation: Here, the trainer must prepare the necessary arrangements for each chapter in the training.
- These arrangements include:

- Ensuring that the room is adequately prepared
- Ensuring that there are pens and writing boards with chalk
- Reviewing the training plan
- Reviewing the steps of the techniques used in the training session
- Ensuring that the resources required to facilitate the learning process are available with copies of what the participants might need
- Techniques and activities: This section contains a list of techniques and events or activities used in the workshop. General Instructions of the methods which are often used are available in the introduction to this material. Instructions for events and participations are also available in the training plan.
- Sources: All the necessary sources and fascicles, which are relevant to the training, have been included.
- Evaluation/assessment: The means used to assess knowledge or skills have been included, the questionnaires and evaluation list were also included where needed.
- Estimated time: The time required for each unit or training session depends on the group of participants, the time available and other things. The workshop is given a general time to ensure securing a flexible schedule.
- The training plan: This section covers the specific educational objectives or the purpose of the session. The key to this is the necessity of knowing the content, training techniques and activities which are appropriate for each goal. All workshops contain one or more activity that may give participants an activity based on the contents of the workshop.
- Fascicles: When some events need fascicles, they should be provided after the training plan and copied before start of the session in which they shall be used.
- Questionnaires: Each session / workshop includes a questionnaire with regard to the educational objectives and an addendum with the correct answers. It is not appropriate to provide a success or fail mark for the questionnaire, but it should be used as a means for learning instead i.e means for formal assessment. If the participants are not sure of the correct answer, they should be encouraged to refer to the sources available to them. To find the correct answer, participants are given the correct answers addendum after the end of the review process.
- Skills assessment forms: Each session includes targets for the skills, where there is also a skills assessment form. The skills evaluation form is used by the trainer to assess the learner's skills by observing the specific steps that the skill includes. This list can also be used by each participant to assess his performance and to take responsibility about his learning. The participant or learner can use it as well for assessment of his colleagues, it is also recommended to use this form not only during training for assessment of skills acquisition but also after training for supervision purposes

There are many forms for workshops or meetings that are used by the trainer according to what is consistent with the necessary information and what makes the trainer feels comfortable upon using them in the workshop for delivering the material.

### **Some frequent techniques used in this curriculum**

The instructions for frequent means used in the training course have been included. Also, the activities of each mean were limited to the session in which they will be used.

### **Short lecture**

The trainer makes an introduction for (5-15 minutes) using the existing materials. Short lectures are used to provide information and knowledge, they ensure that all participants have access to the same level of information and standardization of the information they have. These lectures should be of short time and should be followed by questions for clarification and their answers in order to enable the participants to understand the content of the course/session in a good way, in addition to clarifying some issues as well as questions and answers for assessment of how far the participants understand the provided material.

### **Questions and answers**

The questions and answers sessions are used in order to remember the information and to extract the knowledge of the participant (in the introduction sessions in order to assess training needs), and for clarification (i.e to ensure that the participant understands the information and content) and for provision of information (i.e extraction of the information that the participant has a prior knowledge about), and evaluation (to assess the gain of knowledge and to fill the gaps in the knowledge of the participant).

### **Steps of questions and answers for clarification:**

1. The trainer asks the participants whether they have a question
2. If one of the participants had a question, the trainer would ask another participant to answer
3. If the answer of the participant is correct and complete, the trainer reinforces it.

4. If the the answer of the participant is not correct or incomplete, the trainer asks other questions that help the participant to get the correct answer, or asks another participant.
5. If the answer was still wrong or incomplete after two or three attempts, the trainer corrects or completes the information and informs participants about the whereabouts of the information
6. If there were not any questions, the trainer should ask questions to the participants in order to verify the knowledge gain, following the same steps (3, 4, 5)

**Steps of Questions and answers for obtaining information from the participant:**

1. The trainer asks questions to the participants
2. If the answer of the participant is right and complete, the trainer reinforces it.
3. If the the answer of the participant is not correct or incomplete, the trainer asks questions that guide the participant to the correct or complete answer, or asks another participant.
4. If the answer was still not correct or incomplete after two or three attempts, the trainer corrects or completes the answer and informs participants about the whereabouts of the information

**Steps of questions and answers for assessment:**

1. The trainer asks questions to the participants
2. If the answer of the participant is right and complete, the trainer reinforces it.
3. If the the answer of the participant is wrong or incomplete, the trainer asks questions that guide the participant to the correct or complete answer, or asks another participant.
4. If the answer was still not correct or incomplete after two or three attempts, the trainer corrects or completes the answer and informs participants about the whereabouts of the information. At the end of the session, information can be given

**Brain storming**

Brainstorming is the excellent way to find out what the participant knows in advance and the gaps in his knowledge. Brainstorming brings the expertise or experience of the participants to the classroom and participants know that their experience is valuable. Also, the brainstorming session is considered an effective way for solving any problem. The brainstorming session should always end with a summary.

**Steps of brainstorming:**

1. The trainer asks an open question
2. The participants release their answers or ideas
  - Till when the proposed ideas are finished, or at least each participant has the opportunity to participate, or the expiry of the time allotted for answering.
  - No idea should be rejected, criticised or analysed, but illustrative questions are to be asked instead
3. The trainer records ideas on the blackboard or on anything else so that everyone can see them
4. The trainer guides the discussion about each of the proposed ideas
5. The trainer clearly indicates the ideas that have been agreed upon
6. The trainer summarizes the topic or ask one of the participants to summarize the points that have been agreed upon
7. The trainer moves on to the next question only after completing the discussion of the previous question
8. Ideas that have been circulated in the brainstorming session can be used for summarization or group exercises and connecting the content with the experiences of participants

### **Case Study:**

It is a way for training, where the facts and information about a topic or an issue (preferably real or based on a real issue) are provided to the participants for analysis and review. It includes specific questions to answer. The case study is very effective in allowing participants to participate using the information to solve the problem (and this is the highest level in the objective of knowledge), it is also effective in providing the participants with the opportunities to reveal their directions and compare them with the directions of the other participants or trainers. Furthermore, it helps to identify gaps in knowledge. Participants are asked to study the case and to bring answers to the questions, individually or in small groups, then the answers follow in sequence. During the sequencing process, the trainer encourages the participants, gives them the opportunity to provide their suggestions or ideas and makes sure that all the trainees were able to participate. Follow-up can be done through questions and answers or discussion. Answers must be arranged so that each question is fully answered before moving on to the second question, the participations should be summarized before moving on to the next question. The basic answer should be provided to the participants after the completion of the case study. This method can be provided in several forms. It can be based on provision of actual condition of the patient, the patient's files, recorded description for a case, illustrative images, slide presentation or a video of a case.

**Discussion:**

Discussion is used when the result is not pre-determined and is still a subject of controversy. Therefore, the use of discussion to provide scientific knowledge / information, or a decision that has been taken and can not be changed, will lead to frustration. It is recommended to use the small and big group discussions to discover directions, values and opinions, they also lead to comparing the various choices for "doing things" while emphasizing that (why) has been covered/explained.

The role of the trainer in the discussion is to facilitate the process and ensure that it doesn't deviate from the subject, and that each participant has the opportunity to participate. When the same topic is not available for discussion by the small groups, each group provides its results followed by immediate discussions before moving on to the next topic. Time organization or management is an important matter to ensure that each group has enough time and that they are not forced to present or discuss in a short time. But if the subject is general for all groups, then it should be provided by all groups before the discussion. Only illustrative questions should be allowed during the presentation. Continuation of laying the results should focus on the points agreed upon before moving on to the differences. If there is no plenty of time to discuss all the reports, one group performs the presentation and the other completes its results before proceeding with the discussion. Each discussion should be followed with a summary.

**Presentation:**

Presentation is a very effective way to facilitate learning the skill or developing the direction. The facilitator must use this method to show the skills and / or directions that address one meaning or more at the same time. Sometimes, the presentation is used instead of the introduction by the facilitator and the explanation is provided with the work. The presentation should be always followed by Q & A for clarification before asking learners to repeat the presentation.

**Presentation steps:**

1. The trainer collects the sources required for the presentation
2. The trainer makes sure that the participants are ready and can hear and see
3. The trainer explains what he is going to do

4. The trainer directs the participants to what is expected from them (e.g careful observation, taking notes if they were correct, using skills assessment form when necessary) etc...
  - Preparation for Q & A
  - The participants to repeat the presentation for training
5. The trainer illustrates and explains the skills and directions which are necessary for each step of the procedure being presented.
6. The trainer applies Q & A technique for clarification at the end of the presentation

### **Re-presentation:**

Repeating the presentation contributes in providing the learners with the opportunity to practice the skills which are necessary for performing the procedures they have trained on. The trainer must ensure that every learner / participant has the opportunity to practice and that enough time is allowed in order to reach the minimum acceptable performance.

### **Steps of repeating the presentation:**

1. The trainer reminds the participants about what is expected from them:
  - To practice the skills/procedures
  - To observe the training period of others, so that they can ask illustrative questions
  - During the training of others, they should observe so that they can provide a feedback
1. The trainer divides participants into small groups if there is more than one work unit (Note: each work unit requires at least one trainer / facilitator)
2. Participants take turns in practising the skills / procedures
3. The trainer should ensure that all the participants can hear and see
4. During the application, the trainer directs when necessary, provided that he does not interfere with the training process in a way that confuses the participant
5. After each participation, the trainer draws feedback from the other participants
6. After the feedback from the rest of the participants, the trainer reinforces what is correct and corrects or continue with the feedback
7. Each participant needs to exercise more than once until he gains the skill and as time permits
8. If the participants needed more time, the trainer should prepare or arrange for additional application opportunities

**Suggestive application:**

The suggestive application is a very effective way that allows the participants to apply the skills and procedures in an environment that mimics "real world" without the pressure that participants experience upon applying the tasks/procedures that they haven't controlled yet. It is recommended to make the participants train on models prior to the implementation or use of skill in the workplace. By suggestive application, the participant applies the task which is part of his real role in the work site, or the task that he implements in the field of the work that he was trained to do.

Use the same steps followed to perform the presentation or repeat it.

**Role-playing**

Role-playing is a very effective way in practising the skills in training rooms, specifically for applying the skills and procedures related to human interactions such as educational education and consultation sessions. It is also considered effective when the education objective is related to directions. In this technique, participants play or represent roles that are not necessarily similar to their roles in the real world. They mostly play the role of the person who they are going to deal with. This is called (role reversal). This allows the participants to discover how others live and receive the role or the interaction. Role-playing should continue for analysing the learned lessons.

**Summary:**

In every time training method allows for interventions through discussions between the trainers and the participants and between the participants themselves, you must follow the meeting with a summary of "Connecting loose endings or elements" and the participants must be provided with clear answers, so that they don't forget the correct answers.

The summary can be done so that the trainer makes sure that there are no "loose endings or elements". If time allowed, it is preferred to use the summary for assessment. In this case, the trainer can use the questions and answers method.

**Steps of evaluation summary:**

1. The trainer asks one of the participants to summarize
2. The trainer reinforces if the summary is correct/complete
3. The trainer asks another participant to correct or complete if the summary is incomplete or not correct
4. The trainer repeats the second and third steps
5. The trainer corrects or completes if the summary continued to be incomplete or not correct after two or three attempts

## **Evaluation/assessment:**

### **Evaluation of educational and training objectives:**

The education evaluation/assessment process and training objectives allow the trainers, program managers and participants to know how successful the training program was. The continuous evaluation/assessment allows the trainers to match the education gaps and fill them. The assessment also contributes in reviewing the experiences of education for later training programs. There are several strategies that can be used in the evaluation of education, and the most useful of these methods are:

- **Assessment of knowledge:** Written or oral questions that prompt the participants to remember, analyse, arrange or apply the information in order to solve the problem. The knowledge element in the skill objective should be assessed before launching the skill in training room or in the practical session
- **Questionnaires:** Written exercises that help trainers and participants to diagnose the gaps and fill them. Questionnaires can be presented as self-assessments. In some cases, it may be reasonable that the participants use training materials or work together on the questionnaire
- **Skills assessment form:** It is the process of observing the skill application by the participant and evaluation of the performance using the assessment form. The suggestive application should be assessed (using real tools or models in conditions that mimic reality) before starting the clinical application for the clients. The assessment form should be used by the trainer and other participants for observation of the suggestive implementation in the training room and the actual application of providing the feedback for improving the performance. Participants should learn how to use the assessment form during the training, and should be encouraged to use it after training to continue the assessment of their personal performance and to improve it.

There are other methods for assessment, such as projects, reports, daily observation or reflection, Observation at location, field performance and discussion etc.

Each training workshop includes assessment of education tools and methods:

- Question and answer method should be used on regular basis for diagnosing knowledge gaps and filling them.
- Questionnaires are included with each workshop and can be used for self-assessment. To be used as a self-assessment, the participants fill in the questionnaire then they use any of the lesson materials to verify their answers. Trainers should work with the participants to fill out the questionnaires and ensure that all the information gaps have been filled before skills assessment. If time allowed, answers or responses should be continued in the bigger sessions in order to deal with any other issues and to fill the

knowledge gaps. After this activity is finished, the correct answer is handed out to the participants.

- The skills assessment forms include all the skills existing in the training curriculum. Participants can use the assessment form as an educational guide during the application sessions in training room or clinical sessions. For skills assessment, the trainers should observe, in general, the participants three times and educate or guide them as required to ensure that the skills have been learnt.

### **Assessment of participants:**

The learning assessment by participants can be done using “questions and answers”, “composing the sessions” techniques which can be done by elected participants and “self-assessment after the smaller sessions”, “peer assessment by the feedback provided from the participants” is also done after the smaller sessions and eventually, “the performance assessment by facilitators”. Each participant applies more than once, it is preferred that he applies 3 times. The curriculum is used for planning, arrangement, management and assessment of the training through the short suggestive sessions. As for the skills assessment form, it can be used by the participants for self and peer assessment and also by the facilitators.

The video recording of the short sessions, or the distinctive parts of it at least, and reviewing these recorded parts after each session will enable the participants to assess their progress in the field of gaining training skills/facilitation. This assessment method, although time consuming, is very effective in helping participants to assess their performance and balance the feedback received by their peers, trainers and facilitators.

As for the assessment of learners after training, it should take place during (3) to (6) months after end of training. This assessment (after training) can be done and followed up under routine supervision. It is highly preferred to use skills assessment form which is being used in training.

### **Assessment of training.**

End of training can be assessed by the provided survey (survey 1) where the participants are asked to answer and express their opinions about the different aspects of workshop, such as arrangement, process, facilities and general assessment.

As for the end of workshop assessment, it can be conducted using the survey (survey 2) where the participants are asked to answer and express their opinions about the different aspects of the workshop, such as the relation between the educational objective of the workshop and the session, the relation of the content

with the objectives, appropriateness of content, display of content, effect of the method, ease and smoothness of the content.

The satisfaction and confidence index can be calculated to prove how much the learners are confident in gaining the required knowledge and skills for performing these tasks for which they were training, and the extent of their sense of commitment towards the use of these skills to ensure the quality of services provided. The confidence index applies to the training objectives and acquisition of knowledge and skills till the level at which participants feel able to apply what they have learnt during the training. The satisfaction index applies to arrangement and application of the training.

The items are written as statements followed by numbers, where number 5 means (Strongly agree), number 4 means (Agree), number 2 means (Disagree) and number 1 means (Strongly disagree), where number 5 represents the highest level of conviction and confidence (agreeing about the statement) and number 1 represents the minimal level. Participants are asked to choose the best level that represents their opinions. A space for notes is left after each statement.

The satisfaction indices can be calculated by multiplying the number of respondents by the numerical correspondent factor, then the aggregate is added afterwards, then the aggregate is multiplied by 100 and the result is divided by the total statement respondents and then multiplied by 5. 60% represents the minimum accepted level and 80% is the level of satisfactory performance. For example, if the total respondents is 19 and 7 of them chose 5 from the scale, 6 chose 4, 4 chose 2 and 2 chose 1, the index will be  $(5 \times 7) + (4 \times 6) + (2 \times 4) + (1 \times 2)$  multiplied by 100, divided by  $(5 \times 19)$ . The index will be 100% if the total respondents chose 5. In this example, the index is 72.63%.

