



Male Circumcision under Local Anaesthesia

Course Notebook for Trainers



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MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA COURSE NOTEBOOK FOR TRAINERS

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OVERVIEW

BEFORE STARTING THIS TRAINING COURSE

This *Male Circumcision under Local Anaesthesia* training course will be conducted in a way that is very different from traditional training courses. First of all, it is based on the assumption that people participate in training courses because they:

- Are **interested** in the topic
- Wish to **improve** their knowledge or skills, and thus their job performance
- Desire to be **actively involved** in course activities

The training approach used in this course is highly interactive and participatory.

MASTERY LEARNING

The **mastery learning** approach to clinical training assumes that all participants can master (learn) the required knowledge, attitudes or skills provided sufficient time is allowed and appropriate training methods are used. The goal of mastery learning is that 100 percent of those being trained will “master” the knowledge and skills on which the training is based.



While some participants are able to acquire new knowledge or a new skill immediately, others may require additional time or alternative learning methods before they are able to demonstrate mastery. Not only do people vary in their abilities to absorb new material, but also individuals learn best in different ways—through written, spoken or visual means. Mastery learning takes these differences into account and uses a variety of teaching and training methods.

The mastery learning approach also enables the participant to have a self-directed learning experience. This is achieved by having the clinical trainer serve as facilitator and by changing the concept of testing and how test results are used. In courses that use traditional testing methods, the trainer administers pre- and post-tests to document an increase in the participants’ knowledge, often without regard for how this change affects job performance.

By contrast, the philosophy underlying the mastery learning approach is one of a continual assessment of participant learning. With this approach, it is essential that the clinical trainer regularly inform participants of their progress in learning new information and skills, and **not** allow this to remain the trainer's secret.

With the mastery learning approach, assessment of learning is:

Competency-based, which means assessment is keyed to the course objectives and emphasizes acquiring the essential knowledge, attitudinal concepts and skills needed to perform a job, not simply acquiring new knowledge.

Dynamic, because it enables clinical trainers to provide participants with continual feedback on how successful they are in meeting the course objectives and, when appropriate, to adapt the course to meet learning needs.

Less stressful, because from the outset participants, both individually and as a group, know what they are expected to learn and where to find the information, and have ample opportunity for discussion with the clinical trainer.

KEY FEATURES OF EFFECTIVE CLINICAL TRAINING

Effective clinical training is designed and conducted according to **adult learning principles**—learning is participatory, relevant and practical—and:

- Uses behaviour modeling
- Is competency-based
- Incorporates humanistic training techniques

Behaviour Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, the trainer must clearly demonstrate the skill or activity so that participants have a clear picture of the performance expected of them.

Learning to perform a skill takes place in three stages. In the first stage, **skill acquisition**, the participant sees others perform the procedure and acquires a mental picture of the required steps. Once the mental image is acquired, the participant attempts to perform the procedure, usually with supervision. Next, the participant practices until **skill competency** is achieved and the individual feels **confident**

performing the procedure. The final stage, **skill proficiency**, only occurs with repeated practice over time.

Skill Acquisition	Knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance
Skill Competency	Knows the steps and their sequence (if necessary) and can perform the required skill or activity
Skill Proficiency	Knows the steps and their sequence (if necessary) and efficiently performs the required skill or activity

Competency-Based Training

Competency-based training (CBT) is distinctly different from traditional educational processes. Competency-based training is learning by **doing**. It focuses on the specific knowledge, attitudes and skills needed to carry out a procedure or activity. How the participant performs (i.e., a combination of knowledge, attitudes and, most important, skills) is emphasized rather than just what information the participant has acquired. Moreover, CBT requires that the clinical trainer facilitate and encourage learning rather than serve in the more traditional role of instructor or lecturer. Competency in the new skill or activity is assessed objectively by evaluating overall performance.

For CBT to occur, the clinical skill or activity to be taught first must be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. Information for each skill performed by clinicians appears in the *Male Circumcision under Local Anaesthesia* reference manual.

An essential component of CBT is **coaching**, which uses positive feedback, active listening, questioning and problem-solving skills to encourage a positive learning climate. To use coaching, the clinical trainer should first explain the skill or activity and then demonstrate it. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with the participant to provide guidance in learning the skill or activity, monitors progress and helps the participant overcome problems.

The coaching process ensures that the participant receives **feedback** regarding performance:

- **Before practice**—The clinical trainer and participant should meet briefly before each practice session to review the skill/activity, including the steps/tasks that will be emphasized during the session.

- **During practice**—The clinical trainer observes, coaches and provides feedback as the participant performs the steps/tasks outlined in the learning guide.
- **After practice**—This feedback session should take place immediately after practice. Using the learning guide, the clinical trainer discusses the strengths of the participant’s performance and also offers specific suggestions for improvement.

COMPONENTS OF THE MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA TRAINING PACKAGE

This training course is built around use of the following components:

- Need-to-know information contained in a **reference manual**
- A **participant’s handbook** containing validated questionnaires and learning guides, which break down the skills or activities into their essential steps
- A **trainer’s notebook**, which includes questionnaire answer keys and detailed information for conducting the course
- **Well-designed training aids**, such as job aids and checklists
- Course director’s guide
- Competency-based **performance evaluation** tools

The reference manual recommended for use in this course is the *Male Circumcision under Local Anaesthesia* manual, which contains information on the basics of male circumcision and reproductive health, basic counselling skills, and the recommended standard male circumcision procedure.

USING THE MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA TRAINING PACKAGE

In designing the training materials for this course, particular attention has been paid to making them “user friendly” and to permit the course participants and clinical trainer the widest possible latitude in adapting the training to the participants’ (group and individual) learning needs. For example, at the beginning of each course, an assessment is made of each participant’s knowledge. The results of this precourse assessment are then used jointly by the participants and the advanced or master trainer to adapt the course content as needed so that the training focuses on acquisition of **new** information and skills.

A second feature relates to the use of the reference manual and course handbook. The **reference manual** is designed to provide all of the essential information needed to conduct the course in a logical manner. Because it serves as the “text” for the participants and the “reference

source” for the trainer, special handouts or supplemental materials are not needed. In addition, because the manual contains **only** information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises—such as giving an illustrated lecture or providing problem-solving information.

The **participant’s handbook**, on the other hand, serves a dual function. First and foremost, it is the “road map” that guides the participant through each phase of the course. It contains the course syllabus and course schedule, as well as all supplemental printed materials (precourse questionnaire, exercises, learning guides and course evaluation) needed during the course.

The **trainer’s guide** contains the same material as the course handbook for participants as well as **material for the trainer**. This includes the course outline, precourse questionnaire answer key, midcourse questionnaire and answer key, and competency-based qualification checklists.

In keeping with the training philosophy on which this course is based, all training activities will be conducted in an interactive, participatory manner. To accomplish this requires that the role of the trainer continually change throughout the course. For example, the trainer is an **instructor** when presenting a classroom demonstration; a **facilitator** when conducting small group discussions or using role plays; and shifts to the role of **coach** when helping participants practice a skill. Finally, when objectively assessing performance, the trainer serves as an **evaluator**.