As for the content and process of training, it is being consistently assessed through a daily assessment by using methods like ( what did you like most) and (what did you like least) and/or (quick feedback). Facilitators will use the assessment results during the daily meetings to direct the feedback and adapt it with the training according to participants' needs.

(Where are we?) sessions can be held with participants to evaluate the progress in the content that has been covered until reaching the training goals and objectives. Comments are analysed and classified. Retain only the important comments, the comments which were mentioned more than once, and/or the comments by more than one participant. Facilitators need to use the results of this assessment during their daily meetings to combine the feedback and prepare the training according to the participants' needs.

The feedback and training experiences assessment allow the trainers and program managers to prepare the training so that it can meet the needs of the participants in the best way. Trainers can assess their performance in facilitating the education experience by using a standardized skills assessment form ( survey 4)

**Form number (1): End of course assessment survey:**

Training center:

Date:

Course title:

Instructions:

This assessment will help with preparing the course to meet your needs and the needs of the participants in the future. It is nameless. Please respond freely and honestly to each paragraph. The paragraphs were written in statements followed by a scale where:

5 = Strongly agree

4 = Agree

2 = Disagree

1 = Strongly disagree

Circle the number that expresses your opinion. The differences between "strongly agree", "agree", "disagree" and "strongly disagree" indicate the severity or extent.

Add your comments in a brief and specific manner in the space allocated after each statement. If they are not enough, you can use an additional paper. If you chose (1) or (2), make sure that you suggest how to make the condition look better and more effective, also provide solutions.

Note:

The goals, objectives and duration of this course will vary depending on the type of training conducted. Match the form with each course in particular by positioning the course paragraphs in it.

### **The course achieved its objectives**

1. in providing participants with opportunities to gain and develop the knowledge and skills required for:

- 1) Playing an effective role as a member in a primary health care unit for improving the quality of care and services

5 – 4 – 2 – 1

Comments:

- 2) Using a team approach for solving the problems at the level of primary health care centers

5 – 4 – 2 – 1

Comments:

2. Giving participants opportunities for experiencing situations and starting to practise them from within the situations that work in favor of the regular use of acquired knowledge and skills in team structuring and problem solving for improving quality of care and services.

5 – 4 – 2 – 1

Comments:

## **Course objectives**

1. The course helped me to reach the stated goals

- 1) Applying a team approach for performing an effective role as a member in a services team of a primary health care center

5 – 4 – 2 – 1

Comments:

- 2) Using a team approach for conducting course of service providing and management problems solution at the level of primary health care center

5 – 4 – 2 – 1

Comments:

- 3) Explaining the importance of being a member in an effective team of a primary health care center in order to improve the quality of care and services

5 – 4 – 2 – 1

Comments:

- 4) Explaining the importance of using a team approach for conducting a course of problem-solving for service providing and management problems in the primary health care center model

5 – 4 – 2 – 1

Comments:

2. Course objectives were related to my job title/ the task I perform at my work

5 – 4 – 2 – 1

Comments:

3. There is a logical sequencing of the units and this enabled the process of learning

5 – 4 – 2 – 1

Comments:

## **Course arrangement and implementation**

1. The notification time was enough for getting prepared for the course 5 – 4 – 2 – 1

Comments

2. The information provided about the course, before our attendance, was enough 5 – 4 – 2 – 1

Comments

3. Transportation arrangements,if any, were sufficient during the course 5 – 4 – 2 – 1

Comments

4. The training location (training center) was suitable 5 – 4 – 2 – 1

Comments

5. Used educational materials (including referral materials) were enough in terms of quantity and quality with regard to objectives and content of the training 5 – 4 – 2 – 1

Comments

6. The methodology and technology used for conducting the training were effective in supporting you to reach the objectives of the course 5 – 4 – 2 – 1

Comments

7. The location of the clinic/practice, if applicable, was suitable 5 – 4 – 2 – 1

Comments

8. The relationships between the participants, the course managers and support staff were satisfactory 5 – 4 – 2 – 1

Comments:

9. The relationships between the participants and the trainers were satisfactory and helpful for learning 5 – 4 – 2 – 1

Comments:

10. The relationships between the participants were satisfactory 5 – 4 – 2 – 1

Comments:

11. The course arrangement was sufficient (time, breaks, facilities, resource materials) 5 – 4 – 2 – 1

Comments:

**Additional comments:**

## General assessment

1. I can conduct this training again in my work in the future 5 – 4 – 2 – 1

Comments:

2. I will advise others to take this training course 5 – 4 – 2 – 1

Why? and why not?

3. The course period (10 days) was sufficient for achieving all the objectives and covering all the necessary topics 5 – 4 – 2 – 1

Comments:

4. General comments and suggestions for improving the course

(Please specify)

**Form 2: End of workshop assessment survey**

**Course:**

**Date:**

**Workshop number and title:**

**Guidelines**

The purpose of this assessment is getting your opinions about the workshop

Your notes will help in adjusting the course according to your needs and needs of the future participants,

it is anonymous. Please respond freely and honestly to each item. Items were classified as statements followed by a scale where:

- 5 = Strongly agree
- 4 = Agree
  
- 2 = Disagree
  
- 1 = Strongly disagree

Please circle the number that expresses your opinion. The difference between "strongly agree", "agree", "disagree" and "strongly disagree" is a matter of intensity.

Add your comments briefly and specifically in the place provided after each statement. If this place is not enough, feel free to use an additional paper. If you chose (2) or (1), please make sure that you write specific comments about how to improve the workshop.

**Assessment Items**

1. The workshop objectives are related to the course objectives 5 – 4 – 2 – 1

Comments:

2. Content/topics covered in the workshop are related to the objectives 5 – 4 – 2 – 1

Comments

3. Content/ topics were sufficient for helping me to achieve objectives 5 – 4 – 2 – 1

Comments:

4. The content/topics were clear and well presented 5 – 4 – 2 – 1

Comments:

5. Training methods and activities were effective in learning facilitation 5 – 4 – 2 – 1

Comments:

6. Training methods and activities were performed in a sufficient manner for learning facilitation 5 – 4 – 2 – 1

Comments:

7. These are important topics that will enable me to perform my job better 5 – 4 – 2 – 1

Comments:

8. There is a logical sequence of courses and topics that facilitate learning 5 – 4 – 2 – 1

Comments:

9. There are specific topics that need more clarification 5 – 4 – 2 – 1

Comments: (specify these points)

10. Training materials and provided resources were sufficient 5 – 4 – 2 – 1

Comments:

11. Training materials and resources were provided in the appropriate time for learning facilitation 5 – 4 – 2 – 1

Comments:

12. Used training materials and resources were sufficient for facilitation of my learning 5 – 4 – 2 – 1

Comments:

13. The training location was suitable 5 – 4 – 2 – 1

Comments:

14. The clinic/ practice location was suitable 5 – 4 – 2 – 1

Comments:

General comments (if there is an issue that wasn't discussed):

**Form 3: Quick notes form**

**The training course:**

**Date:**

**Location:**

**Workshop number and title:**

**Course number and title:**

**Guidelines**

This assessment is random. Please respond freely and honestly to each item. Items were classified as statements followed by a scale where:

- 5 = Strongly agree
- 4 = Agree
  
- 2 = Disagree
  
- 1 = Strongly disagree

Please circle the number that expresses your opinion. The difference between "strongly agree", "agree", "disagree" and "strongly disagree" is a matter of intensity.

Add your comments briefly and specifically in the place provided after each statement. If this place is not enough, feel free to use an additional paper. If you chose (2) or (1), please make sure that you write comments (e.g how? and solutions?)

1. Workshop objectives are related to the tasks of the job title 5 – 4 – 2 – 1

Comments:

2. The learning methods/activities were adapted 5 – 4 – 2 – 1

according to the objectives

Comments:

3. The provided materials were enough to cover the whole content 5 – 4 – 2 – 1

Comments:

4. The time allocated for the course was sufficient for covering all topics 5 – 4 – 2 – 1

Comments:

5. Facilitation (course providers) helped with reaching the course objectives 5 – 4 – 2 – 1

Comments:

6. The training content was clearly provided 5 – 4 – 2 – 1

Comments:

7. I used the materials/resources in a way that helped me to learn 5 – 4 – 2 – 1

Comments:

8. There are specific points in the content that require more clarification (specify which content fields)

**Other comments:**

**Form 4: Training skills checklist**

checklist is used with the relevant curriculum to provide notes about the trainer's performance.

the checklist includes a list of the items to be checked:

- If the item was checked, tick (√) in the column of the item that has been checked under "sufficient" or "not sufficient" according to performance.
- Comments are to be inserted in the suitable column to clarify/specify what has/hasn't been checked.
- If the item was checked, tick (√) and provide comments in the appropriate field.

Findings and comments are analysed and discussed with the observed trainer. Any immediate corrective procedures or any other needed procedures should be inserted in the appropriate place.

The observed trainer should be given an opportunity to comment and the comment should be inserted in the appropriate place. The form should be dated and signed by the trainer and the supervisor. Then, it should be kept in the trainer's file for further follow-up and reference.

Scale S = sufficient      N/S = not sufficient      No = not checked

Items	Checked		No	Comments
	S	N/S		
<p><b>1. <u>Course planning</u></b></p> <ul style="list-style-type: none"> <li>• Relevant course plan, extracted from the curriculum</li> <li>• Arrangement, implementation and assessment of training in compliance with the curriculum (based observation during course).</li> </ul>				
<p><b>2. <u>Course arrangement</u></b></p> <ul style="list-style-type: none"> <li>• Arrival before course start</li> <li>• Ensuring that all training resources are in place</li> <li>• Ensuring that all the supplies and equipment are working</li> </ul>				

<p>well</p> <ul style="list-style-type: none"> <li>• Ensuring that the training location is arranged according to the requirements of training objectives and methodology</li> <li>• Preparation/review of the training (according to observing the course control during performance of activities and use of resources during training).</li> </ul>				
<p><b>3. <u>Course implementation</u></b></p> <p>1.3 Introduction</p> <ul style="list-style-type: none"> <li>• Self introduction <ul style="list-style-type: none"> <li>- Name</li> <li>- Job</li> <li>- Relevant experience</li> </ul> </li> <li>• Providing an opportunity for the team members to introduce themselves</li> <li>• Workshop: <ul style="list-style-type: none"> <li>- Introducing the topic</li> <li>- Introducing the objectives</li> <li>- Clarifying the topic and the objectives</li> <li>- Establishing a link with work/ task</li> </ul> </li> <li>• Course <ul style="list-style-type: none"> <li>- Topic definition</li> <li>- Introducing the objectives</li> <li>- Clarifying the topics and the objectives</li> <li>- Establishing a link with the previous course (courses)</li> <li>- Demonstrating the methodology</li> </ul> </li> <li>• Introducing the assessment methodology</li> <li>• Mentioning the estimated time</li> </ul> <p>2.3 Facilitation skills</p> <p>◀ <b><u>Clarification</u></b></p>				

<ul style="list-style-type: none"> <li>• Ensuring that participants are ready before starting with any of the content items</li> <li>• Ensuring that participants can hear: <ul style="list-style-type: none"> <li>- the trainer</li> <li>- Other participants</li> </ul> </li> <li>• Ensuring that participants can see: <ul style="list-style-type: none"> <li>- the writing</li> <li>- Educational/presentation aids</li> <li>- the trainer</li> <li>- Each other</li> </ul> </li> <li>• Ensuring that he can see the participants</li> <li>• Ensuring that he can hear the participants</li> <li>• Using the appropriate educational materials</li> <li>• Summarizing after each topical item in the content before moving to the following subject</li> <li>• Using examples which are relevant to the objectives, content and participants' learning</li> </ul>			
<p>◀ <b><u>Ensuring effective participations</u></b></p> <ul style="list-style-type: none"> <li>• Asking questions to the participants</li> <li>• Allowing the participants to ask questions</li> <li>• Allowing the participants to inquire/ discuss/ contribute</li> <li>• Ensuring that all the participants are participating</li> <li>• Giving the participants opportunities for practising</li> <li>• Adapting with participants' learning abilities (speed, learning activities, using</li> </ul>			

<p>educational materials)</p> <ul style="list-style-type: none"> <li>• Encouraged the participants through: <ul style="list-style-type: none"> <li>- Listening</li> <li>- Giving the participants a chance to complete their entries</li> <li>- Avoiding prejudging</li> <li>- Keeping friendly relationships with participants</li> </ul> </li> </ul> <p>◀ <b><u>Control of training</u></b></p> <ul style="list-style-type: none"> <li>• Performing the learning activities according to the plan of each course</li> <li>• Using training resources/materials according to each plan</li> <li>• Adequate coverage of content (relevant, clear, accurate, complete, consistent, reliable, continuous, correct)</li> <li>• Following the curriculum in terms of learning/training activities</li> <li>• Using the content according to the curriculum</li> </ul> <p><b>4. <u>Assessment of education/training process</u></b></p> <ul style="list-style-type: none"> <li>• Ensuring that participants understood</li> <li>• Ensuring that participants have learnt the skills</li> <li>• Providing a supportive feedback by: <ul style="list-style-type: none"> <li>- Enhancing positive learning</li> <li>- Correcting any mistakes</li> <li>- Correcting any incomplete learning</li> </ul> </li> <li>• Listening to the comments of the participants about one's</li> </ul>				
---	--	--	--	--

performance (without taking it personally) <ul style="list-style-type: none"> <li>• Adapting the performance according to the feedback</li> <li>• Allowing the participants to answer the questions asked by the group</li> </ul>				
---	--	--	--	--

**Additional comments or notes**

**Analysis of findings**

**Procedures taken**

**Required additional procedures**

**Trainer comments**

**Date:**

**Trainer name and signature**

**Supervisor name and signature**

## **Section 2: Training Sessions**

## **Module 1: Primary Health Care and Referral System in Iraq**

### **Objectives of the Module:**

**At the end of the session you (the participants) will be able to:-**

1. Understand the levels of providing health care in the health system
2. Overview the basic concepts of primary health care
3. Know the importance of primary health care
4. Summarize the concept of the referral system

The first session: the health system

The second session: primary health care

The third session: referral system

**Training method:** brain storming, a small lecture, and questions and answers.

### **Evaluation:**

Questions and answers

### **Estimated training time**

7 hours

**Source:** guideline manual

## **Module 1: Primary Health Care and Referral System in Iraq**

### **The first session: the health system**

#### **The objectives of the session:**

At the end of the session, you (participants) you will be able to:

1. Define health policy
2. Define the health system
3. Describe of the goals of the health system
4. Explain the levels of health care

#### **Trainers' Preparation**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see
- Prepare copies of reference materials / brochures and exercises
- Arrange training room

#### **Methods and activities**

A panel discussion, a mini-lecture, questions and answers, exercises

#### **Resources**

- Other materials/references: flipchart, markers, and an LCD display

#### **Evaluation**

Questions and answers, trainer's notes and participants' summaries

#### **The trainer**

Has experience in the referral system

#### **Estimated Training Time**

Hours

## Session Plan

Training Methods	Content	Objectives
Brainstorming (25 minutes)	Decisions, steps, and actions to be taken on the health level by the Ministry of Health to achieve specific goals and objectives in the field of community health. The health policy seeks to achieve several goals at the same time	1.1.1. Definition of health policy
A mini-lecture (25 minutes)	A Group of organizations, institutions and resources seeking to improve health, and provide services to meet existing needs in prices suitable for low-income people	2.1.1. Definition of health system
Brainstorming (35 minutes)	<p><b><u>The objectives of the health system:</u></b></p> <ul style="list-style-type: none"> <li>• good health</li> <li>• responding to the expectations of the population</li> <li>• a fair financial contribution</li> </ul> <p><b><u>Systems and vital functions:</u></b></p> <ul style="list-style-type: none"> <li>- Providing health care services</li> <li>- Securing resources</li> <li>- Funding</li> <li>- Supervision</li> </ul>	3.1.1 Describe the objectives and goals of the health system
Brainstorming (20 minutes)  Questions and answers (15 minutes)  Evaluation	<p>The first level- primary health care (it is divided into two types: major and minor)</p> <p><b>The second level- hospitals</b> Are classified according to the type of services they provide into educational, private, and public</p> <p><b>The third level- specialized centers</b> are classified according to the services they provide</p>	<p>4.1.1 Explain the first level- primary health care</p> <p>5.1.1. Getting to know the second level- and the third level</p>

### **1.1.1 Definition of health policy**

Health policy is decisions, plans, and actions taken on the health level by the Ministry of Health to achieve specific goals and objectives in the community in the field of health. Health policy seeks to achieve several objectives at the same time and focus on:

1. Determine the future vision of the near and medium term
2. Defining roles (tasks and duties) expected for different groups
3. Establish consensus and focus on the role of media

#### **1.1.1. Definition of the health system:**

The health system is the group of the departments, organizations, institutions and resources seeking to improve health. This system requires staff, funds, information, processing, and means of transportation and communication. The system needs to provide services that meet the existing needs at affordable prices and guarantee to deal with people in a decent way.

A good health system is one that significantly contributes to the improvement of people's lives day after day. A mother who receives a message reminding her of the need to immunize her young child against a life-threatening illness actually benefits from a health system. This also applies to a who became family finally able to get clean water from an adequate pump in their village because the government funded health projects; or a person living with HIV and AIDS who benefits from the drugs, nutritional counseling and regular check-ups at an affordable clinic.

The primary responsibility with regard to the overall performance of the national health system rests with the government, but good stewardship at the level of regions and villages by health institutions is also of crucial importance.

It was recognized that the strengthening of health systems and making them more equitable is among the basic strategies to combat poverty and promote development. Problems associated with health systems are not confined to poor countries. In some rich countries, for example, large portions of the population do not benefit from the health care services because of unfair restrictions related to issues of social protection. Others are struggling to cover the costs of those services because of the use of resources in an ineffectively.

## **Objectives of the health system**

According to the World Health Organization (WHO), the goals of the health system are: good health, responding to the expectations of the people, and a fair financial contribution fair. Progress towards fulfilling these objectives depends on the implementation of four vital functions namely: providing health care services, generation of resource, funding, and supervision. There are other indicators to assess health systems including quality, efficiency and acceptance, and quantity.

The continuity of providing health care is the main objective of the health system.

## **Levels of health care**

### **The health system of Iraq:**

Health services in Iraq are provided through a wide network of health institutions spread throughout Iraq.

The primary health care centers are the first contact point between citizens and health institutions in Iraq. These health centers are found all over Iraq reach far-flung areas to provide health services to small communities.

Levels of health care is divided into three levels:

The first level: primary health care.

The second level: secondary health care.

The third level: tertiary health care.

### **First-The first level: primary health care:**

Primary health care services are provided through a large number of health centers spread throughout Iraq down to the villages and rural areas in remote areas. Health centers are linked administratively, technically, and financially to the primary health care sector.

### **Primary health care sector:**

An administrative formation equivalent to a (department) assumes the management and supervision of administrative, technical and financial issues in a group of health centers (5-15).

The sector consists of a group of sections to oversee, monitor, and regulate the health centers within the geographical area of the sector. There are 124 sectors in Iraq.

The organizational structure of a sector consists of:

- Section of centers.
- Section of pharmacy and supplies.
- Section of Engineering and Maintenance.

- Administrative Division.
- Section of finance.
- Section of health control.

### **Primary health care centers:**

Primary health care services are provided through health centers.

1. Health centers are divided according to their administration into:

- health centers administered by a doctor (1185<sup>[RF1]</sup> centers in Iraq).
- health centers administered by a medical assistant (1146<sup>[RF2]</sup> centers in Iraq).

2. Health centers are divided according to the type of health services they provided into:

A – Major primary health care centers (1100<sup>[RF3]</sup> Centers in Iraq)

- Training primary health care centers<sup>[RF4]</sup> (22 centers in Iraq)
- Family Medicine health centers<sup>[RF5]</sup> (40 centers in Iraq)
- Model primary health care centers
- Health care centers in universities.
- Health care centers in rehabilitation institutions (police stations and prisons).

B - Minor primary health care centers (1231<sup>[RF6]</sup> Centers).

• Health House (161<sup>[RF7]</sup> health house): the smallest health institution which provides health services to a very small geographical area (less than 1,000) people. This house consists of a team of health staffs:

- 2 medical Assistants (one male + one female)
- A laboratory assistant + an associate Pharmacist
- Janitors
- Mobile health teams (35<sup>[RF8]</sup>): a medical team consisting of a health service people (a female + a male) an associate pharmacist + driver + car. These teams provide health care services to remote areas according to fixed schedules with specific dates.

### **Second - the second level (hospitals):**

A - hospitals are classified according to the services they provide:

- University hospitals (61<sup>[RF9]</sup> hospitals)
- Public Hospitals (168<sup>[RF10]</sup> Hospitals)
- Private hospitals (92<sup>[RF11]</sup> hospitals)

B - Public hospitals are classified according to the clinical capacity

(Clinical capacity is determined by the number people within the geographical area of the hospital) into:

- Hospitals with (50) beds
- Hospitals with (100) beds
- Hospitals with (200) beds
- Hospitals with (400 and more) beds

### **Third - the third level specialized centers**

There are (66) specialized centers spread in the provinces of Iraq according to the following specialties:

- cardiovascular surgery
- infertility and IVF
- Endocrinology and diabetes.
- Kidney transplant
- bone marrow transplant
- Hematology
- prosthetics
- medical rehabilitation and physical therapy

## **Module I: primary health care and referral system in Iraq**

### **The second session: primary health care**

#### **The objectives of the session:**

At the end of the training session, you will be able to:

1. Define primary health care
2. Define basic specifications of the primary health care
3. Describe the relationship between the number of primary care physicians and health outcomes
4. Describe the relationship between the patients of primary health care centers and doctors and employees
5. Understand the importance of primary health care

#### **The trainer's Readiness**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see
- Prepare copies of reference materials / brochures and exercises
- Arrange training room

**Methods and activities**

A panel discussion, a mini-lecture, questions and answers, exercises

**Resources**

- Other materials/references: flipchart, markers, and a display

**Evaluation**

Questions and answers, trainer's notes and participants' summaries

**The trainer**

Has experience in the referral system

**Estimated Training Time**

120 minutes

## Session Plan

Training Methods	Content	Objectives
Questions and answers (25 minutes)	The basic health care that is available in a comprehensive manner to individuals and families in the local community by means they can accept and by their full participation with affordable costs for the members of the local community and the population of the country at different income sectors.	1.2.1 Definition of primary health care
Brainstorming (20 minutes)	<ul style="list-style-type: none"> <li>• health education and awareness</li> <li>• environmental sanitation and providing drinking water</li> <li>• Provide good nutrition</li> <li>• Integrated Maternity and Children's Services</li> <li>• immunize children against common diseases</li> <li>• combat endemic diseases</li> <li>• treat of common diseases</li> <li>• provide essential drugs</li> </ul>	1.2.2 Define basic specifications of the primary health care
Brainstorming (20 minutes) Questions and answers (20 minutes)	<ul style="list-style-type: none"> <li>• The health situation is better when the number of primary care physicians is higher</li> <li>• people who receive health care in primary health care centers enjoy good health conditions</li> <li>• Improving health conditions largely depends on the characteristics of primary health care</li> </ul>	1.2.3 Explain primary health care effects on general health
Brainstorming (35 minutes)  Evaluation	<ul style="list-style-type: none"> <li>• Increase access to essential services</li> <li>• Improve the quality of services provided</li> <li>• Provide an opportunity</li> </ul>	1.2.3 . Understand the importance of primary health care

	for early intervention to treat diseases	
--	---	--

### 1.2.1 Definition of primary health care:

In 1977, the World Health Organization (WHO) decided that by the year 2000 health care must be provided for all. The following declaration was released, in Alma - Ata in the former Soviet Union in 1978 (that primary health care is the key to achieving health for all).

Primary health care had been defined as (basic health care that is provided comprehensively for individuals and families in the community by means they accept and by their full participation and in costs affordable for the local community members and the country's population as a whole. Health care is an integral part of the country's health system as it represents the essence of that system. It is also one of the objectives of social and economic development of the community.)

In 1981, health care objectives had been identified for that period.

- 1 - Provide good nutrition for all by 1986
- 2 - provide clean drinking water and environmental sanitation by 1990
- 3 - Immunize all children against common diseases by 1990.

any developments thereafter are added eight elements of primary health care had been identified

1. Promote health education and awareness
2. Environmental sanitation and providing drinking water
3. provide good nutrition
4. Provide integrated Maternity and Children's Services
5. immunize children against common diseases
6. combat endemic diseases
7. Treat common diseases
8. Provide essential drugs

The above-mentioned elements must be provided in accordance with the following principles:

- a- Fair distribution
- b- Appropriate technique
- c- Coordination with the relevant health care authorities and entities outside the health system
- d- community involvement.

### 1.2.2 The basic elements of primary health care:

- 1 . Provide Health education and awareness on common health and social problems

in the society and work to introduce the necessary means to control and eliminate these problems with the participation of the community.

2. Work on basic and adequate environment sanitation and providing clean drinking water.
3. Work on providing and promoting good and healthy nutrition
4. Provide integrated maternity and childhood.
5. Immunize children against childhood infectious diseases.
6. Work to protect the community from epidemic diseases and control their spread in preparation for eradicating them including epidemiological investigation.
7. Proper diagnosis and appropriate treatment of common diseases including simple surgery.
8. Provide basic drugs

### **1.2.3 The impact of primary health care on health in general.**

The positive impact of primary health care services is notable in several aspects including:

- The availability of more primary health care physicians means better health conditions
- People who receive health care in primary health care centers are in better health conditions than their peers who do not
- Improving the health conditions largely depends on the characteristics of primary health care

### **1.2.4 Importance of primary health care**

1. Reflects and arises from the country's and its communities' economic conditions, social, cultural, and political features. It depends on the application of the relevant results from social and life health services research and public health experience.

2. Addresses the major health problems of the community as it offers fostering, preventive and treatment services and rehabilitation according to needs.

3. Includes education, health problems and means of prevention, control and promotion of nutritional supplements, proper nutrition, clean water and sanitation, maternal and child health including family planning and immunization against major infectious diseases, prevention and control of diseases rampant locally and appropriate treatment of common diseases and injuries in addition to the provision of essential medicines.

4. In addition to the health sector, it includes all sectors related to the community and national development and particularly agriculture and animal husbandry, food, industry, education, housing, public works and communications. This requires coordination of efforts among all these sectors.

5. Requires and promotes the highest level of self-reliance of the community and individuals, as well as participating in the planning, organization, operation and control of primary health care by utilizing the full local, national and other resources. To this end, the focus is on developing the capabilities of the community to participate through suitable education.

6. Must be backed by an integrated and effective referral system with mutual support leading to continuous improvement in the overall health care for all and to give priority to those who need it most.

7. Depends on the health care workers at the local and referral levels including doctors, nurses, midwives and paramedics, and employees that suits the situation, as well as traditional healers as needed who are trained appropriately socially and technically to work as a health team to meet the health needs of the community

## **Module I: primary health care and referral system in Iraq**

### **The third session: referral system**

#### **The objectives of the meeting:**

At the end of the training session, you will able to:

1. Define the referral system
2. Define the referral and re-referral system
3. Explain the benefits of the referral
4. Describe the types of referral
5. Describe the mistakes that should be avoided in the referral system
6. Clarify the mechanics of the referral system assessment

**The trainer's Readiness**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see
- Prepare copies of reference materials / brochures and exercises
- Arrange training room

**Methods and activities**

A panel discussion, a mini-lecture, questions and answers, exercises

**Resources**

- Materials/reference brochures

Others: newspaper sheets on a hanger, markers, hiding panel, and an LCD display.

**Evaluation**

Questions and answers, trainer's notes and participants' summaries

**The trainer**

Has experience in the referral system

**Estimated Training Time**

120 minutes

**Session Plan:**

Training Methods	Content	Objectives
<p>Discussion panel (20 minutes)                      Questions and answers (10 minutes)</p>	<p>System which contributes to providing high-level care through the reduction advanced medical measures and allow the distribution of tasks between the general practitioner and a specialist doctors and allow time for professionals to develop their knowledge and reduce the cost of medical care</p>	<p>1.3.1 Definition of referral system</p>
<p>Brainstorming (15 minutes)                      Questions and answers (10 minutes)</p>	<p><u>Referral</u>: is the process in which a physician in the first or second level of health service and who does not possess the specialized diagnostic skill and potential requests help from those who are more specialized and equipped to deal with those potential cases  <u>Re-referral</u>: is the process in which a patient who was referred to the initial referral unit after he/she had been treated for the reason of the referral in the second or third institution.</p>	<p>1.3.2 Definition of referral and re-referral</p>
<p>Brainstorming (15 minutes)                      Presentation and representation (20 minutes)</p> <p style="text-align: center;"><b>Role-play</b></p>	<p>A – for the patient:                      1. Protects him/her from wasting time and effort. This will help them arrive to the right place to get the proper care for most health needs                      B – For the health center doctor:                      1. Feedback                      2. Communicating with the patient                      T – For the specialist in the hospital                      1. Allocate more time for each patient</p>	<p>1.3.3 explain the benefits of referral                      A – for the patient                      B – for the health center doctor                      T - the specialist in the hospital</p>

	<p>2. Scheduling appointments becomes effective</p> <p>3. Gather more useful information about the patient</p>	
<p>Discussion (30 minutes)</p>	<p>1 - emergency referral</p> <p>2 – routine referral</p> <p>3 - consult a specialist</p>	<p>1.3.3 Describe referral type</p>
<p>Questions and answers (25 minutes)</p>	<p>- There is no need to dismiss any citizen at the beginning of dealing with him/her until the desired stage is reached in terms of upgrading the convictions and education towards better and more correct status</p> <p>2 - <u>Clarifying urgent cases</u> developing a short scientific manual as a basis in the implementation of our plan</p> <p>3 - Continue the preparation of scientific manuals for the treatment of common conditions and where the health center doctor should stop and refer the patient to a hospital</p>	<p>1.3.3 Describe mistakes to avoid in referral system</p>
<p>a mini-lecture (15 minutes)</p> <p>Role-play (20 minutes)</p>	<ul style="list-style-type: none"> <li>• Follow-up and monitor referral forms and commitment to the guidelines that specifies the details of applying the system</li> <li>• It is recommended that the</li> </ul>	<p>1.3.3 Explaining the mechanics of evaluating referral system</p>

	<p>assessment is based on the following table:</p> <ul style="list-style-type: none"> <li>* Monthly</li> <li>* quarterly</li> <li>* Yearly</li> </ul>	
--	---	--

### 1.3.1 Definition of the referral system

#### Referral System

The referral system is a system that contributes to the providing high-level health care through the reduction of the advanced medical measures in the health center and allow the distribution of tasks between the general practitioner and the specialist and allow time for specialists to develop their knowledge as well as the importance of this in reducing the cost of medical care.

#### 1.3.1 The Definition of the referral and re-referral:

Referral: is the process in which a physician at the first or the second level of health care services who does not possess the specialized and potential diagnostic skills (high costs and specialized) to treat these cases in the health center. Thus, there is a need to those who are more specialized and have the facilities and the potential to treat these cases.

The patient's referral of him/herself without consulting a doctor causes him/her difficulties in addition to posing problems for the service providers leading to the waste for resources at all levels. This leads to the ignorance of the health center's doctor of the case and this negatively affect the continuity or follow-up care.

Family medical records have been introduced in all the up-to-date global health systems as a means of ensuring comprehensive continuous health care. This requires recording information on the family medical history and takes advantage of them in centers and hospitals to achieve the maximum benefit of them for the individual and the family. This way the referral system will be of mutual benefit for the patient and health center doctor and the specialist at the hospital.

### **Return-referral:**

It is the process of returning a patient, who had been referred, to the primary unit of referral after he/she had been treated for the reason of referral at the second or third level.

#### 1.3.1 Benefits of referral

1. For the patient: it defines the destination of the patient and helps him know where to go so as to save time and effort, and quickly attracts the attention of the doctor for treatment shortly, on the one hand, and makes it easier for patients to access to appropriate care for most health needs directly from the nearest health center to his home, on the other hand. The referral of patients with urgent and difficult conditions to hospital reduces the pressure on the center and the hospital at the same time leading to reduced pressure on both sides. This provides access to what they need in terms of time, attention, and good care.