In summary, the competency-based training approach used in this course incorporates a number of key features. **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer. **Second**, it involves use of behaviour modeling to facilitate learning a standardized way of performing a skill or activity. **Third**, it is competency-based. This means that evaluation is based on **how well** the participant performs the procedure or activity, not just on **how much** has been learned. **Fourth**, where possible, it relies heavily on the use of anatomic models and other training aids (i.e., it is humanistic) to enable participants to practice repeatedly the standardized way of performing the skill or activity **before** working with clients. Thus, by the time the trainer evaluates each participant’s performance using the checklist, **every** participant should be able to perform **every** skill or activity competently. **This is the ultimate measure of training.**

INTRODUCTION

COURSE DESIGN

This training course is designed for clinical service providers (physicians, nurses, nurse-midwives, clinical officers). The course builds on each participant's past knowledge and experience and takes advantage of the individual's high motivation to accomplish the learning tasks in the minimum time. Training emphasizes **doing**, not just knowing, and uses **competency-based evaluation** of performance.

This training course differs from traditional courses in several ways:

- During the morning of the first day of the course, participants' knowledge is assessed using a Precourse Questionnaire to determine their individual and group knowledge of male circumcision and reproductive health.
- Classroom and practical sessions focus on providing practice in male circumcision and reproductive health.
- Progress in knowledge-based learning is measured during the course using a **standardized written assessment** (Midcourse Questionnaire).
- Progress in learning recommended clinical procedures is documented using appropriate **learning guides**.
- A trainer using competency-based **skills checklists** conducts evaluation of each participant's performance.
- Successful completion of the course is based on **mastery of both the content and skill components**.

EVALUATION

This course is designed to produce individuals qualified to use the recommended procedures when providing male circumcision services. Qualification is a statement by the training organization that the participant has met the requirements of the course in knowledge and skills. Qualification does **not** imply certification. Personnel can be certified only by an authorized organization or agency.

Qualification is based on the participant's achievement in two areas:

- Knowledge—Knowledge transfer as measured by a score exceeding the criterion-referenced pass score established for the Midcourse Questionnaire
- Skills—Satisfactory performance of recommended procedures either during a simulated practice session with anatomic models or with clients

Responsibility for the participant’s becoming qualified is shared by the participant and the trainer.

The evaluation methods used in the course are described briefly below:

Midcourse Questionnaire. This knowledge assessment will be given at the time in the course when all didactic subject areas have been presented. A score exceeding the criterion-referenced pass score established for the questionnaire demonstrates knowledge-based mastery of the material presented in the reference manual. A pass score of 80%, based on a criterion-referenced validation procedure involving subject matter analysis of each test question has been established for the MC Midcourse Questionnaire. For those scoring less than 80% on their first attempt, the trainer should review the results with the participant individually and provide guidance on using the reference manual to learn the required information. Participants scoring less than 80% can take the Midcourse Questionnaire again at any time during the remainder of the course.

Male Circumcision under Local Anaesthesia Key Skills Checklists. These checklists will be used to evaluate each participant as s/he demonstrates essential evaluation and management procedures in the simulated clinical setting or with clients. The checklists will be more applicable in the pre-service environment where participants are likely to lack competency in the selected skills. In determining whether the participant is qualified, the clinical trainer(s) will observe for the key skills during the practice. The participant must be rated “satisfactory” in each skill or activity to be evaluated as qualified.

Within 3 to 6 months of qualification, it is recommended that graduates be observed and evaluated working in their institution by a course trainer or their supervisor using the same checklists. This *post-course* evaluation is important for several reasons. First, it not only gives the graduate direct feedback on her/his performance, but also provides the opportunity to discuss any startup problems or constraints to service delivery. Second, and equally important, it provides the training centre, via the trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training easily can become routine, stagnant and irrelevant to service delivery needs.

Following training, the trainer should (if necessary) strengthen the supervisor's skills. The latter should also monitor progress of the learner's action plan and revise as needed. The supervisor should continually evaluate the learner's performance and stay in contact with the trainers by giving appropriate feedback. The learner's co-workers and others need to be supportive of the learner's accomplishments.

COURSE SYLLABUS

Course Description

This course is designed to prepare participants to acquire the knowledge, skills and attitudes needed to provide male circumcision and reproductive health counselling and services. The course is designed for 10 days but may be extended as needed to accommodate variations in client volume and participant learning needs.

Course Goals

- To influence in a positive way the attitudes of participants to male circumcision
- To provide participants with knowledge and skills needed to provide other reproductive health counselling and services
- To provide the participants with the knowledge and skills needed to establish or improve infection prevention practices at health facilities

Participant Learning Objectives

By the end of this training course, participants will be able to:

- Describe the relationship between male circumcision and HIV infection
- Link male circumcision to the provision of other male sexual and reproductive health services
- Educate and counsel adult and adolescent clients about male circumcision
- Effectively screen clients for male circumcision
- Demonstrate one of three surgical methods of adult male circumcision
- Provide postoperative care following male circumcision and identify and manage adverse events resulting from male circumcision
- Prevent infection in the health care setting
- Monitor, evaluate and supervise a male circumcision service

Training/Learning Methods

- Illustrated lecture
- Demonstration
- Coaching
- Case studies
- Role play
- Group discussions
- Simulation
- Guided practice activities

Training Materials

The *Male Circumcision under Local Anaesthesia* course is designed to be used with the following materials:

- Reference manual: *Manual for Male Circumcision under Local Anaesthesia*
- Participant's course handbook
- Trainer's course notebook
- Overhead transparencies
- Job aids
- Videotapes (on infection prevention, guided forceps method, dorsal slit method and sleeve method of male circumcision)

Participant Selection Criteria

Participants for this course should be *clinicians* who are, by national policy, allowed to conduct minor surgery (doctors, clinical officers, nurses or midwives) and are working at different levels of health care delivery. Such clinicians should be currently providing or intend to provide male circumcision services.

Methods of Evaluation

- Precourse knowledge questionnaire
- Midcourse knowledge questionnaire
- Learning guides and checklists
- End of course evaluation

Course Duration

Ten (10) days in high-volume male circumcision clinics.

**MODEL COURSE SCHEDULE FOR MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA
(STANDARD COURSE: 10 DAYS, 20 SESSIONS)**