1. For the health center doctor: this is a learning process which is a good opportunity to assess and evaluate performance in particular through: -
  - Feedback from the hospital when the patient visits the health center a second time to
  - Communicate with the second level care specialist.

This results in more self-confidence, help organize the continuity of providing health services, to achieve satisfaction with the services of the health center, improve its image in addition to increasing the confidence of the community in the primary health care.

2. For the specialist at hospital:

- A longer period of time can be allocated for each patient and therefore better care and more accuracy at the levels of diagnosis and treatment
- Appointments can be identified
- Can gather the best direct or indirect information to improve the quality of treatment.

### 1.3.1 Types of referral

1. Urgent referral: This type is opted for in emergency situations that can not be handled in health centers but only provide them with first aid and refer them as soon as possible to the appropriate hospital.

2. Routine referral: This referral is used for the following:

- Consult a specialist regarding the patient.

B – Admit patients to hospitals and treat them there.

C - Request potential laboratory tests and the more complex and highest-cost tests.

### 1.3.1 Description of mistakes to be avoided in the referral system

**We will focus on avoiding making the same referral mistakes through education and awareness campaigns and communication and changing beliefs and through the following: -**

- It is necessary not return any citizen at the beginning of the work until getting to the desired stage in terms of upgrading the convictions and education to a better and more correct.

- The necessity of clarifying urgent cases (mostly) and prepare a short scientific manual as a base to the implementation of our plan. These cases should be declared to all so that they are not hesitant to go to hospitals in case of emergency in the future

- Continue preparing scientific manuals and define the point where a health center should stop and refer the patient to the hospital. Medical and health staff should be trained on how to use these manuals.

- Do not to receive a patient without a referral form .....

- Educate patients that their visits should be to be primary health care centers being closer and easier to access in addition to the availability of capabilities and providing medicines and supplies and adequate tests to meet their actual needs in the treating most diseases

- It is necessary that the health center doctor fills in all the required information in the referral form and commitment of the hospital doctor's commitment to fill in the fields on its procedures and diagnosis in the feedback section

- The necessity of integrated communication and cooperation between health center doctors and hospital doctors

### Assessment of the Referral System

The referral system alongside the related protocols and the indicative guidelines are important qualitative and quantitative assessment of the health care. So, the ongoing monitoring and evaluation of referral protocols are two necessary things to ensure

compliance with all regulations to ensure the functional integrity and consistency in the health services network.

The effectiveness of the follow-up and monitoring depends mainly on the quality of the referral forms, and the full compliance with the guidelines adopted.

The guidelines identify: the number of certified copies, destination of each referral form, and clearly confirms that the last version (full referral and return-referral) is directed to the National Committee to evaluate the referral.

National Committee will be notified of the referral by health managers of all hospitals in the districts and provinces where the Committee shall thereafter inform the technical agent or his representative.

#### **Evaluation**

It is Advised that the evaluation is done in accordance with the following:

1. Every month: - by the management team of each hospital for follow-up and evaluation of the medical team's commitment of protocols (controls) and the approved guidelines.
2. Every three months: - by the National Committee to evaluate the referral system: to monitor the referral system and review a sample of the referrals.
3. Each year: - The National Committee to evaluate the referral system: a comprehensive evaluation of the implementation of the referral system, conventions and laws adopted is carried out.

#### **Using Evaluation Tools**

**Evaluation tools have been designed to facilitate evaluating the referral from quickly. This in turn is a base to obtain information and statistics that enable us to make comments concerning the quality of this system.**

This tool has not been designed to evaluate the clinical relevance of the referral of different patients, but is designed to evaluate the compliance with protocols and guidelines and that they are of an administrative nature rather than a clinical one

- The clinical evaluation of referral requires a medical investigation specialist doctors.
- Questions are answered with either approve, or disapprove.
- Approval is evaluated by (1) – Incomplete approval = 0.9 - 0.6
- Disapproved (0) Incomplete disapproval = 0.5 - 0.1

## **Module II: Prevalent contexts and mechanisms and patient flow in the referral system**

### **Objectives of the workshop:**

At the end of the Module, you will be able to:

1. Explain the prevalent contexts in the referral system of health centers, hospitals and specialized centers
2. Explain the prevalent mechanisms in the referral system of health centers, hospitals and specialized centers
3. Describe of the organizational structure and the duties of coordination offices in health centers, hospitals and specialized centers
4. Understand the patient flow in every level of the health care

**The first session:** contexts currently prevailing the referral system

**The second Session:** proposed new mechanisms for the referral system.

**The third session:** The patient flow in every level of the health care

### **Evaluation**

Questions and answers

Estimated training time

5 hours

## **Module II: Prevalent contexts and mechanisms and patient flow in the referral system**

**The first session:** currently prevalent contexts in the referral system

### **Special session objectives:**

At the end of the training session, you will be able to:

1. Know and understand the contexts prevalent in primary health care centers
2. Describe the contexts prevalent in hospitals
3. Describe contexts prevalent in specialized centers

### • **Trainers' Preparation**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see
- Prepare copies of reference materials / brochures and exercises
- Arrange training room

### **Methods and activities**

A panel discussion, a mini-lecture, questions and answers

### **Resources**

- Materials/reference brochures

Others: newspaper sheets on a hanger, markers, hiding panel, and an LCD display.

### **Evaluation**

Questions and answers, trainer's notes and participants' summaries

### **The trainer**

Has experience in the referral system

### **Estimated Training Time**

90 minute

## Session Plan

Training Methods	Content	Objectives
<p>Presentation and representation (20 minutes)            Questions and answers (10 minutes)</p>	<p>Receive patients and conduct a medical examination            Fill in the referral form and determine the reason for referral            Write the name of the doctor and give two copies of the form to the patient and keep a copy for follow-up purposes</p>	<p>2.1.1 Understand the contexts prevalent in primary health care centers</p>
<p>Presentation and representation (20 minutes)            Questions and answers (10 minutes)</p>	<p>Receive patients and record all data in the Coordination office            Referred patient to            Patients are referred to specialists. All tests, data and the actions taken are documented in the referral record. The health center referral form is filled in. A copy of the referral is kept and another one is sent to the health center.</p>	<p>2.1.2 Describe contexts prevalent in hospitals</p>
<p>Presentation and representation (15 minutes)            Questions and answers (15 minutes)            Evaluation</p>	<p>Receive patients and record all data            Patient referred to doctor according to the required specialty. All data and measures taken by the hospital are documented in the referral record            The health center referral</p>	<p>2.1.3 Describe contexts prevalent in specialized centers</p>

	form is filled in. A copy of the referral is kept and another one is sent to the health center.	
--	---	--

### 1.1.1 The primary health care centers.

#### Contexts prevalent at the health center:

- Conduct medical examination of the patient according to the contexts prevalent in the health center and make all available tests at the health center depending on the nature of the case.
- Fill in all data in the carbonated referral form and determine the initial diagnosis.
- Determine the cause of the referral, and the means of transportation, the date, time, type of referral (emergency, non-emergency).
- Write the name and the signature of the doctor clearly.
- Record all information in the referral record in accordance with the specified fields.
- The first and the second copies of the form are given to the patient, and the third is kept in the health center in order to follow-up.
- 

The health center keeps a copy of the referral form in the patient's file if the center is a family medicine center or in the pregnant woman or the child file (special file) or in the health center archive if there is no file is available for the patient

#### Tasks and duties in the health center

Determine the referral system administrator at the health center, as follows:

- Family Medicine Centers: management and services section chairman
- Major, model, and training health centers,: center observer.
- Register office: referral record official.

### 1.1.1 Hospitals.

#### contexts Prevalent in hospitals

Patients are received in the coordination office in the hospital and all data is filled in

the special record.

- Refer the patient to the consultant in accordance with the required specialty.
- Make the necessary diagnostic tests and determine the final diagnosis.
- Determine the treatment plan and the document the actions taken by the hospital.
- The necessary medicines are given to patients in accordance with the treatment plan. The duration of treatment and the role of the health center in the follow-up treatment is determined.
- All actions taken by the hospital are documented in the referral record and the referral form from the health center is filled in with the same data.
- The second or third health care level sends the referral form to primary health care sector to be sent to the health center concerned.
- The health center keeps a copy of the referral form in the patient's file if the center is a family medicine center or in the pregnant woman or the child file (special file) or in the health center archive if there is no file is available for the patient

#### **Tasks and duties in hospitals:**

- The technical section / advisory section / coordination Office: is responsible for the follow-up and implementation of the referral system. It consists of the following staff:
  - Coordination Office official ( a specialist physician) of doctors within the consultancy clinic.
  - Referral System Coordinator / health workers in the hospital with skill and ability to successfully communicate with citizens.
  - Statistics section / consultancy clinic / statistical workers of accurate elements and the efficient follow-up.

#### **Specialized Centers**

##### **contexts Prevalent in Specialized Centers**

- Refer the patient to the consultant in accordance with the required specialty.
- Make the necessary diagnostic tests and determine the final diagnosis.
- Determine the treatment plan and the document the actions taken by the hospital.
- The necessary medicines are given to patients in accordance with the treatment plan. The duration of treatment and the role of the health center in the follow-up treatment is determined.
- All actions taken by the hospital are documented in the referral record and the referral form from the health center is filled in with the same data.
- The second or third health care level sends the referral form to primary health

care sector to be sent to the health center concerned.

- The health center keeps a copy of the referral form in the patient's file if the center is a family medicine center or in the pregnant woman or the child file (special file) or in the health center archive if there is no file is available for the patient

#### **Tasks and duties in hospitals:**

- The technical section / advisory section / coordination Office: is responsible for the follow-up and implementation of the referral system. It consists of the following staff:
  - Coordination Office official ( a specialist physician) of doctors within the consultancy clinic.
  - Referral System Coordinator / health workers in the hospital with skill and ability to successfully communicate with citizens.
  - Statistics section / consultancy clinic / statistical workers of accurate elements and the efficient follow-up.

### **Module II: Prevalent contexts and mechanisms and patient flow in the referral system The second session: the proposed new mechanisms for the referral system**

#### **The objectives of the session**

At the end of the training session you will be able to:

1. Know the proposed new mechanisms in the new primary health care centers
2. Describe the proposed new mechanisms in hospitals
3. Describe the proposed new mechanisms in specialized centers

- **Trainers' Preparation**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see
- Prepare copies of reference materials / brochures and exercises
- Arrange training room

**Methods and activities**

A panel discussion, a mini-lecture, questions and answers

**Resources**

- Materials/reference brochures

Others: newspaper sheets on a hanger, markers, hiding panel, and an LCD display.

**Evaluation**

Questions and answers, trainer's notes and participants' summaries

**The trainer**

Has experience in the referral system

**Estimated Training Time**

90 minute

## Session Plan

Training Methods	Content	Objectives
Role-play (25 minutes) Questions and answers (15 minutes)	The organizational structure of the coordination office in primary health care centers <ul style="list-style-type: none"> <li>• the supervisor of the office</li> <li>• administrative staff</li> <li>• IT official</li> <li>• Referral system officer</li> </ul> The tasks and duties of the coordination office in the health center:	2.2.1 understand the proposed new mechanisms in the new health care centers
a mini-lecture (15 minutes) questions and answers (10 minutes)	The organizational structure of the coordination office in hospitals <ul style="list-style-type: none"> <li>• The technical section/ consultancy section/ coordination office</li> <li>• coordination office official</li> <li>• Referral system coordinator</li> </ul> Tasks and duties of coordination office in hospitals	2.2.1 Explain the proposed new mechanisms in hospitals
a mini-lecture (15 minutes) questions and answers (10 minutes) Evaluation	The organizational structure of the coordination office in specialized centers <ul style="list-style-type: none"> <li>• The technical section</li> <li>• Referral coordinator</li> <li>• IT official</li> </ul> Tasks and duties of the office	2.2.1 1 Explain the proposed new mechanisms in specialized centers

### **2.2.1 Mechanisms proposed in health centers**

#### **First: The organizational structure of the coordination office in primary health care offices**

- **The supervisor of the office:** is the director of the center if he is a doctor. If the director of the center is not a doctor, one of the competent practitioner doctors who is highly qualified and has the ability to follow-up and evaluate.
- **Administrative staff:** of the administration and services workers.
- **IT operator:** experienced and skilled in computers.
- **Referral system official:** one of the administrative or medical staff qualified in communication and follow-up

#### **Second: the tasks and duties of the coordination Office in the health center:**

- **The supervisor of the Office:** daily follow-up of all referral system activities (instructions, action mechanism inside and outside the health center, the accuracy and reliability of data, and securing supplies and coordination with stakeholders in the health center or sector).
- **Referral Coordinator:** documentation of all data in the special record, issuing forms, and organize Statistics.
- **Computer operator:** computing all the data related to the referral system, securing the necessary contacts and exact timing of the cases through the communication networks and send an electronic copy of the referral form to the e-mail of the hospital).
  - Contact the hospital by direct contact, email, Skype.
  - Contact the operations department and specialized medical services to get to know the availability of critical beds (IMC) in hospitals before referring the patient
  - Update the medical record number (family, individual) according to a standard (national health) number

- Referral system official: performs the weekly follow-up and coordinates with the IT official to computerize the data for all forms sent to hospitals and actions taken for each form

- To provide medical services and first aid required for the case to leave in better health conditions.

- Admitting patients to hospitals.

- Refer the patient to the third level (Specialty Hospital).

### 2.2.1 The proposed new mechanisms in hospitals

#### First: the formative structure of the regulatory office in hospitals

- **Technical section / consultancy section / coordination office:** is responsible for follow-up and implementation of the referral system. The place of the office should be before the conductor and should include the following staff:

- **Coordination Office official:** consultancy clinic director (specialty doctor).

- **Referral system coordinator / health staff** for each (5) consulting clinics in the hospital on the condition that the minimum number is 2 and the maximum is four of the skilled staff with the ability to communicate with citizens successfully.

#### Second: the tasks and duties of the coordination office in the hospitals:

**The supervisor of the Office:** daily follow-up of all referral system activities (instructions, action mechanism inside and outside the health center, the accuracy and reliability of data, and securing supplies and coordination with stakeholders in the health center or sector).

- Referral coordinator: documenting all data in the special record and follow-up referral forms and careful documentation of all actions taken within the hospital and coordination with the IT official to computerize data and collect referral forms from consultancy clinics nurses, the pharmacy, emergency officials and statistics section of the hospitalized patients at discharge

After ensuring the completion of the documentation, the form is sent to medical department (the department responsible for the referral)

- **The IT official:** computerize all data related to the referral system and send feedback to the health center by e-mail.

### 2.2.1 The proposed new mechanisms in specialized centers

### **First: the formative structure of the regulatory office in specialized centers**

- **The technical section:** consultation section / Coordination office
- **Office official:** specialist doctor / director of the consultancy clinic.
- **Referral coordinator:** (2-3) of the health staff within the consultancy clinic with the skills and ability to successfully communicate with citizens.

### **Second: the tasks and duties of the coordination office in the specialized centers:**

**The supervisor of the Office:** daily follow-up of all referral system activities (instructions, action mechanism inside and outside the health center, the accuracy and reliability of data, and securing supplies and coordination with stakeholders in the health center or sector).

- **Referral coordinator:** documenting all data in the special record and follow-up referral forms and careful documentation of all actions taken within the hospital and coordination with the IT official to computerize data and collect referral forms from consultancy clinics nurses, the pharmacy, emergency officials and statistics section of the hospitalized patients at discharge

After ensuring the completion of the documentation, the form is sent to medical department (the department responsible for the referral)

- **The IT official:** computerize all data related to the referral system and send feedback to the health center by e-mail.

**The second Module: Prevalent contexts and mechanisms and patient flow in the referral system**

### **The third session: patient flow in each one of the health care levels**

#### **Objectives of the session**

At the end of the session, you will be able to:

1. Get to know the patient flow in primary health care centers
2. Understand the knowledge of the patient flow in hospitals for urgent cases
3. Describe the movement of patients inside hospitals for non-urgent patients
4. Explain the patient flow movement in specialized centers.

- **Trainers' Preparation**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a

panel that participants can see

- Prepare copies of reference materials / brochures and exercises
- Arrange training room

### Methods and activities

A panel discussion, a mini-lecture, questions and answers

### Resources

- Materials/reference brochures

Others: flip chart, markers, and an LCD display.

### Evaluation

Questions and answers, trainer's notes and participants' summaries

### The trainer

Has experience in the referral system

### Estimated Training Time

100 minute

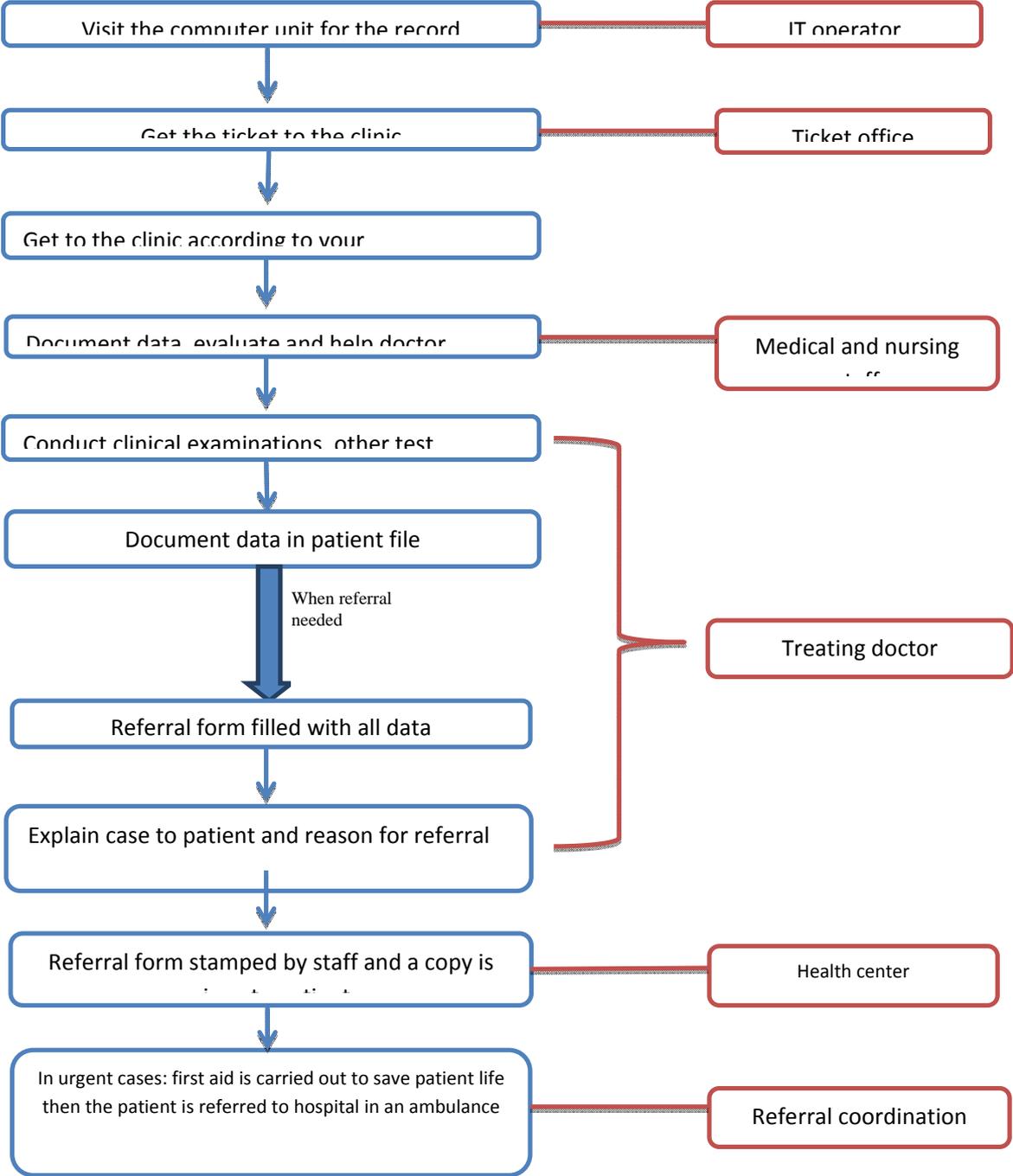
### Session Plan

Training Methods	content	objectives
Role-play (30 minutes) Questions and answers (15 minutes)	The beginning is with IT official who pulls the patient's record, cut the ticket from tickets section, visit the medical unit and take action and make tests and the necessary procedures and the doctor fills in the referral form and then it is documented in the center and the referral coordinator takes the necessary first aid in the cases of emergency.	<b>1.3.1</b> Understand the knowledge of the patient flow in hospitals for urgent cases
Presentation and	<u>Emergency cases in the hospital:</u>	<b>1.3.1</b> Get to the patient flow movement in

<p>representation (25 minutes)</p>	<ul style="list-style-type: none"> <li>• Receive the patient immediately</li> <li>• Document referral information in the record of emergency</li> <li>• treat the patient according to therapeutic protocols and instructions</li> <li>•</li> <li>• send feedback to the health center by sector</li> </ul>	<p>hospitals for urgent cases.</p>
<p>Presentation and representation (25 minutes)</p>	<p><u>Non-urgent cases in the hospital:</u></p> <ul style="list-style-type: none"> <li>• patient received in the consultancy clinic and information is recorded in the referral record</li> <li>• A ticket is cut to be attached with the referral form</li> <li>• conduct clinical examination and tests and document of the form</li> <li>• send feedback to the health center by referral coordinator in the sector</li> </ul>	<p>1.3.2 Describe the movement of patients inside hospitals for non-urgent patients</p>
<p>Presentation and representation (25 minutes)</p>	<p><u>In specialized centers</u></p> <ul style="list-style-type: none"> <li>• patient received in the consultancy clinic and information is recorded in the referral system</li> <li>• A ticket is cut to be attached with the referral form</li> <li>• conduct clinical examination and tests and document of the form</li> <li>• send feedback to the health</li> </ul>	<p><b>1.3.2</b> Explain the patient flow movement in specialized centers.</p>

	center by referral coordinator in the sector	
--	--	--

2.3.1 Patient flow movement inside primary health care centers



1. **Patients within the geographical area of the health center:**

- \* Walk up to the computer section at the health center according to the card related to family number.
  - \* The family record and then the patient's file are obtained to fill in the forms at the computer section.
  - \* The citizen cuts the visit ticket<sup>[RF12]</sup>.
  - \* The conductor fills provides the number of medical unit which the patient intends to visit according to the division of the families on the medical units in the health center.
  - \* Visit the specified medical unit to fill in the patient information in the unit records (date, family number, patient number, the patient's name).
  - \* Fill in all data in accordance with the fields specified in the patient's file (name, general information, medical history, family history).
  - \* The medical staff makes the examinations according to the patient's condition (temperature, pressure, weight, and height).
  - \* Referral Office to refer patient to the doctor at the medical unit for a full clinical examination and other tests.
  - \* Fill in all data in the patient record with the initial diagnosis.
  - \* When the patient is referred for therapeutic or diagnostic reasons, the reason of referral is documented in the patient's health file with first diagnosis and the type of referral (cold or emergency)
- 
- \* The doctor explains the situation to the patient and tells him the reasons for referral, and the need to obtain the approval of the patient for referral and determine the destination of the patient.
  - \* When the patient is in an emergency case, he is transferred immediately by ambulance to the hospital while providing the necessary ambulatory measures while transporting the patient to the hospital to ensure that the patient gets to the hospital in a good condition (giving intravenous fluids, the first dose of life antibiotics, oxygen ... ..).
  - \* When the patient's condition is not urgent, ask about the means of transportation that will take the patient to the hospital and the time required to reach the health institution.
- 
- \* A dose of medicine or intravenous fluids are provided to the patient according to therapeutic indicators of each case to secure the patient with needed treatment until the arrival to the institution of referral.
  - \* The companion of the patient is provided with the health proceedings to be taken until a the patient gets to health institution if the patient does not get there on time.

- \* All actions taken by the health center (diagnostic tests, other tests, the initial diagnosis) are documented and signed by the referring doctor in the referral form in four copies as well as documenting this in the record of the medical unit.
- \* The health or administrative staff assist patient get to the (administration and services unit or center observer) to fill in all the data in the form of referral (check card number, the patient's file number, the reason for referral and the hospital referred to, number).
- \* Stamp the form with the health center stamp and provide issuing number by the health center on the form and in the record of the health center.

- \* The patient is given two copies of the referral form to be submitted to the hospital once the patient gets there (a copy is kept in the hospital and the second is filled with the actions taken by the hospital to be sent back to the health center).
- \* The third form is kept in the medical file of the patient; the fourth is kept in the administration unit in the health center.
- \* Patients are not referred to hospital without deciding the initial diagnosis after (completing all diagnostic tests in addition to specifying the reason for referral by the doctor).
- \* Health coordinator fills in data of all school students in both of the examination form sent from the school and is kept in a school file and the special referral form when necessary.

\*Urgent cases: health institution is contacted to which the patient is referred to inform them of the case and query the arrival of the case in a timely manner. The form is provided with a red sign on the form to indicate emergency. An ambulance is contacted immediately in life-saving cases to transport the patient immediately with securing the necessary supplies for the referral according to the facilities available to the health center

- \* Cold cases: These are referred to hospital with the possibility of setting a date for the visit and conduct examination. This is achieved through coordination with the reference hospital according to the list of names of Consultant doctors in the consultancy clinic table.
- \* The IT official at the health center communicates health institutions daily to enquire about the referred cases in accordance with list of referral.
- \* The means of communication available at the health center (mobile phone, email, fax, dial-up, .....) are used.
- \* The coordinator at the health center submits weekly reports on the number of the referred patients to the hospital and the number of patients treated in hospitals and relapsing cases and through recorded report forms (number of referrals, referral reasons, the date of referral, the referred to, feedback, follow-up, ... ..).
- \* The IT official at the health center explores the availability of vacant beds within the program of

critical beds (IMC (and by contacting the operations department and the specialized medical services, prior to referring the patient to the selected hospital.

### **Staff and Employee patients within the geographical area**

An accounting ticket (64) is obtained from the ticket [section\[RF13\]](#). The unit determines the medical unit which the patient will visit.

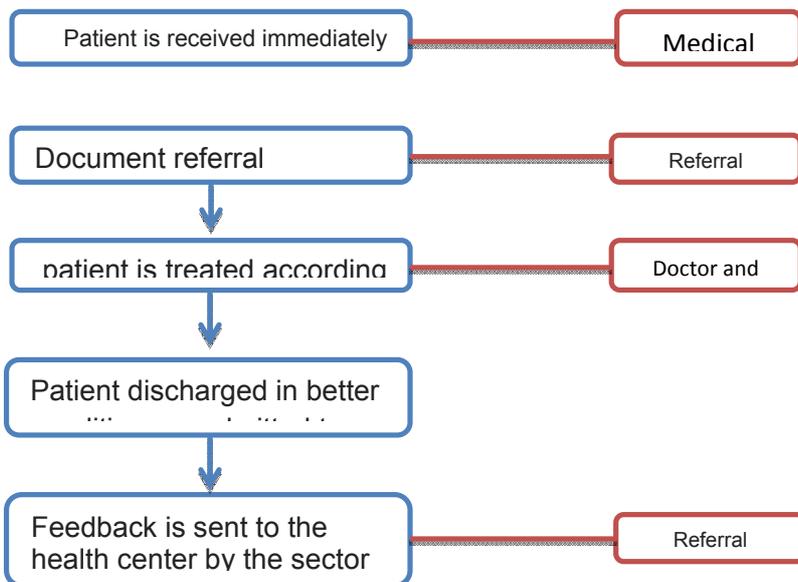
- \* All diagnostic and other tests are conducted for the patient. Only the treatment is documented on the check card, without preparing a patient's file.
- \* when the patient needs referral to the reference hospital. This work is done within the guidelines of aforementioned with the preparation of the referral form in accordance with the controls. Provide the number of (examination ticket, the referral form from the institution within the geographical area).
- \* When the patient's desires to have a file (pregnant, a child under the age of five in the nursery, etc.) at the health center outside the controls, a special file is prepared for the patient and is given a serial number in accordance with the (health center, the sector, the Department of Health); the reference health center of the patient is informed by a formal letter to ensure that there is only (one number and one file) for every citizen.

### **Guest Patients from outside the geographical area:**

- \* All diagnostic and other tests are conducted for the patient. Only the treatment is documented on the check card, without preparing a patient's file.
- \* when the patient needs referral to the reference hospital. This work is done within the guidelines of aforementioned with the preparation of the referral form in accordance with the controls.
- \* When the patient's desires to have a file (pregnant, a child under the age of five in the nursery, etc.) at the health center outside the controls, a special file is prepared for the patient and is given a serial number in accordance with the (health center, the sector, the Department of Health); the reference health center of the patient is informed by a formal letter to ensure that there is only (one number and one file) for every citizen.

**• When the patient refuses a referral after the health center provides medical services according to the therapeutic possibilities available, the patient must sign the referral form indicating that he refused the referral  
When the patient does not agree to sign the referral refusal, the employee documents this in referral form.**

### 1.3.1 Patient flow in hospitals for emergency cases



#### **Second: - the second level (General Hospital):**

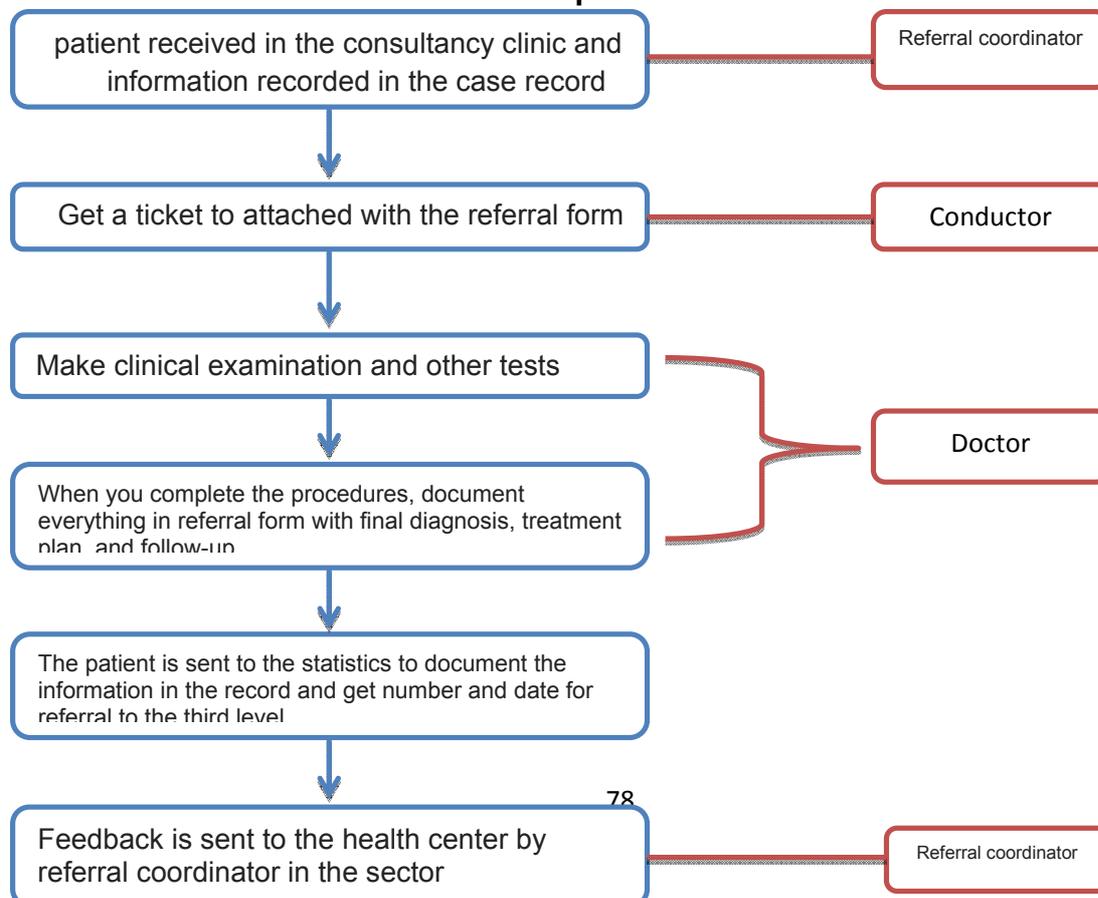
- \* There has to be a commitment to work according to the contexts of emergency in all hospitals (public, women, kids) where patients are received in the emergency and are carefully examined by the responsible medical team. Then the case is classified to determine the type of treatment
- \* There has to be a commitment to update the information about the availability of vacant beds according to (IMC) (GSP) from the Department of medical operations and specialized services.