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
08:00–12:30	08:00–12:30	08:00–12:30	08:00–12:30	08:00–12:30
<p>Welcome Introductions Official opening</p> <p>Participant expectations Workshop norms Overview of course Goals and objectives Review of course materials</p> <p>Precourse Questionnaire—Identify individual and group learning needs</p> <p>Exercise—Exploring MC myths</p> <p>Lecture/Discussion—MC and HIV Infection</p> <p>Exercise—Cultural Issues Discussion</p>	<p>Overview of day’s scheduled activities (participant)</p> <p>Lecture/Discussion—Client Education, Counselling and Informed Consent</p> <p>Lecture/Discussion—Screening and Consent for MC/Preparation for Surgery</p> <p>Role Play—Group Education, Counselling and Informed Consent</p>	<p>Overview of day’s scheduled activities (participant)</p> <p>Lecture/Discussion—Infection Prevention</p> <p>Demonstration/Practice—Infection Prevention</p> <p>Demonstration/Practice—Knot Tying and Suturing</p>	<p>Overview of day’s scheduled activities (participant)</p> <p>Lecture/Discussion—Postoperative Care</p> <p>Role Play—Postoperative Counselling</p> <p>Practice—MC Skills as needed</p>	<p>Overview of day’s scheduled activities (participant)</p> <p>Q & A Prior to MCQ</p> <p>Midcourse Questionnaire</p> <p>Practice—MC skills as needed</p> <p>Review—MCQ</p>
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
13:30–17:00	13:30–17:00	13:30–17:00	13:30–17:00	13:30–17:00
<p>Lecture/Discussion—Linking MC to Other Male SRH Services</p> <p>Exercise—Male SRH Services Debate</p> <p>Skills Assessment—Assess Current Counselling Skills</p> <p>Review of day’s activities</p>	<p>Lecture/Discussion—Overview of Three Surgical Procedures</p> <p>Demonstration/Video—MC Procedure</p> <p>Exercise—Equipment Recognition</p> <p>Review of day’s activities</p>	<p>Exercise—Anatomy Race</p> <p>Demonstration/Practice—Target MC Method</p> <p>Review of day’s activities</p>	<p>Lecture/Discussion—Record Keeping, Monitoring, Evaluation and Supervision</p> <p>Review—Prepare for MCQ</p> <p>Review of day’s activities</p>	<p>Discussion—Preparation for Clinical</p> <p>Practice—MC skills as needed</p> <p>Review of day’s activities</p>
<p>Reading Assignment: Review Chapters 3–5 of Manual for MC Under Local Anaesthesia</p>	<p>Reading Assignment: Review Chapters 7–8 of Manual for MC Under Local Anaesthesia</p>	<p>Reading Assignment: Review and practice as appropriate, based on assessments</p>	<p>Reading Assignment: Review and practice as appropriate, based on assessments</p>	<p>Reading Assignment: Review and practice as appropriate, based on assessments</p>

**MODEL COURSE SCHEDULE FOR MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA
(STANDARD COURSE: 10 DAYS, 20 SESSIONS)**

DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
08:30–12:30	08:30–12:30	08:30–12:30	08:30–12:30	08:30–12:30
<p>Overview of day's scheduled activities (participant)</p> <p>Clinical Practice—Male Circumcision and Postoperative Care—Group A</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—Group B</p>	<p>Overview of day's scheduled activities (participant)</p> <p>Clinical Practice—Male Circumcision and Postoperative Care—Group B</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—Group A</p>	<p>Overview of day's scheduled activities (participant)</p> <p>Clinical Practice—Male Circumcision and Postoperative Care—Group A</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—Group B</p>	<p>Overview of day's scheduled activities (participant)</p> <p>Clinical Practice—Male Circumcision and Postoperative Care—Group B</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—Group A</p>	<p>Overview of day's scheduled activities (participant)</p> <p>Clinical Practice—Male Circumcision and Postoperative Care—As needed to ensure competency</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—as needed to ensure competency</p>
LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
13:30–17:00	13:30–17:00	13:30–17:00	13:30–17:00	13:30–17:00
<p>Clinical Practice—Male Circumcision and Postoperative Care—Group A</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—Group B</p> <p>Review of day's activities</p>	<p>Clinical Practice—Male Circumcision and Postoperative Care—Group B</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—Group A</p> <p>Review of day's activities</p>	<p>Clinical Practice—Male Circumcision and Postoperative Care—Group A</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—Group B</p> <p>Review of day's activities</p>	<p>Clinical Practice—Male Circumcision and Postoperative Care—Group B</p> <p>Clinical Practice—Group Education, Counselling and Preoperative Assessment—Group A</p> <p>Review of day's activities</p>	<p>Course Evaluation</p> <p>Closing</p>
<p>Reading Assignment: Review and practice as appropriate, based on assessments</p>	<p>Reading Assignment: Review and practice as appropriate, based on assessments</p>	<p>Reading Assignment: Review and practice as appropriate, based on assessments</p>	<p>Reading Assignment: Review and practice as appropriate, based on assessments</p>	<p>Reading Assignment: Review and practice as appropriate, based on assessments</p>

PRECOURSE QUESTIONNAIRE

HOW THE RESULTS WILL BE USED

The main objective of the **Precourse Questionnaire** is to assist both the **clinical trainer** and the **participant** as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topic. Providing the results of the precourse assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course. The questions are presented in the true-false format.

For the clinical trainer, the questionnaire results will identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories in which 85% or more of participants answer the questions correctly, the clinical trainer may elect to use some of the allotted time for other purposes. For example, if the participants as a group did well (85% or more of the questions correct) in answering the questions in the category “Infection Prevention” (questions 33 through 37), the clinical trainer may elect to assign that section as homework rather than discussing these topics in class.

For the participants, the learning objective(s) related to each question and the corresponding section(s) in the reference manual are noted beside the answer column. To make the best use of limited course time, participants are encouraged to address their individual learning needs by studying the designated section(s).

PRECOURSE QUESTIONNAIRE

Instructions: On the answer sheet provided, print a capital T if the answer is True and a capital F if the answer is false.

1. BENEFITS AND RISKS OF MALE CIRCUMCISION

1. Male circumcision is the removal of the glans of the penis. Page 1-1
2. The benefits of circumcision include prevention of phimosis. Page 1-2
3. Male circumcision has no effect on the prevalence of HIV infection. Pages 1-3 to 1-7
4. Ulcerative STIs facilitate the entry of HIV into target cells in the foreskin. Page 1-5
5. MOST men in sub-Saharan Africa will NOT willingly undergo safe and inexpensive male circumcision. Page 1-6

2. LINKING MALE CIRCUMCISION TO OTHER MALE SEXUAL AND REPRODUCTIVE HEALTH SERVICES

6. Male circumcision should be regarded as an entry point to male sexual and reproductive health services. Page 2-3
7. Men's role in reproductive health includes supporting the physical and emotional needs of women following abortion. Page 2-5
8. Balanitis is more common among boys and men who have been circumcised than among uncircumcised men. Page 2-8
9. Phimosis occurs when the foreskin is retracted and CANNOT be put back because of swelling. Page 2-9
10. One of the symptoms of urinary tract infection is a feeling of pain in the bladder or urethra even when not urinating. Page 2-11

3. EDUCATING AND COUNSELLING CLIENTS, AND OBTAINING INFORMED CONSENT

11. Group education is NOT necessary if individual counselling will be conducted. Page 3-1
12. Circumcised men are fully protected against HIV acquisition and transmission. Page 3-4
13. Counselling is NOT about taking responsibility for clients' actions and decisions. Page 3-5
14. Only clients who have appropriate decision-making capacity and legal status can give their informed consent to medical care. Page 3-10
15. Open questions are questions that require a one-word answer. Page 3-7

4. FACILITIES AND SUPPLIES, SCREENING OF PATIENTS, AND PREPARATIONS FOR SURGERY

16. Urethral discharge is a contraindication to male circumcision in the clinic. Page 4-5
17. Filariasis is an absolute contraindication to male circumcision in a clinic. Page 4-5
18. Shaving of the pubic hair is a necessary preoperative requirement for male circumcision. Page 4-7
19. A sterile gown is ALWAYS required when performing male circumcision in a clinic. Page 4-10
20. If necessary, adequate illumination can be provided by fluorescent lighting arranged over the operating table. Page 4-2

5. SURGICAL PROCEDURES FOR ADULTS AND ADOLESCENTS

- | | |
|---|-----------|
| 21. The preferred suture material for adult male circumcision is 3.0 or 4.0 chromic catgut. | Page 5-4 |
| 22. Vertical mattress sutures are appropriate for repair of the frenulum. | Page 5-5 |
| 23. Povidone iodine MUST NOT be used on the skin of the penis. | Page 5-9 |
| 24. Local anaesthesia is provided through a dorsal penile nerve block and ring block. | Page 5-10 |
| 25. The maximum volume of 1% plain lidocaine for a 70 kg young man is 21 ml. | Page 5-11 |
| 26. The sleeve resection method of male circumcision is the EASIEST to perform. | Page 5-16 |
| 27. A sterile, dry gauze MUST be placed over the suture line after male circumcision. | Page 5-30 |

7. POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS

- | | |
|--|----------|
| 28. All patients undergoing male circumcision should be given oral and written post-operative instructions. | Page 7-2 |
| 29. Sexual intercourse and masturbation should be avoided for 6 months after male circumcision. | Page 7-2 |
| 30. The surgical dressing is BEST removed 24–48 hours after surgery. | Page 7-2 |
| 31. To control excessive bleeding during MC, the surgeon MUST apply firm pressure with a swab and wait for 30 seconds. | Page 7-7 |
| 32. Wound disruption in the first few days after MC may be caused by a haematoma formation. | Page 7-7 |

8. PREVENTION OF INFECTION

- | | |
|---|-----------|
| 33. The risk of acquiring HIV after being stuck by a needle is HIGHER than the risk of acquiring Hepatitis B. | Page 8-2 |
| 34. Handwashing is the single MOST important procedure to limit the spread of infection. | Page 8-3 |
| 35. Eyeware is recommended for providers performing male circumcision in the clinic. | Page 8-9 |
| 36. Soiled instruments MUST be cleaned prior to decontamination. | Page 8-11 |
| 37. High-level disinfection is the only acceptable alternative to sterilization. | Page 8-12 |

Note: Chapter 6, Paediatric and Neonatal Circumcision, will be covered in separate training materials.

9. MANAGING A CIRCUMCISION SERVICE

- | | |
|--|----------|
| 38. Monitoring is the routine assessment of information or indicators of ongoing activities. | Page 9-2 |
| 39. The focus of support supervision is to find faults or errors in the system, and to identify and reprimand those responsible. | Page 9-4 |
| 40. Interventions to improve performance MUST address the root causes of performance gaps. | Page 9-7 |
| 41. It is the clinician's role to develop a functional monitoring system for male circumcision within the facility. | Page 9-4 |
| 42. Desired performance should be realistic and based on common goals, the expectations of the community and the resources at your site. | Page 9-6 |

PRECOURSE QUESTIONNAIRE ANSWER SHEET

Instructions: For each question, circle **TRUE** or **FALSE** on the answer sheet below.

1	TRUE	FALSE	26	TRUE	FALSE
2	TRUE	FALSE	27	TRUE	FALSE
3	TRUE	FALSE	28	TRUE	FALSE
4	TRUE	FALSE	29	TRUE	FALSE
5	TRUE	FALSE	30	TRUE	FALSE
6	TRUE	FALSE	31	TRUE	FALSE
7	TRUE	FALSE	32	TRUE	FALSE
8	TRUE	FALSE	33	TRUE	FALSE
9	TRUE	FALSE	34	TRUE	FALSE
10	TRUE	FALSE	35	TRUE	FALSE
11	TRUE	FALSE	36	TRUE	FALSE
12	TRUE	FALSE	37	TRUE	FALSE
13	TRUE	FALSE	38	TRUE	FALSE
14	TRUE	FALSE	39	TRUE	FALSE
15	TRUE	FALSE	40	TRUE	FALSE
16	TRUE	FALSE	41	TRUE	FALSE
17	TRUE	FALSE	42	TRUE	FALSE
23	TRUE	FALSE			
24	TRUE	FALSE			
25	TRUE	FALSE			

ROLE PLAYS

GENERAL DIRECTIONS FOR CONDUCTING ROLE PLAYS

Periodically, you will be partnered with two other people for a role play. One will be the counsellor, one the client and one the observer. Your group will sit together and conduct the role-play. Afterwards, share feedback with the counsellor on his/her performance.

Directions for Each Role

Counsellor

- Quickly skim the main points of the counselling protocol section before the role play begins.
- Take your time.
- Use the questions.
- Stay organized.

Client

Before the role play, read through the client scenario. Refer to the scenario when responding to the counsellor. Although the information given in the scenario does not cover all of the questions you may be asked, try to make an appropriate response that does not contradict the facts outlined for you. Try to be a very responsible and uncomplicated client, as this is a learning experience and not a test of the counsellor's skills and abilities.

Observer

Before the role play, read through the **observation checklist**. Also read the **client scenario**. During the role play, quietly observe and make notes, but if the counsellor is having difficulty or is not using the protocol, you may offer suggestions to the counsellor. You may also offer suggestions to the client if his or her responses do not follow the client scenario.

The observation checklists are designed so they can be used for multiple role-plays. Fill in the name of the person acting as the *counsellor* for each role-play.

ROLE PLAY 1

Peter is a 12-year-old boy who is currently attending school. He has been brought to the male circumcision and reproductive health clinic (MCRHC) by his parents who are from the Northwest Province of Zambia. The parents would like him to undergo a male circumcision procedure before the school resumes from holiday, but they are afraid of complications from services provided in traditional

circumcisions. The parents are surprised that the service provider could ask about the sexual activity of their 12-year-old boy.

ROLE PLAY 2

John is 16 years old and is the first of five children. He dropped out of school 2 years ago because he was unable to pay his school fees after his father died of AIDS. His mother has also been suffering from HIV/AIDS and John thinks she may soon die also. He currently works in the market as a potter, helping to move goods in and out of the market.

John has come to the clinic today to undergo a male circumcision procedure because he heard that it could prevent him from getting an HIV infection like his parents. He admits to having been sexually exposed in the past and that he has a couple of sexual partners in the market. He has never used condoms. He started smoking recently, and drinks beer only when he can afford it.

ROLE PLAY 3

Stephen, a 25-year-old, has been treated three times for an STI thought to be gonococcal infection. He thinks that this problem is due to the fact that he is uncircumcised, and he has come to the clinic to have the procedure done to put an end to the problem “once and for all.” He is also hoping to get married in the near future. He does not know his HIV status.

ROLE PLAY 4

Edward is 12 years old. He appears to be very worried as he hides behind his parents who have brought him for male circumcision. Edward doesn't know why he needs to undergo circumcision when most of his classmates have not had this done. His parents, who are Muslims, have told him that it is a religious necessity for all Muslims.

On further questioning, the health care provider finds out that Edward is primarily concerned about the pain that he will experience when undergoing the procedure. He mentions a boy in school who had traditional circumcision and who has complained of having very severe pain and a “bent penis” every time he has an erection.