\* A referral record is kept in each consultancy clinic to document all data related the referral system.

### Emergency cases:

- Emergency cases are received immediately in the emergency in accordance with the referral form in addition to providing treatment on the spot according to the case with the documentation of the time (hour) and treatment accurately.
- A free ticket is provided to all emergency cases brought to hospital according to the contexts prevalent.
- All the data is recorded in the referral record in the hospital (form number, time of receipt of the patient, date, name, initial diagnosis, .....)
- Commitment to work according to the controls and fill in the data according to the special forms and provide all the necessary treatment and diagnostic services. Then the situation of the patient is determined:
  - Discharged in a better condition
  - Admitted to the hospital for treatment in clinical lounges
  - Referred to the tertiary level (Specialty Hospital) to complete the treatment.
  - The death of the patient.

#### 2.3.1 Patient flow in hospitals for cold cases

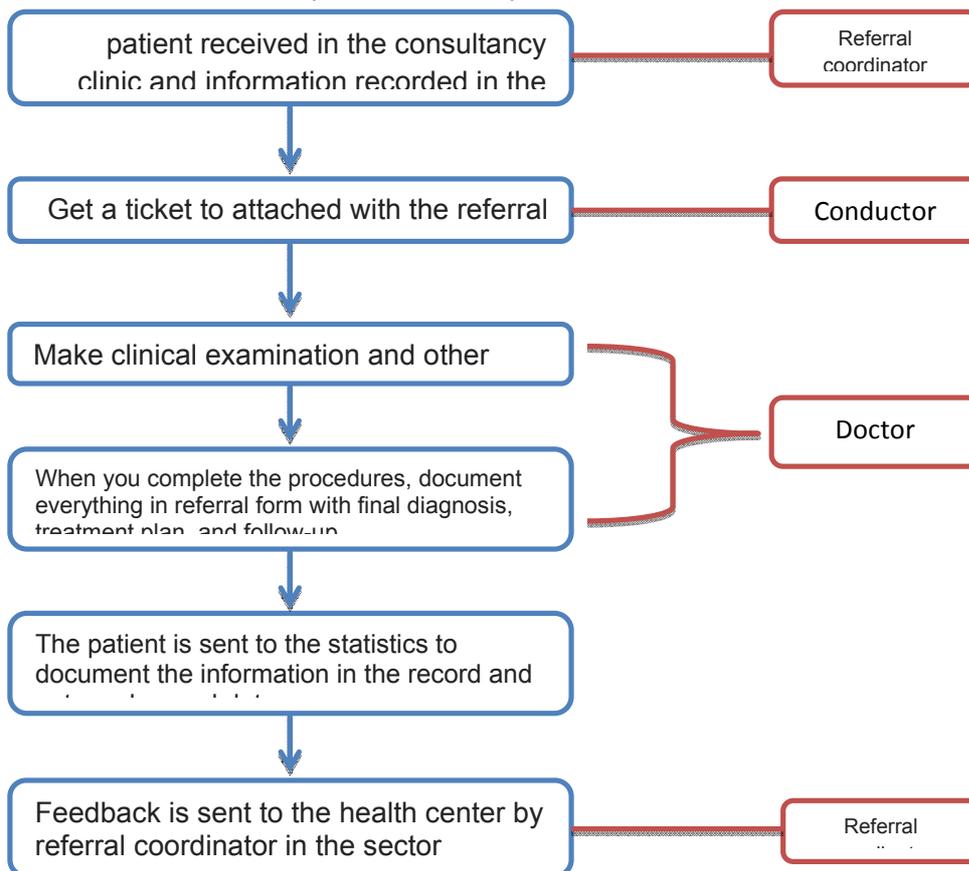


### **Cold cases:**

- \* Patients coming from health centers are received by the referral coordinator in the consultancy clinic at the hospital.
- \* Get an examination ticket examination in the consultancy clinic and attach it to the referral form.
- \* Set up appointments for patients to visit the consultancy clinic as much as possible according to the schedule of consultant doctors availability according to specialties and write down the day, date, working hours in the consultancy clinic, to conduct the necessary examination and fill in the card attached to the referral form.
- \*The aforementioned information is recorded (name, age, reason for referral, type of referral, the test date) in the referral record of the of consultancy clinic. All fields are filled.
  
- \* Medical examination of the patient is conducted with all the necessary diagnostic tests.
- \* The specialist doctor refers the patient to the diagnostic units (ultra sound, ECHO, المفراس<sup>[RF14]</sup> the lab ....) according to the approved therapeutic protocols.
- \* Upon completion of all diagnostic and therapeutic proceedings, all procedures are documented in the form of referral with the final diagnosis, treatment plan, follow-up, rehabilitation and advice on revision card.
- \* Patients are sent to the Statistics Unit at the consultancy clinic to record the final diagnosis and the actions taken in the special statistics record.
- \* Issuing number, date, and addressee are all filled before stamping two copies of the form.
- \* When the patient is referred to a specialized hospital (the third level), a detailed explanation of the case is provided to the patient or his companion about the reasons for referral to the third level to get prior approval.
- \* Data related to (name, age, initial diagnosis by the hospital, diagnostic tests and the reasons for referral) are documented accurately
  
- \* A form is kept in the statistics section of the consultancy clinic. Two forms are sent to the specialist hospital after writing down (issuing number, date, hospital stamp). The fourth form is sent to the health center that referred the patient for information.  
Emergency cases: referral coordinator at the hospital (clinic Consulting) makes an enquiry concerning the availability of vacant beds through the website before referring the patient to the specialist hospital.

- \* Cold cases: the appointment is written in the referral form to the specialist center. Two copies of the form are given to the patient and the patient is informed of the appointment to visit the specialist center.
- \* A copy of the form is kept in the statistics section of consultancy clinic and the other copy is sent directly through means of communication (fax, e-mail, ..... ) to the health center.
- \* The coordination office for in the hospital prepares weekly reports with all data (number of referred patients, reasons for referral, health centers, the accuracy and integrity of the data in the referral form received, date of reception, the final report) in addition to documenting the feedback (final diagnosis, treatment, counseling, follow-up, the date and number of the referral form relapsing to the health center).
- \* If a patient dies, the corpse is sent to the forensic medicine to indicate the cause of death. An official letter is also sent by the hospital to the forensic medicine institute to identify the cause of death.

### 1.3.3 patient flow in specialized centers



### **Patient flow in the third level (specialized centers)**

- \* Patients coming from hospitals are received by the referral coordinator in the consultancy clinic at the specialized center.
- \* Get an examination ticket in the consultancy clinic and attach it to the referral form.
- \* Set up appointments for patients to visit the consultancy clinic as much as possible according to the schedule of consultant doctors availability according to specialties and write down the day, date, working hours in the consultancy clinic, to conduct the necessary examination and fill in the card attached to the referral form.
- \* The aforementioned information is recorded (name, age, reason for referral, type of referral, the test date) in the referral record of the of consultancy clinic. All fields are filled.
  
- \* Medical examination of the patient is conducted with all the necessary diagnostic tests.
- \* The specialist doctor refers the patient to the diagnostic units (ultra sound, ECHO, المفراس<sup>[RF15]</sup> the lab ....) according to the approved therapeutic protocols.
- \* Upon completion of all diagnostic and therapeutic proceedings, all procedures are documented in the form of referral with the final diagnosis, treatment plan, follow-up, rehabilitation and advice on revision card.
- \* Patients are sent to the Statistics Unit at the consultancy clinic to record the final diagnosis and the actions taken in the special statistics record.
- \* Issuing number, date, and addressee are all filled before stamping two copies of the form.
- \* A form is kept in the statistics section of the consultancy clinic. Two forms are sent directly to the specialist hospital for information.
  
- \* When the patient's condition requires periodic follow-up, a unified card is prepared for all health institutions to work in accordance with this card; the following (the name of the hospital, consultancy clinic, the patient's name, the final diagnosis, type of periodic follow-up, ...) are documented.
  
- \* The coordination office for in the specialized center prepares weekly reports with all data (number of referred patients, reasons for referral, health centers, the accuracy and integrity of the data in the referral form received, date of reception, the final report) in addition to documenting the feedback (final diagnosis, treatment, counseling, follow-up, the date and number of the referral form relapsing to the hospital).

### **The third module: educational materials and referral form**

#### **objectives of the session:**

At the end of the session, you will be able to:

1. Know the levels of health care
2. Describe the Implementation Plan of referral system for both institutional and community levels
3. Get to know the referral form
4. Explain how to fill out and use the referral form

**The first session:** educational material

**The second session:** referral form

**Evaluation:**

Questions and answers

**Estimated training time**

4 hours

## **Module III: educational materials and referral form**

**The first session:** educational material

**Objectives of the session:**

**At the end of the session, you will be able to:**

1. Describe the institutional and community levels and implementation plan for each of them
2. Describe the basic procedures for the technical implementation of the referral system
3. Describe the necessary recommendations for the application of the referral system

**Trainers' Preparation**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see
- Prepare copies of reference materials / brochures and exercises
- Arrange training room

**Methods and activities**

A panel discussion, a mini-lecture, questions and answers

**Resources**

- Materials/reference brochures

Others: newspaper sheets on a hanger, markers, hiding panel, and an LCD display.

**Evaluation**

Questions and answers, trainer's notes and participants' summaries

**The trainer**

Has experience in the referral system

**Estimated Training Time**

90 minute

**Session Plan**

Training Methods	Content	Objective
Discussion (25 minutes) Questions and answers (15 minutes)	<p><b>institutional level:</b> the level representing the staff working in health centers and hospitals <u>suffers from</u></p> <ul style="list-style-type: none"> <li>• lack of proper understanding of the referral system</li> <li>• lack of coordination between the health center and the hospital</li> </ul> <p><u>implementation plan</u>            Intensify the work of health units and increase coordination between centers and the hospitals</p> <p><b>The community level:</b> represents the recipient of the service</p> <p><u>Implementation plan</u>            Activation of the local committees, gain leadership elements and the use of available resources</p>	<p><b>3.1.1</b> Describe the institutional and community levels and implementation plan for each of them</p>

<p>Discussion (15 minutes) Brainstorming (15 minutes)</p>	<p>Hold a seminar for the medical staff to explain the referral system</p> <ul style="list-style-type: none"> <li>• Involve medical, health and administrative health centers staff in continuous education courses</li> <li>• Train staff of the Coordination office to computerize data and use the e-mail and the referral form</li> </ul>	<p>3.1.2 The basic procedures to prepare technically for the application of the referral system</p>
<p>A mini-lecture (20 minutes)  Questions and answers (15 minutes)  Evaluation</p>	<p>provide support for infrastructure in the health center to establish an effective referral system</p> <ul style="list-style-type: none"> <li>• 2. Activate communication between the hospital and the health center.</li> <li>• 3. Form a working team consisting of members from the health center and the hospital who meet periodically to study the supplies that should be available at the health center for reduce referrals.</li> </ul>	<p>3.1.3 Recommendation to apply the referral system</p>

### **1.1.1 Description of the institutional and community levels and the implementation plan for each of them**

**The institutional level:** it is the level which represents the staff working in health centers and hospitals who suffer from:

1. The absence, lack, or misunderstanding of the concept of referral concept by the health and medical staff.
2. The absence or lack of coordination between the health center and the hospital and the lack of regular meetings to discuss the difficulties and challenges.

#### **Implementation plan**

1. Intensify the work of the units of health education or health promotion in health centers and hospitals to educate the medical staff concerning the benefits and importance of the referral system.
2. Increasing coordination between the health center and hospital by holding regular meetings every three months to discuss the difficulties and solutions, in addition to the exchange of phone numbers and emails for the purpose of communication.

#### **Community-level and implementation plan:**

The level that represents the recipient of the service (the patient)

#### **implementation plan:**

1. Activate the role of local health committees in the health center and the hospital with the support of the health care project advisors for community partnership.
2. Target and gain elements influencing the leadership of community leaders, tribal leaders, imams of Sunni and Shiite mosques, municipal councils and civil society organizations
3. Use of available resources, which are divided into:
  - A. Foundation's own resources: through the use of screens inside the institutions to raise awareness, use posters, brochures, or through e-mails and use the official website of the Ministry.
  - B. Attract entities supportive of awareness such as civil society organizations, mobile phone networks, and radio and TV

## **1.1 Technical procedures for the implementation of the referral system**

### **Technical preparation for the referral system**

This can be achieved by:

1. Preparation for the seminar on the referral system on the condition that Director General of the Department of Health as well as directors of other relevant departments such as sector director, the hospital, the deans of faculties of medicine and nursing, the governor and director of the Municipal Council of are among the participants in the seminar to explain what referral is and its usefulness to the community and to raise awareness about solutions to be provided to reduce the difficulties.
2. Seminars for medical, health and administrative cadres at the levels of the hospital and the sector to increase awareness among medical and health staff.
3. Involve the medical, health, and administrative staff in health centers in continuous education courses and train them on the indicators of the modern work, especially those developed by the primary health care project.
4. Train the staff of the coordination office on the computing of data and the use of e-mail.
5. Train medical staff in the center and the hospital to fill out referral forms and document accurately.
6. Holding courses during the working hours for the medical staff
7. Activate the unit or the division of Health Promotion in all sectors and centers and hospitals and find the necessary support.
8. Issue a referral booklet that includes all the information that the al the staff must know. The brochure should also be published on the website of the Ministry.
9. Focus on consultant doctors of the faculties of medicine (employed by the higher education) and the importance of their support of the referral system and introducing it as part of the curricula of medical schools.

### 1.1.1. The necessary recommendations to implement the referral system

#### Recommendations

1. Provide support for the infrastructure in the health center to establish an effective referral system including computers, scanners and Internet services.
2. Activate the communication between the hospital and the health center by telephone or the Internet to follow up on patients referred.
3. The formation of a working group consisting of members from the health center and the hospital who meet periodically to study the supplies that should be available at the health center to reduce the number of referrals.
4. To create a system of incentives for staff working in the centers that use referrals like the rewards and incentives and suggesting the People clinic Act.
5. Activate the work of the emergency unit (Triage) in hospitals to receive emergency cases.

5. Work to find the work indicators for emergency cases in hospitals and train staff on the indicators.
7. Reconsider the timetable of consultancy clinics in hospitals to be in a way that facilitates the follow-up of patients.
8. Activate the use of follow-up cards for the patients of consultancy clinics in hospitals.
9. Choose one health center with good potential and a relatively small population to study the possibility of implementing the system of appointments

## Module III: educational materials and referral form

### The second session: referral form

#### Objectives of the session:

#### At the end of the session, you will be able to:

1. Understand of the components of the referral form
2. Fill the referral form with the required information

#### Trainers' Preparation

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see

- Prepare copies of reference materials / brochures and exercises
- Arrange training room

**Methods and activities**

A panel discussion, a mini-lecture, questions and answers

**Resources**

- Materials/reference brochures

Others: newspaper sheets on a hanger, markers, hiding panel, and an LCD display.