ROLE PLAY 5

Joseph is a 50-year-old uneducated farmer. He has come to complain that his 11-year-old son, whom he brought for circumcision at the University Teaching Hospital 1 month ago, was only circumcised and not educated about the other important issues in the “rites of passage” that traditional circumcisers usually cover. He wants the health care provider to educate his son on these very important issues; otherwise, his son will become “very bad” in the society.

ROLE PLAY 6

Alfred is a university lecturer from West Africa, where male circumcision is usually done at birth. He and his wife have brought their 2-week-old son to the clinic requesting neonatal circumcision, but they are a bit worried about the quality of the services in the clinic.

ROLE PLAY 7

Josephine, a 26-year-old housewife, has come to the male circumcision clinic to obtain information about circumcision. She says that her husband John, a businessman who died recently of AIDS, was not circumcised, and she erroneously thinks that if he had been circumcised, he would not have been infected by the virus. Therefore, she wants the clinic to help circumcise her two sons to protect them from HIV infection.

ROLE PLAY 8

Peter, a 26-year-old carpenter, has been experiencing severe pain during urination in the last 4 days. He also has a purulent urethral discharge. He admits to having unprotected sexual intercourse with a prostitute in the last week. He has come to the clinic to have male circumcision so that “this pain will go away.”

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA COURSE EXERCISES

Exercise 1.1. Opposites Game	
Purpose	To introduce trainers and participants through an ice-breaking game.
Duration	15 minutes
Instructions	<ul style="list-style-type: none"> • Get to know your new “classmates.” • You will be given a card with a word on it. When the instructor says “go,” it will be your “mission” to find the participant who has a card with the word opposite to that on your card. • Introduce yourself to your fellow participant and learn a little more about your new partner. Be prepared to introduce your partner to the rest of the class.

Exercise 1.2. Societal Myths: Brainstorming	
Purpose	To generate a list of the societal myths that may affect both providers and consumers of male circumcision.
Duration	20 minutes
Instructions	<p>A myth is a widely held false belief about a topic.</p> <ul style="list-style-type: none"> • The course instructor will go around the room asking each participant in turn to state one myth regarding circumcision that is present in her/his community. • Rapidly continue until the topic has been exhausted. Participants should say “Pass” if they cannot think of an additional myth.

Exercise 1.3. Cultural Issues: Group Discussion	
Purpose	To consider cultural factors affecting the practice of male circumcision.
Duration	20 minutes
Instructions	<p>As a small group of four or five individuals, discuss the following issues:</p> <ul style="list-style-type: none"> • Consider how male circumcision has been viewed within your culture and how that view has changed as a result of evidence linking it to HIV prevention. • Discuss any cultural factors that must be considered in order to link male circumcision to other male reproductive health services. • Develop a list of stakeholders who will have to be involved in the formulation of a policy on male circumcision in order to enhance its acceptability in your community. • Nominate one member of your group to present a summary of your discussion to all workshop participants.

Exercise 2.1. Male Sexual and Reproductive Health Services: Debate	
Purpose	To analyze the appropriate role for families, peers, schools, the religious community and health care system in maintenance of male sexual and reproductive health.
Duration	30 minutes
Instructions	The community and health care system both have an important role in maintaining male sexual and reproductive health. Be prepared to defend the role of either the community or health care system in a lively debate with your peers.

Exercise 3.1. Integration with Traditional Circumcision Events	
Purpose	To consider the benefits of integrating traditional practices surrounding male circumcision.
Duration	20 minutes
Instructions	<p>In many communities, male circumcision is a traditional practice with significant social and cultural benefits. As a small group of four or five individuals, discuss the coordination of a group circumcision event with traditional circumcisers in the community:</p> <ul style="list-style-type: none"> • Consider the value and social power that the traditional circumciser brings to the community. • How would you explain the value of medical circumcision to the traditional circumciser? • List the essential components of the group circumcision event and discuss which components are most appropriate for the traditional circumciser and which are most appropriate for the health care provider. • Nominate one member of your group to present a summary of your discussion to all workshop participants.

Exercise 3.2. Male Circumcision Clinical Skills Sessions	
Purpose	To reinforce clinical skills in group education, individual sexual reproductive health counselling, preoperative assessment and postoperative assessment.
Duration	120 minutes
Instructions	<p>As a small group of three to five individuals:</p> <ul style="list-style-type: none"> • Consider the importance of group education, individual sexual and reproductive health counselling, preoperative assessment and postoperative assessment in connection with male circumcision. • Be prepared to respond to the scenario at each station, bearing in mind the appropriate action to be taken.

Exercise 4.1. Recognition of Circumcision Equipment	
Purpose	To correctly identify essential equipment to safely provide male circumcision.
Duration	20 minutes
Instructions	<ul style="list-style-type: none"> • Be prepared to be assigned to a team of four or five people. • Your team will be given a bag containing equipment. Some of this equipment is required and some not required for standard male circumcision. • When the instructor says “go”, your team will have 3 minutes to select the equipment that is essential to standard male circumcision. • Your team will gain one point for each essential piece of equipment and lose one point for each non-essential piece of equipment selected. • The team with the most points is the winner.

Exercise 5.1. Calculating Maximum Dose of Local Anaesthesia	
Purpose	To correctly determine the maximum dose of local anaesthesia.
Duration	15 minutes
Instructions	<p>Calculate the maximum dose of anaesthesia (in ml) for the following clients undergoing male circumcision:</p> <ul style="list-style-type: none"> • A 10-year-old boy weighing 35 kg receives 1% lidocaine (10mg/ml). • A 23-year-old man weighing 80 kg receives 2% lidocaine (20mg/ml).

Exercise 5.2. Male Reproductive Anatomy: Anatomy Race	
Purpose	To demonstrate understanding of male reproductive anatomy.
Duration	20 minutes
Instructions	<ul style="list-style-type: none"> • Be prepared to be assigned to a team of four or five people. • Your team will be given a blank flipchart or flipchart paper taped to a wall. • Your team will be given a bag containing a paper cut-out of each component of the male reproductive system; i.e. bladder, prostate, penis, glans, foreskin, urethra, etc. • When the instructor says “Go”, your team’s “mission” is to assemble the male reproductive system on the flipchart using the articles in the bags. • The first group to finish correctly is the winner.