**Evaluation**

Questions and answers, trainer's notes and participants' summaries

**The trainer**

Has experience in the referral system

**Estimated Training Time**

90 minute

**Session Plan**

<b>Training Methods</b>	<b>Content</b>	<b>Objectives</b>
A mini-lecture (20 minutes) Questions and answers (15 minutes)	The referral form contains the following: The first - involves the patient The second- Summary of the referral The third - the report of the referral	3.3.1 Understand the contents of the referral for
Present and	As shown in the annex of the session	3.3.2 Fill the referral form

represent (35 minutes) Questions and answers (10 minutes)		
--	--	--

### 3.2.1 understand the components of the referral form:

The referral form consists of three basic parts

The first Part : is concerned with the patient and includes the following information:

- The name of the patient
- Family
- Sex
- Age
- Number of patient
- the destination of the referral and the section

**The second part:** Summary of referral

It includes the following information:

- reason for referral
- Diagnosis
- The main symptoms
- examination notes
- tests
- primary diagnosis
- measures taken
- the name and signature of the doctor who made the referral

**The third part:** the referral report

It includes the following fields:

- History
- Clinical Results
- tests and examinations
  - o laboratory tests
  - o X-ray examinations
  - o Other
- The final diagnosis



## **communication**

### **Objectives of the module:**

At the end of the training module, you will be able to:

- explain the necessary principles and procedures for the Effective Personal communication  
Explain the importance of the using the skills of improving Effective Personal communication

**The first session:** the basic concepts of effective personal communication

**The second session:** the basic skills to improve personal communication

### **Evaluation**

Questions and answers, participants' summaries, and trainer's evaluation

### **Estimated Training Time**

4 hours

## **Module IV: Effective Personal communication**

**The first session:** the basic concepts of effective personal communication

### **Objectives of the session**

At the end of the training session, you will be able to:

1. Define the communication process
2. Describe the different elements of the communication model
3. Understand the types of communication
4. Explain the obstacles of Effective Personal communication

**Trainers' Preparation**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see
- Prepare copies of reference materials / brochures and exercises
- Arrange training room

**Methods and activities**

A mini-lecture, brainstorming, discussion, exercises, role-play the telephone game

**Resources**

- Materials/reference brochures: an introduction to communication model, communication levels

Others: markers, flip chart, and an LCD display.

**Evaluation**

Questions and answers, trainer's notes

**The trainer**

Has experience in the field of primary health care management in Iraq

**Estimated Training Time**

60 minutes

## Session Plan

Training Methods	Content	Objectives
Questions and answers (10 minutes)	The way in which people exchange ideas, information, and feelings through words, sounds, facial expressions, and the features and the position of the body	4.1.1 define the communication process
A mini-lecture (10 minutes) Questions and answers for clarification and evaluation (5 minutes)	<ul style="list-style-type: none"> <li>• <u>Sender</u> <ul style="list-style-type: none"> <li>o idea</li> <li>o codification</li> <li>o sending</li> <li>• <b>Receiver</b> <ul style="list-style-type: none"> <li>o receipt of the letter</li> <li>o decryption</li> <li>o idea / influence</li> <li>o feedback / reaction</li> </ul> </li> </ul> </li> </ul>	1.1.2 Describe the different elements of the communication model
Almendalah exercise (10 minutes) E 2.1.3 Followed by a discussion and a summary (10 minutes)	<p>5) <u>verbal communication</u> Any form of communication using words written or spoken or signed</p> <p>6) <u>non-verbal communication</u> Communication without the use of words by:</p> <ul style="list-style-type: none"> <li>– facial expressions</li> <li>– tone of voice and pitch</li> <li>– body language</li> <li>– gestures</li> <li>– personal appearance</li> <li>– Touch</li> </ul>	4.1.3 Understand the types of communication
Phone game (10 minutes) E 2.1.4 Followed by a discussion and a summary	<ol style="list-style-type: none"> <li>1. Verbal obstacles</li> <li>2. Psychological obstacles</li> <li>3. physiological Obstacles</li> <li>4. Systemic obstacles</li> <li>5. Conceptual obstacles</li> <li>6. Physical constraints</li> </ol>	4.1.4 Explain the obstacles of Effective Personal communication

**Do not jump to conclusions concerning what you see and hear. you should always seek to clarify to make sure that your understanding is correct.**

Great speakers are not better at building ideal social relationships, but rather are those people who always remember that they have two ears and the one mouth. In turn, they try to listen and ask more questions so that they can understand the views of others and express theirs ideally.

#### **4.1.1 Communication:**

Personal communication is the way in which people exchange ideas, information, and feelings. This includes daily exchange between people which may be formal or informal and can happen everywhere through words, sounds, facial expressions, and features and the position of the body.

The origin of the word *communicate* is the Latin term *communicare*, which means (sharing or work together) and does not mean the transfer of information

#### **4.1.2 The different elements of the communication model (1)**

Communication does not consist of one speaker and the one listener only. Human communication is a very complex process involving the sender, the person seeking to send a message with a specific content to the recipient, and the recipient who needs to interpret the message properly. The fundamental issue here is: Who says what to whom and at what effect?

Generally, we can distinguish different parts of the communication process; the communication process happens only if all the parts are consistent, smooth and easy:

- Input:                    the sender's intention to communicate with someone else. This is the content of the message.
- Sender:                 The sender codes (the idea), and so does s/he gives the impression or the structure of the content or basis of the content
- Channel:                The message is sent or transmitted through the channel depending on the quality of communication. If the channel is through the air, it is oral. If it is on paper, it is written and so on.
- Receiver:              The receiver decodes the message and translate it and get the output (the idea / personal impression), and represent the content that reached the recipient

Output: This is the content that the recipient decoded.

Symbol: During the process the symbol relationship becomes clear. The symbols of the sender and receiver must at least possess a certain set of shared information for the success of communication.

#### **4.3.1 Levels of communication (communication types)**

Humans are one of the types of objects. Our success as a species and as individuals depends on our ability to effectively communicate verbally and non-verbally. Verbal and non-verbal communication characterizes the nature of our interaction with others in management and personal relationships, as well as our personal and financial success in addition to our physical and psychological safety. Understanding of the various aspects of verbal and non-verbal communication and the important role it plays in our interaction with others is the first step to improve effective communication and strengthen relationships between people.

The communication is not just an exchange of words between two people, but it is an interaction between two personal histories, two experiences, and two traditions which constitute a relationship. Direct human communication contains the following two different levels:

The first refers to the content of the message. The second refers to the relationship between two communication partners and does not only include knowledge, but also the emotional side of any sender and receiver. The latter refers to the relationship between the sender and the receiver, and the self-revelation in the sender's message to the attractiveness of the message, in order to influence in the other person's point of view. The relationship has a high impact on how to understand the content of any message during the communication process.

### **Verbal and non-verbal communication**

The verbal features as well as the content of the message is the tune of speech and potential gaps within talks and the pitch of voice and severity. These things also have an impact on the effectiveness of communication.

Mihraban model stipulates that verbal communication (words that we say) constitutes 7% of the impact of contact and that non-verbal communication constitutes 93%

(5 vocal communication: 38% (the way you say speech)

(6 facial expressions 55% (joy, sadness, anger, surprise, disgust and fear)

Many specialist agree that non-verbal communication accounts for 50% to 80% of personal contact

This includes any form of communication using written, spoken, or signed words. Our ability to communicate using a language based on an organized network of more than just words and sounds is what distinguishes us from the rest of the lower organisms.

We do not just have the language, but also have the different techniques that allow us to contact each other despite the distances. Verbal communication helps to resolve misunderstanding and provides us with the missing information and corrects the errors.

Verbal communication is also used as a tool of persuasion and creates an opportunity for discussion and debate, which stimulates creativity, deepens and creates a new kind of relations

### **Non-verbal communication**

The communication process is a combination of the verbal and the non-verbal that affect people's perceptions and exchange of ideas in ways that are clear. The non-verbal communication interacts with verbal communication which helps us affirm, contradict, alter, continue or express our verbal communication with non-verbal, such as features, facial expressions, tone of voice and pitch.

## **The different types of non-verbal communication**

### **1. Facial expressions:**

According to a study Charles Darwin, we have the six facial expressions, joy, sadness, anger, fear, disgust and surprise. These are inherited and not acquired

### **2 - The tone and pitch of voice (Paralanguage):**

Different patterns of sound generate different meanings for **the same word**

### **2. Body Language:**

Body language is one of the most important types of non-verbal communication as we can reflect our psychological through our body not only through face, eyes, but also by the movement of the hands, shoulders or nodding heads

### **3. Gestures:**

Gestures are intentional body moves to express a specific message. Gestures are moving the hands, legs and head. For example, when we wave our hands, we express the sentence "Good Bye".

### **4. Personal Appearance:**

The personal appearance means our clothes, hairstyle and external appearance which reflects our personality as well as our social morals, our attitudes, our customs, and traditions to others.

### **5. Touching:**

Touching is an effective tool for non-verbal communication. For example, patting the shoulder is intended to support others

### **6. Time management:**

Time management is not only required in the world business, but also in all aspects of life. It reflects the character and morality of the person as well as the commitment and respect for others. Arrival on time reflects of the concerned person's commitment and his relationship with the other party

### **7. Space and distance:**

The distance and place are also very expressive tools in non-verbal communication. Distance and space between different people reflect their positions and relationship with other people

### **8. Silence:**

The complete silence can reflect both positive and negative impressions and can reflect satisfaction or rejection at the same time.

## 9. **Eye contact:**

Eye contact is one of the most important non-verbal communication skills, which is indispensable for the success of any contact

**The proverb which says "eye contact leads to a smile to a date"** is the best example of the importance verbal and non-verbal communication for the effective personal communication

### 4.1.4 **obstacles of effective personal communication**

Several obstacles may cause the failure of the personal communication. In many cases, the delivered message may be twisted, distorted or incomplete, or in other words, is different from the way in which the sender wanted to deliver it. It is important that the sender receives a **response or reply** to make sure that the message has been understood properly and as required.

These obstacles may appear or affect any of the personal communication process steps. Communication obstacles lead to distortion and misrepresentation of messages causing a loss of time and money and lead to confusion and misunderstanding. The effective personal communication requires overcoming these obstacles to make the message clear and specific.

#### **Types of obstacles to effective personal communication**

##### 1 - **linguistic obstacles:**

o Using a language which is not clear and understandable is one of the obstacles of communication

o Incomprehensible terminology and vocabulary may affect the understanding and comprehension the receiver.

##### 2 - **psychological obstacles**

The psychological state of the sender or the receiver or both of them affect how the message is received. For example, if the sender or the receiver in the case of anxiety and disorder, it means they're busy or that they pay more attention to their personal affair than to the content of the message

##### 3 – **Physical obstacles**

These are the result of the physical status of recipients. For example, if the receiver is blind, deaf, or has dyslexia, this will affect the quality of the message

##### 4 - **systemic obstacles**

These obstacles are related to organizations and institutions and may be present or related to the structure of the institutions that suffer from inefficient systems and communication channels or because the employees in these institutions are unaware of their role of in the communication process and what is expected of them.

**5. Attitudinal and conceptual obstacles**

The obstacles in the understanding are constraints related to concepts, beliefs, and behavior that prevent effective communication may result from differences in personality, mismanagement, resistance to change, absence or lack of incentives. In this case, the rest of the recipients have to work hard to overcome these obstacles to find and secure an effective personal communication

**6. Physical constraints**

Geographical distance is an example of the physical constraints between the sender and the recipients. When the distance is short, there are more varied ways and channels of communication and there is a little need to use modern technology as modern technology decreases the consequences of physical obstacles. There has to an understanding of the advantages and disadvantages of the channel of communication so that we can select the ideal channel/channels of communication to overcome the physical obstacles and secure an ideal communication.

### **Exercise in delivering a message**

This is another exercise to practice delivering messages to another person and experience relevant differences. If we rely on one "channel" only, this exercise shows that it is recommended to use different ways for communicate and to motivate different concepts in order to send the entire message.

### **Objective**

To practice sending clear and easily understood messages using the different "channels" and two direction communication.

### **Procedures**

Ask two volunteers to come to the stage and ask them to sit back to back. Person **A** takes a pen and draws a Mendalh or any form they like (it is preferable to choose geometric forms because the drawing talents vary between individuals). While drawing, person **A** describes the shape and person **B** tries to follow the directions and draw the same shape. Person **B** is not allowed to speak. Two minutes later **A** and **B** compare the results.

Then person **B** draws a shape and person **A** tries to follow, but he is allowed to ask three questions during the process. Two minutes later, they compare the results.

At the final stage, person **A** draws a shape followed by **B**. The two are allowed to exchange ideas during the entire process. Two minutes later, they compare the results.

**Questions**

- What were the differences in the results first, second and third?
- What lessons do we learn from this example as trainers, trainees, supervisors or staff under supervision?
- At the end of the exercise, allow time to discuss the results, and then give a summary or ask one of the participants to give the summary.

**Material:** pens and paper

**Exercise: phone game****(facilitator paper)**

It is extremely important for trainers to feel that the people they are working with them are really interested in what they are saying. The participants also need to feel that their contributions are valuable and respectable. Among the ways of supporting these needs is to improve one's listening skills. In order to do this, it's good to know something about listening and its obstacles and how to overcome them.

The following exercise deals with listening barriers.

**Objective**

The participants recognize the communication problems and identify ways to improve the skills of active listening.

**Procedure**

Take any 2-3 paragraph article that does not currently exist in the news. You can also use an example of your own.

Here's an example that was used in the previous management courses:

"The employee received a low salary. She left her job and moved to Basra with her family. Her husband found a job as a doctor in the Department of Health and is very happy for this."

Ask 8-10 volunteers to stand in a row and then read the article / sentence in a very low voice for the first person in the line. The first person reads it to himself and then passes it phonetically to the one next to him. The second person is allowed to ask the first person to repeat once only. Then the second person passes the same message to the third, and the third to the fourth, and so on. The same rule applies to everyone: the receiver asks for repetition one time.

Now ask the last receiver to write the message he received on a piece of paper.

Compare content with the primary message.

If you have time, you can ask everyone to write what they heard on a card and to create a ladder of information, which shows at which stage the information of message mixed up.

### **Discussion questions**

- How much and what is lost in the successive transfer of the primary story?
- What happened and how?

### **Phone game**

Why?

1. Lack of active listening
2. Language, pronunciation
3. Length of the message
4. Message approval and understanding method
5. What is important, to whom?
6. The extent of knowledge / lack of knowledge of the situation
7. Speed of the sender and the source of the message
8. Personal attention to the sender/the receiver
9. Communication channel (one party versus two parties)

How to avoid them?

1. Communication channel selection
2. Short and precise message
3. Communication chain length: the shorter the better
4. Language / words used
5. maintain two-way communication as much as possible
6. Stress the important points

Materials needed: an essay, a short story, or a statement

**Resource:** Creeshayber, Christine, step by step, the development of aggregates, Trainer's Guide DS EZEL, 19

## **Module 4: Effective personal communication**

### **The second session: Improving personal communication skills**

#### **the objectives of the session:**

At the end of the training session, you will be able to:

- 1 – Tell the techniques of improving the effective personal communication
- 2 - Define of active listening
- 3 - Explain the importance of active and concise listening (ROLES)
- 4 - Explain the difference between hearing and active listening
- 5 - Describe clarification as an active listening skill
- 6 - Explain the concept of re-phrasing as an active listening skills
- 7 - Explain the concept of questions as one of the basic skills in personal communication
- 8 - Explain the importance of the correct use of summary in the effective personal communication
- 9 - Illustrate the importance of feedback in the effective personal communication

#### **Trainers' Preparation**

- Review reading materials and the session plan
- Prepare presentation to suit the session plan, or write the information on a flipchart or a panel that participants can see
- Prepare copies of reference materials / brochures and exercises
- Arrange training room

#### **Methods and activities**

A mini-lecture, brainstorming, discussion, exercises, brainstorming, questions and answers for clarification

#### **Resources**

- Materials/reference brochures: visual basics,

Others: markers, flip chart, and an LCD display.