Exercise 7.1. Promoting Postoperative Abstinence	
Purpose	To promote postoperative abstinence until the wound is completely healed.
Duration	20 minutes
Instructions	<p>As a small group of four or five individuals, discuss the following issues:</p> <ul style="list-style-type: none"> • Consider how male circumcision affects sexuality from the male perspective. • Consider how male circumcision affects sexuality from the female partner’s perspective. • What cultural factors may affect a man’s (or couple’s) decision on timing of sexual intercourse after male circumcision? • Describe some of the underlying issues that may be related to a man’s (or couple’s) decision to resume sexual intercourse prior to healing. • In addition to providing clear and accurate information, what other counselling activities might be taken to ensure abstinence until the wound is completely healed? <p>Nominate an individual to present key points from the discussion.</p>

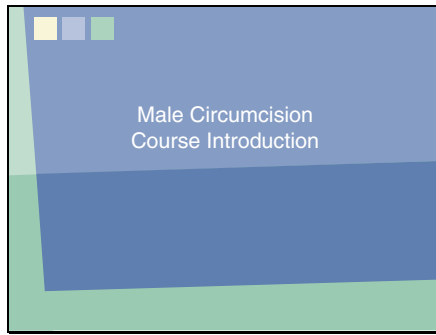
Exercise 8.1. Infection Prevention Case Study	
Purpose	To recognize infection prevention standards related to male circumcision and take appropriate corrective actions when best practices are not met.
Duration	20 minutes
Instructions	<p>As a small group of four or five individuals, you will be given a case study related to male circumcision:</p> <ul style="list-style-type: none"> • Have all infection prevention standards been met by the service providers involved in this case? • What strategies/protocols would you suggest in order to meet infection prevention standards appropriate for MC services? • Discuss how you would follow up with the clinic administrators and service providers in order to ensure that standards remained in place. <p>Nominate an individual to present key points from the discussion.</p>

Exercise 8.2. Infection Prevention Clinical Skills Session	
Purpose	To reinforce sterile technique to be used during surgery.
Duration	120 minutes
Instructions	<ul style="list-style-type: none"> • Infection prevention is a vital skill in order to have a safe and successful procedure. • As a group of three to five individuals, visit each of the four stations. Observe the proper technique demonstrated to achieve and maintain infection prevention standards before, during and after surgery.

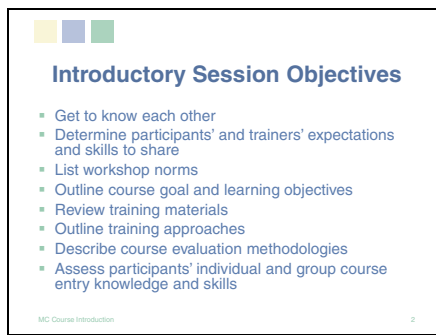
Exercise 9.1. Developing and Maintaining Performance Standards	
Purpose	To apply monitoring and evaluation principles in order to develop male circumcision performance standards, assess performance and improve performance as necessary.
Duration	20 minutes
Instructions	<p>As a small group of four or five individuals, consider the following issues related to developing and maintaining performance standards related to male circumcision:</p> <ul style="list-style-type: none"> • Articulate one measurable performance standard that you would recommend related to MC. (Please do not use the standards presented in the manual.) • Describe both the formal and informal systems that you would put in place to measure gaps in performance. • Describe the steps that you would take if performance gaps were identified. • Would the steps to improve performance vary based on location or provider cadre? Explain why or why not. <p>Nominate an individual to present key points from the discussion.</p>

Exercise 9.2. Analyzing Forms for “Good Data” Collection	
Purpose	To analyze MC records for ability to provide “good data.”
Duration	30 minutes
Instructions	<p>Divide into three small groups of four or five individuals:</p> <ul style="list-style-type: none"> • Distribute one of the following forms to each group: <ul style="list-style-type: none"> – Stock control card – Clinic register – Client record form • Ask groups to analyze the quality of the data being collected on each form using principles for collecting “good data” described in the reference manual. • Ask groups to suggest improvements to each of the forms. <p>Nominate an individual to present key points from the discussion.</p>

Slide 1



Slide 2



Introductory Session Objectives

- Get to know each other
- Determine participants' and trainers' expectations and skills to share
- List workshop norms
- Outline course goal and learning objectives
- Review training materials
- Outline training approaches
- Describe course evaluation methodologies
- Assess participants' individual and group course entry knowledge and skills

MC Course Introduction

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Paired Introduction




Interview time: 5 mins.

- Instructions
 - Select a card with a word.
 - Pair up with someone who has an opposite word to yours and find out:
 - Their real names
 - Their preferred name for the workshop
 - Job title
 - Where they work
 - Involvement in MC
 - One hobby
 - Prepare to tell others about your new-found friend.

MC Course Introduction

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Participants' Expectations

Kindly indicate your **expectations** **skills to share**
(e.g., coaching, use of audiovisuals) on flipcharts provided.

<p>▪ Expectations:</p>	<p>▪ Skills to share:</p>
-------------------------------	----------------------------------

MC Course Introduction 4

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What Should Be Our *Group Norms*?

<p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p>	<p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p> <p>▪</p>
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Course Goals and Objectives



MC Course Introduction 6

Slide 7




Course Goals

- To influence in a positive way the attitudes of participants to male circumcision
- To provide participants with knowledge and skills needed to provide MC and other reproductive health counselling and services
- To provide the participants with the knowledge and skills needed to establish or improve infection prevention practices at their health facilities

MC Course Introduction 7

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Course Objectives (cont.)

- **By the end of course, participants will be able to:**
 - Describe the relationship between male circumcision and HIV infection
 - Link male circumcision to other male sexual and reproductive health services
 - Educate and counsel adult and adolescent clients about male circumcision
 - Screen clients for male circumcision

MC Course Introduction 8

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Course Objectives (cont.)

- **By the end of course, participants will be able to:**
 - Demonstrate at least one method of adult male circumcision approved in the national guidelines of the country (e.g., dorsal slit method, forceps-guided or sleeve method)
 - Provide postoperative care following male circumcision
 - Identify and manage adverse events resulting from male circumcision
 - Prevent infection in the health care setting
 - Monitor, evaluate and supervise a male circumcision service

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Training Materials

- WHO/UNAIDS/Jhpiego Generic **reference manual**: *Male Circumcision under Local Anaesthesia*
- WHO/UNAIDS/Jhpiego Generic Male Circumcision under Local Anaesthesia **Participant's Handbook**
- MC handouts of **presentation graphics**
- Relevant UNAIDS, WHO and UNFPA and guidelines on male circumcision

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Course Logistics

- Meals/tea break arrangements
- Whom to see if there are problems:
 - Logistical
 - Technical


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Training/Learning Methods

- Illustrated lectures
- Small group exercises
- Large group discussions
- Games
- Case studies
- Counselling role play
- Clinical practice sessions



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Methods of Evaluation

- Precourse knowledge questionnaire (Day 1)
- Midcourse knowledge questionnaire (Day 5)
- Use of checklists
- Individual and group assignments
- End of course evaluation form

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Expected Competencies

```
graph TD; A[1. Group Education and Counselling for MC] --> B[2. Client Assessment]; B --> C[3. Suturing and Knot Tying]; C --> D[4. Adult Male Circumcision]; D --> E[5. Postoperative Care and Counselling]; E --> F[6. 48-Hour Postoperative Review];
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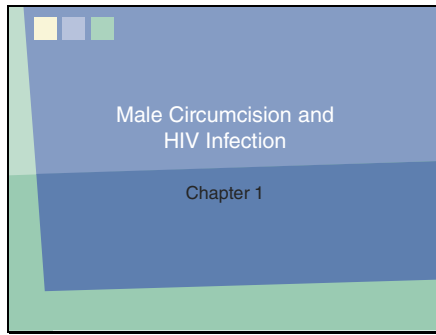
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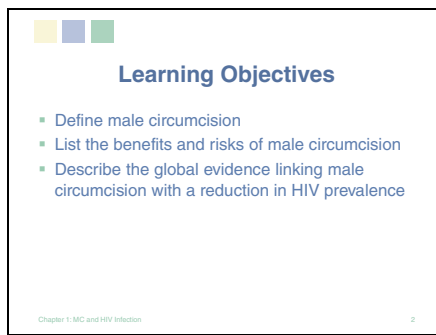
Enjoy the Course.....

MC Course Introduction 15

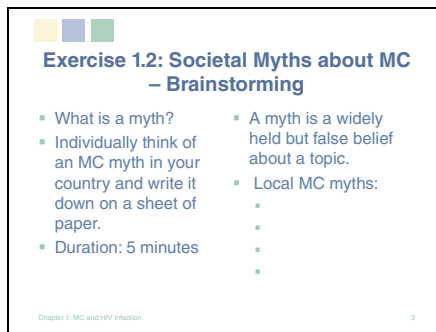
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Slide 2



Slide 3



Slide 4

What is male circumcision?

- Male circumcision is the **surgical removal of the foreskin**, the fold of the skin that covers the head of the penis.
- It is an **ancient practice** that has its origin in religious rites.
- In many communities, it is **often performed** within the first two weeks after birth, or at the beginning of adolescence as a rite of passage into adulthood.

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How is MC performed?

- Briefly:
 - The foreskin is freed from the head of the penis (glans).
 - Excess foreskin is clipped off.
- If done in the newborn period, the procedure is simpler and quicker than in adolescents and adults.
- The period of superficial healing after MC is 5–7 days (although it takes 4–6 weeks for the wound to be fully healed).


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What are the benefits and risks of male circumcision?

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Benefits of Male Circumcision

- Easier to keep the **penis and surrounding areas** clean
- **A reduced risk of urinary tract infections** in childhood
- **Prevention of inflammation of the glans** (balanitis) and the foreskin (posthitis)
- **Prevention of phimosis** (the inability to retract the foreskin) **and paraphimosis** (swelling of the retracted foreskin and the inability to return the foreskin to its original location)

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Benefits of Male Circumcision (cont.)

- **A reduced risk of some sexually transmitted diseases in men**, especially ulcerative diseases like chancroid and syphilis
- **A reduced risk of men becoming infected with HIV**
- **A reduced risk of penile cancer**

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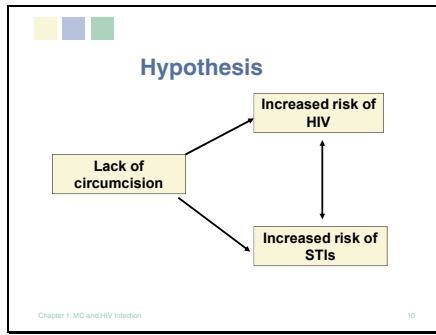


Risks of Male Circumcision

- **Pain**
- Risk of **bleeding**
- **Haematoma** (formation of a blood clot under the skin)
- **Infection** at the site of the circumcision
- **Increased sensitivity** of the glans (first few months)
- **Irritation** of the glans
- **Meatitis** (inflammation of the opening of the penis)
- **Injury** to the penis
- **Adverse reactions to the anaesthetic**

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Table 1.1: HIV prevalence according to frequency of male circumcision

Low circumcision rate (<20% circumcised)			High circumcision rate (>80% circumcised)		
Country	HIV prevalence		Country	HIV prevalence	
Sub-Saharan Africa					
Botswana	24.1		Benin	1.8	
Malawi	14.1		Cameroon	5.4	
Mozambique	16.1		Democratic Republic of Congo	3.2	
Namibia	19.6		Gabon	7.9	
Rwanda	3.1		Gambia	2.4	
Swaziland	33.4		Ghana	2.3	
Zambia	17.0		Guinea	1.5	
Zimbabwe	20.1		Kenya	6.1	
			Liberia	5.9	
			Nigeria	3.9	
			Sierra Leone	1.6	
South and Southeast Asia					
Camodia	1.6		Bangladesh	<0.1	
India	0.9		Indonesia	0.1	
Myanmar	1.3		Pakistan	<0.1	
Nepal	0.5		Philippines	<0.1	
Thailand	1.4				

Source: Updated from Halperin and Bailey, using most recent UNAIDS data where available.

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Remember...

Countries with low prevalence of male circumcision have a higher prevalence of HIV

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Male Circumcision and HIV: Data from India

- Reynolds SJ et al. 2004. MC and risk of HIV-1 and other STIs in India. *Lancet* 363: 1239–1240.
- **Prospective study** of 2,298 HIV-uninfected men attending STI clinics in India
- **Findings:**
 - Circumcision strongly protective against HIV-1 infection (adjusted relative risk 0.15; 95% CI 0.04–0.62; p=0.0089)
 - No protective effect against herpes simplex virus type 2, syphilis and gonorrhoea

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RCT Findings from South Africa

- French/South African researchers led by Dr. Auvert, of the French National Institute of Health and Medical Research*
- Study population: **3,274 HIV-negative men ages 18 to 24** in a South African township called Orange Farm were enlisted into the RCT of MC.
- **Results:** Male circumcision **reduced by about 61% the risk that men will contract HIV** through intercourse with infected women

* Source: Mark Schoofs, Sarah Lueck and Michael M. Phillips, *The Wall Street Journal*, 1294 words Jul 5, 2005.

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RCT Findings from Kenya

- Bailey, RC et al. 2007. *Lancet*, 369: 643–656:
 - Randomised controlled trial of **2,784 men aged 18–24 years in Kisumu, Kenya**
 - Intervention group (circumcision n=1,391) or a control group (delayed circumcision, 1,393)
 - Assessed by HIV testing, medical exams and behavioural interviews
 - After adjustment, the **protective effect of circumcision was 60%** (32–77)

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RCT Findings from Rakai, Uganda

- Gray, R et al. 2007. *Lancet* 369: 457–466:
 - Randomized trial of 4,996 uncircumcised, HIV-negative men aged 15–49 years in rural Rakai district, Uganda
 - Assigned for immediate circumcision (n=2,474) or circumcision delayed for 24 months (2,522)
 - After 24 months, the estimated efficacy of intervention was 51% (95% CI 16–72; p=0.006)

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WHO Comments and Recommendations on MC

- The 3 RCTs showed that **male circumcision** was safe and reduced the risk of acquiring HIV infection by **approximately 60%** and therefore:
 - **Male circumcision** should now be recognized as an **efficacious intervention for HIV prevention**.
 - Male circumcision **should be recognized as an additional, important strategy** for the prevention of HIV infection in men.

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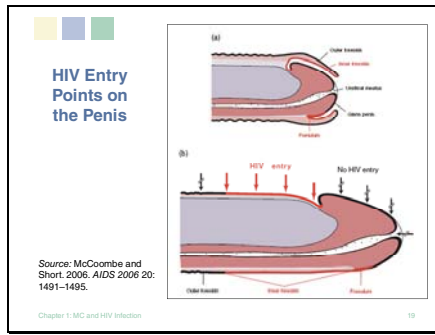


Biological Reasons for MC's Protective Effect against HIV

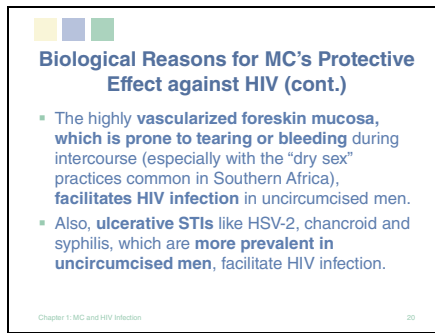
- The **inner foreskin** is much less keratinized than other genital mucosa, so its **numerous Langerhans cells** and other immune cell targets are **unusually susceptible to HIV infection**.
- In an *in vitro* study, viral uptake in this tissue was 7 times more efficient than in cervical tissue.

Chapter 1: MC and HIV Infection 18

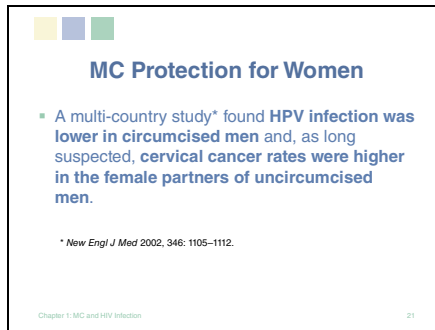
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Other Health Benefits of MC

- MC eliminates or greatly reduces the risk of:
 - Human papillomavirus (HPV) infection
 - Invasive penile cancer