#### **Evaluation**

Questions and answers, trainer's notes

#### **The trainer**

Has experience in primary health care

## Estimated Training Time

120 minutes

## Session Plan

Training methods	content	Objectives
A mini-lecture about the techniques of improving the effective personal communication (10 minutes)	<u>Active listening</u> - Clarification - Re-phrasing <u>Questions</u> - Closed - Open - Funnel Summary Feedback	4.2.1 Tell the techniques of improving the effective personal communication
Role-play exercise (10 minutes) The exercise is followed by a discussion and a summary	A process we choose deliberately. Leads to learning. – make a deliberate attempt or effort to understand the importance of what he hears	4.2.2 Define of active listening
Exercise (10 minutes)	When we don not listen, we may understand the message incorrectly, if we understand the at all. We may have wrong results and miss some important basic information The speaker may conclude that we are not interested or unable to understand what he is saying  <ul style="list-style-type: none"><li>• Relax</li><li>• Open &amp; friendly expressions</li><li>• Lean forward toward</li><li>• client</li><li>• Eye contact</li><li>• Smile &amp; head nodding</li></ul>	4.2.3 Explain the importance of active and concise listening (ROLES)

Training methods	content	Objectives
Brainstorming (10 minutes)	<p><u>hearing</u> Listening to sounds, recognition and classification of sounds (I've heard)</p> <p><u>Active listening</u> Capture and understand words in addition to differentiation(I have understood and comprehended )</p>	4.2.4 Explain the difference between hearing and active listening
Brainstorming (10 minutes)	<p><u>hearing</u> Listening to sounds, recognition and classification of sounds (I've heard)</p> <p><u>Active listening</u> Capture and understand words in addition to differentiation(I have understood and comprehended )</p>	4.2.5 Explain the difference between hearing and active listening
Brainstorming (10 minutes)	is the repetition of the meaning and the main content of the speaker's message as understood by the listener resolve any confusion and ambiguity and makes sure that his understanding was correct and conforms to the content of the message the speaker	4.2.6 Describe clarification as an active listening skill
Role-play (15 minutes)	<p>This means that we are good at the sending and sending back techniques of messages to the counterpart about the content of his speech.</p> <p>This is an important indicator that proves that we understand what the counterpart says which is the most important function for paraphrasing.</p>	4.2.7 Explain the concept of re-phrasing as an active listening skills
Questions and answers	<p>closed questions (specified)</p> <ul style="list-style-type: none"> <li>• open questions</li> <li>• funnel questions (funnel) is a combination between the two former types</li> </ul>	4.2.8 Explain the concept of questions as one of the basic skills in personal communication
a mini-lecture (10 minutes)		4.2.9 Explain the importance of

Training methods	content	Objectives
	<ul style="list-style-type: none"> <li>• Summary: is a <u>detailed</u> repetition of the message that is received</li> </ul>	the correct use of summary in the effective personal communication
a mini-lecture (10 minutes) Questions and answers for clarification and evaluation (10 minutes)	The feedback gives the sender the chance to understand how his message had been received and helps the receiver confirm whether his understanding of the content of the message is correct or wrong	4.2.10 Illustrate the importance of feedback in the effective personal communication

### Techniques for improving the effective personal communication

#### General Information

Modern management is based on the active the participation and creativity of all members of the working groups, teams, departments, or divisions, and so on. The members of the groups need to get the chance to share their thoughts, opinions and feelings. The role of the manager or leader is to provide these events and direct communication process towards a specified or agreed target to ensure the contribution of all participants. This way the director becomes a facilitator/mediator.

**Do not jump to conclusions concerning what you see and hear. you should always seek to clarify to make sure that your understanding is correct.**

Great speakers are not better at building ideal social relationships, but rather are those people who always remember that they have two ears and the one mouth. In turn, they try to listen and ask more questions so that they can understand the views of others and express theirs ideally.

The skills of improving communication skills are various. In this session, we will talk about the most important of them. This requires the developing and building our skills in:

- 1 - active listening
  - o clarification
  - o paraphrasing
- 2 - questions

**The golden Triangle of communication:**

- 1 - active listening

The three communication skills will facilitate our use of our influence on others in addition to that they are the key that helps us to avoid and overcome obstacles of communication.

Now, let's have a deeper look at each of these skills and see how they help to improve communication skills.

### **Active Listening**

Active listening skill is considered the most important and has the greatest impact of communication skills in general.

If we want to become master communicators or to acquire skills in writing reports and building successful relationships with others and increase our influence on others, we have **to learn** how to listen for others.

This is totally different from hearing

#### **4.2.2. Definition of active listening**

Hearing mean capturing words and sounds through ears, in other words, hearing is simply a process of capturing the sounds by ears unless the person is deaf.

Listening, however, is a deliberate process that we choose consciously.

Listening requires concentration so that the brain can understand and translate the meanings of words and phrases. Listening leads to learning.

Then active listening is to listen and analyze what we hear. This is why it is sometimes called positive listening. Distinction must be made between three terms: hearing, hearing and listening

Listening is more than hearing words. Listening means to think about what was said and the message behind it to be able to understand the message fully and clearly. Listening means hearing words, paying attention to the

frequency of the sound and its height, to assess mood, and note any other indicators that may complement the message



#### 4.2.3 The importance of active listening:

When we do not listen, the speaker may feel frustrated and neglected. The speaker may conclude that we do not care or are not able to understand what he is saying. Both cases are inaccurate leading the speaker to take unexpected reactions or undesired responses.

In addition, when we do not listen, we may understand the message incorrectly this if it was originally understood. We may have wrong results and miss some important basic information

Why is this important? Because we may take decisions or actions based on inaccurate or wrong information. This can be avoided by active listening. Active listening can be summarized in the abbreviation ROLES

- Relax
- Open and friendly facial expressions
- Lean forward towards clients
- Eye contact
- Smile and head nodding

#### 4.2.4 The difference between hearing and active listening

active listening	hearing
Capture and understand the words Note the high frequency sounds Note the mood of the speaker Focus and get away from noise Note indicators of non-verbal communication, including (body language, facial expressions, distance between people)	capture sounds and words and distinguish them
Add distinction, understanding, attention, and remember messages	Recognition and classification of sounds
(I understood and comprehended)	(I have heard)

### **Active listening skills are:**

1.2.5 **Clarification:** is to repeat the meaning and the main content of the speaker's message and to resolve any confusion or ambiguity and to make sure that the understanding was correct and conform to the content of the speaker's message.

The purpose of clarification is:

- Ensure that the listener received the message with the required content
- Showing attention and sympathy to what the speaker says

Listeners resort to clarification when they are unable to understand the intention of the speaker. We also resort to clarification to confirm the priorities of the speaker having in mind that both the speaker and listener may resort to clarification to resolve complex and mysterious aspects

Some of the phrases used for clarification purpose

- (I am not quite sure that I have understood what you said)
- (I do not feel I have understood clearly the main meaning of this topic)
- (What did you mean when you said .....)
- (Is it possible to repeat ...)

clarification includes:

- Questions
- summary and feedback

4.2.6 **Paraphrasing:** is one of the basic rules of the active listening. This means that we are good at the sending and sending back techniques of messages to the counterpart about the content of his speech.

This is an important indicator that proves that we understand what the counterpart says which is the most important function for paraphrasing.

Paraphrasing also means that the receiver sends back the message he heard in his own words. In this way he proves that he does not only heard, but also understood the speaker accurately. It must be noted that the paraphrasing is not just repetition of the message that has been received but it is also a summary and explanation of its meaning.

By virtue of paraphrasing listeners can make sure of understanding the speaker's message correctly. At the same time, the speaker can make sure that he has been properly understood. **Paraphrasing is considered an important barometer for both the sender and the receiver to verify the accuracy and success of communication**

Functions of  
paraphrasing:  
• gives the partner the feeling that we

**4.2.7 Questions:** while talking about active listening skills, we must talk about questions. There are many types of questions but we will only discuss three types of questions here.

- Closed (specified) – This type is very useful for the purpose of obtaining specific, accurate, true and realistic information (if we believe that the person is telling the truth). The answers to these questions are only (yes, no, or I do not know). This is why investigators prefer them Yes/No questions, for example:

- Do you speak English?
- Is she a doctor?
- Have you been a manager?
- Do you know this person?

As you can see, the answer to these questions must always be either yes or no

- Open questions: These are used when we need to make others speak and express their opinions. This is why open questions are more effective and more useful when we want to collect information and to obtain more data. Open questions commonly start with question words like (how, where, when, what, does not matter, and why, for example:

- "How did you know this piece of news?"
- "Where did you get this information from?"
- "Where do you prefer to live?"
- "What drives you to take this action?"

It must be noted that there is another type of questions which is a combination the two. This is called:

**Funnel questions:** are called *funnel* because they start wide (open questions). We listen to answers and then choose something to ask about it in more details (this means that our questions begin narrowing). We continue listening to answers until we the point where we need to ask more accurate and precise questions.

#### 4.2.8 Summary:

Summary is the third element of the Golden Triangle in communication that we talked about earlier.

**Summary means a detailed repetition of the received message.**

The correct use of the summary is very necessary for the following reasons

- To ensure a correct understanding
- to prove that active listening skills have been followed

- Build relationships (trust, respect, mutual support)
- To clarify and emphasize the important and basic points
- To clarify the contradicted ideas
- To discover any new information
- To encourage on telling the truth and openness
- To emphasize common concepts
- Create opportunities to correct any errors that appeared during the communication process

Summary is very valuable to improve communication skills. Unfortunately, it is rarely used.

It is also an important test for listening and one of the best active listening exercises, which is used to improve communication skills.

**If you are unable to summarize accurately what has been said, it probably means you were not listening carefully (and this is something which may lead to an insult to the people involved)**

#### 4.2.9 **feedback:**

Effective feedback creates an atmosphere of trust and healthy relations between the sender and receiver. Within organizations, appropriate and constructive feedback creates an atmosphere of openness and mutual understanding, which in turn stimulates the will and desire to communicate. Otherwise, a competitive environment can make people more reluctant and unwilling to communicate and participate constructively.

effective personal communication is based on giving and receiving feedback. In some cases, the result may be a wrong understanding or one that does not match the content of the original message. **Feedback gives the sender the chance to understand how his message had been received and helps the receiver confirm whether his understanding of the content of the message is correct or wrong.**

Give feedback at the time when the other person is ready to receive. If the other person is upset, it is likely that s/he is not ready to receive suggestions or any new material.

**Choosing the right time to give feedback is a focal point and key to the success of feedback and to ensure that it is accepted by the person concerned.**

Just talk about the behavior which the recipient can change and the possibility of changing at that time particularly.

When you give feedback, respect the right of the other person to respond. Listen to response carefully. **In some cases, the receiver's response reflects the need to change your behavior. In some cases, the response of the other party may give important indications about the need to change his behavior.**

Accurate and appropriate feedback help in personal communication. Inaccurate feedback, on the other hand, hinders communication. The ability to give and receive effective feedback help develop effective working relationships and stimulate productivity in the workplace.

### **Do not give feedback about previous actions**

**Important note:** who gives feedback have to always be ready to receive feedback too

#### **Skills of giving feedback**

→ Always talk about your impression /your perception /feelings, use messages that contain the words "I am ... you are."

Negative examples: It is obvious you're not convinced.

Positive example: I have the impression that you are not convinced.

→ Use descriptions instead of judgments or generalizations.

Negative example: You are obviously upset because I did not listen to what you said.

Positive example: I realize that you interrupted me several times. I want to explain my point of view without interruption.

→ Associate notes with solid conditions (when, why, how, and use reference).

Negative Example: you are afraid of everything.

Positive example: my impression is that you are probably afraid to speak on public tomorrow.

→ Be consistent and accurate

Negative example: your presentation is somehow good.

Positive example: I particularly liked the structure and your attitude.

Give comments immediately, firmly.

Negative example: last week I did not like your presentation as well.

Positive example: your presentation is very problematic. However, I miss ....

→ Mention the positive points, Your feedback is constructive.

Negative example: We will not agree on anything.

Positive example: I would like to discuss the matter with you to reach an agreement.

→ Be attentive to the needs of the recipient.

Negative example: You must adhere to the planned schedule; otherwise you will not finish all the items of the plan.

Positive example: Is it OK with you to continue or would you like to have a break?

→ Explain your point of view and make recommendations regarding possible alternatives of behavior.

Negative example: we can not deviate from plan.

Positive example: I recommend that we start the agenda, but we can also extend the meeting for an additional two hours.

→ Give your feedback in a manner that you accept to receive feedback with

Notes must be reversible.

### **Skills of receiving feedback**

→ Listen carefully to the other person and make sure you maintain eye contact when it is appropriate.

→ Approval

→ Do not provide justification

→ Respect the other person's point of view

→ Ask him to stop, if what you listened to is enough

→ thank the presenter but this does not mean that you will follow the views presented. What you do with the notes is your own business (always remember that what matters is what the other person hears and understands, not what you were saying)

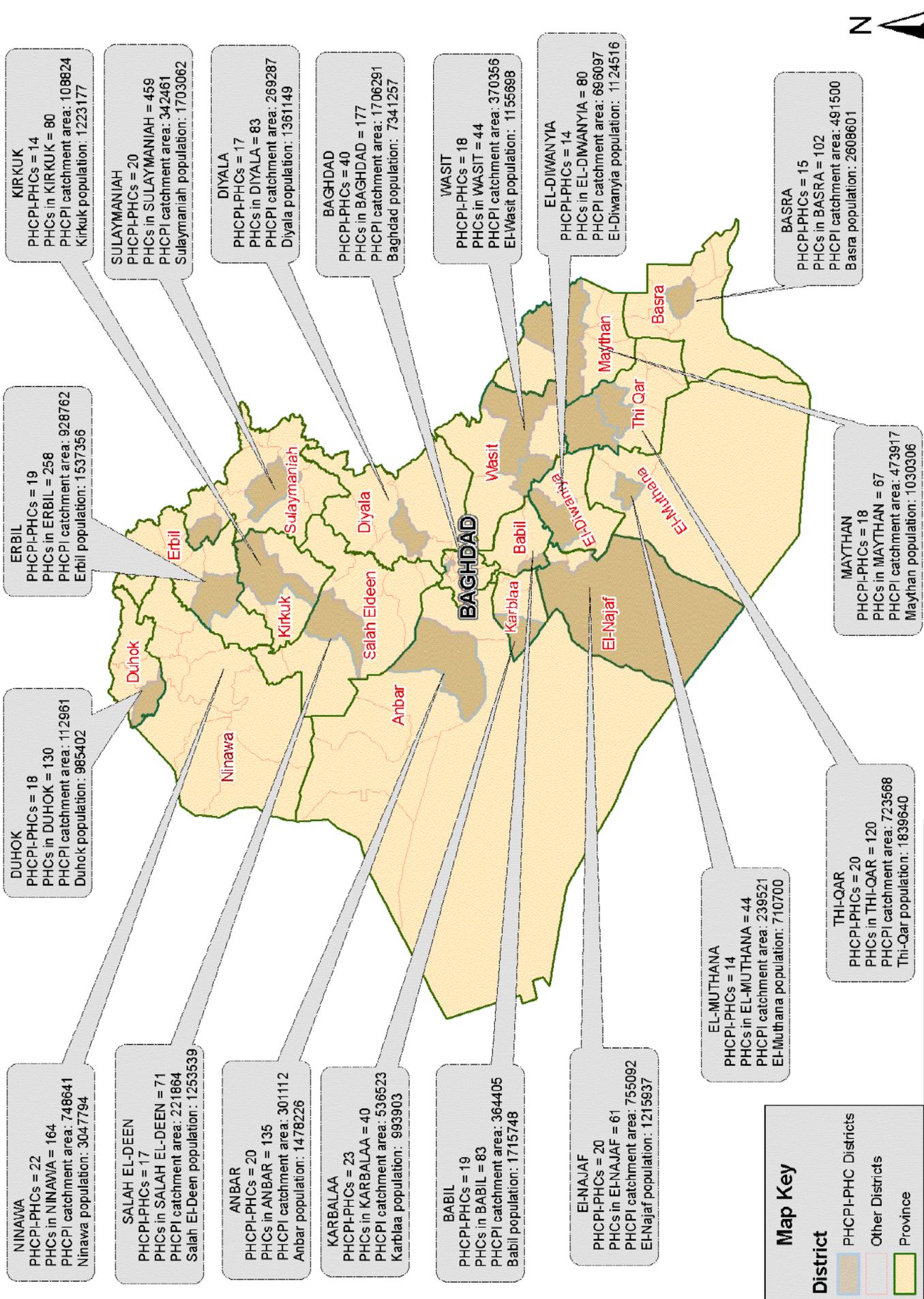
→ Focus the feedback on specific thing and not about many things by using clear and specific examples of recent actions. For example, (*these files could have been arranged better* instead of saying *your files are always messy*).

<b>Feedback describes what we should rather than criticizing and threatening the other party</b>
--

## References

- 1- National Referral System, Ministry of Health Belize.
- 2- Tools for Establishing Referral Networks for Comprehensive HIV Care in Low Resource Setting.
- 3- Orientation on Referral System in RHSDP.
- 4- Contribution of Primary Care to Health Systems and Health, Barbra Starfield, Johns Hopkins University, New York University.
- 5- Referral System, a summary of key processes to guide health services managers, WHO.

# PHCPI-PHCs population mapped to IRAQ population



**U.S. Agency for International Development**  
Primary Health Care Project In Iraq  
<http://phciraq.org/>  
[www.usaid.gov](http://www.usaid.gov)