Chapter 1: MC and HIV Infection 22

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Exercise 1.3: Cultural Issues— Group Discussion

Divide into country or district teams of 4 or 5 individuals.

- Discuss the following issues:
 - Cultural view on male circumcision and changes to that view as a result of evidence linking it to HIV prevention
 - Cultural factors that **MUST** be considered in order to link male circumcision to other male reproductive health services
 - A list of stakeholders to be involved in the formulation of a policy on male circumcision
 - One member of your group to present a summary
 - Duration: 20 minutes

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Summary Questions

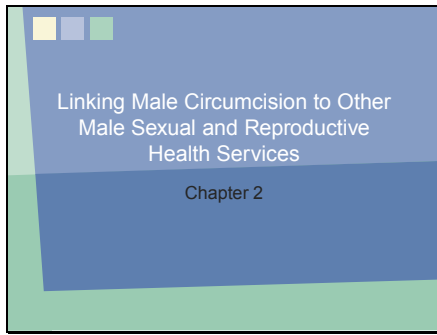
- What is male circumcision?
- List five benefits of male circumcision.
- List three risks of male circumcision.
- What is the relationship between MC and HIV infection?

Chapter 1: MC and HIV Infection 24

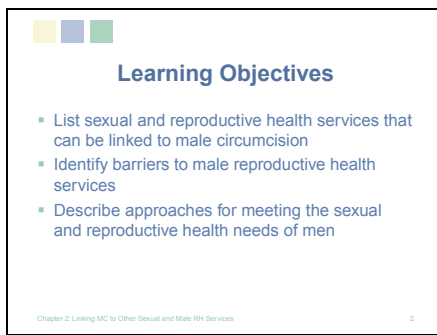
Slide 25



Slide 1



Slide 2



Slide 3



Slide 4

What does MC not do?

- Male circumcision **does not** provide:
 - 100% protection against HIV infection and STIs;
 - Protection against unwanted pregnancy in one's sexual partner;
- Therefore, there is a need to link MC with other sexual and reproductive health services

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MC vs. HIV

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Male Circumcision Is an Entry Point to Male Reproductive Health Services

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No Missed Opportunities!

• There should be no missed opportunities for advancing male involvement in sexual and reproductive health.

• Educate boys and men about SRH.

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Slide 8

Chapter 2: Linking MC to Other Sexual and Male RH Services 8

Barriers to Male RH Services

- **Lack of information** about men's needs and concerns that could be used to design appropriate programs and services
- Men's embarrassment and alienation due to a **lack of clinics that address men's reproductive health needs**
- Men's **hesitance to seek medical care**
- **Inadequate training** of health workers to address men's sexual and reproductive health issues
- **Limited availability of contraceptive methods** for men

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Barriers to Male RH Services (cont.)

- **Negative attitudes of policymakers and service providers towards men;** for example (1):
 - Viewing men as irresponsible, or
 - Viewing men as not interested in playing a positive role in support of women's reproductive needs, or
 - Viewing men as not an appropriate clientele for reproductive health services

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Slide 10


Barriers to Male RH Services (cont.)

- **Negative attitudes of policymakers and service providers towards men;** for example (2):
 - **Unfavorable legal and policy constraints**, such as bans on promotion of condoms
 - **Logistical constraints**, such as lack of separate waiting and service areas for men
 - Lack of trained male staff
 - Lack of male-friendly clinics and inconvenient clinic hours for working men

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What can you do?



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Meeting the Sexual and Reproductive Health Needs of Men

- **Add sexual and reproductive health services for men**
- **Establish separate services for information, education and counselling on:**
 - Sexuality education and physiological development
 - Family planning education and counselling
 - STI and HIV education and counselling
 - Genital health and hygiene
 - Interpersonal communication skills, sexual and reproductive behaviour

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Meeting the Sexual and Reproductive Health Needs of Men (cont.)

- **Screen clients for:**
 - STIs and HIV
 - Infertility
 - Sexual dysfunction
 - Male genital tract cancers
- **Diagnose, treat or refer clients with:**
 - Sexual dysfunction
 - STIs and HIV
 - Cancer of the prostate, testis and penis
 - Medical indications for male circumcision
 - Valuation of infertility

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Other Approaches

- **Community-based distribution of male contraceptives** using male field workers
- **Condom social marketing**—community distribution of condoms using male field workers
- Reaching men with **information and services through the workplace**, the military and men's groups

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Other Approaches (cont.)

- **Special outreach campaigns** to young men
- **Educational campaigns** through the media
- **Special initiatives**, such as outreach through popular **sporting events** such as football matches
- **Promotion of vasectomy** as appropriate

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Gender Issues

- Identify the needs and perceptions of both men and women, and young people
- Use gender analysis as a tool to examine the gender implications of proposed activities
- Evaluate the impact of activities using gender-related indicators

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Men's Role in Women's and Children's Health

- Preventing the spread of STIs to their partners by using condoms consistently and correctly and **supporting and encouraging regular condom use by others**
- Using or **supporting the use by partners of contraception** so that women are better able to control the number and timing of pregnancies

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Men's Role in Women's and Children's Health (cont.)

- **Supporting women** during pregnancy, childbirth and the postpartum period
- **Supporting women to make decisions** about their health in the absence of their partners
- **Responding to** the physical and emotional needs of women following abortion

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Men's Role in Women and Children's Health (cont.)

- Refraining from, and encouraging others to avoid, all forms of violence against women and girls
- Working to end harmful sexual practices, such as female genital mutilation and "dry sex"
- Sharing financial resources with women, and supporting the notion of shared property rights

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Men's Role in Women and Children's Health (cont.)

- Supporting women's full participation in civil society, including their access to:
 - Social, political and educational opportunities, many of which have a direct or indirect impact on women's health
- Supporting the rights of daughters to the same health care, education and respect as sons

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Exercise 2.1: Male Sexual and Reproductive Health Services: Debate

- Divide into two teams – A and B
 - Team A:
 - Develop an argument in support of family, peers, school and religious community as primarily responsible for supporting male sexual and reproductive health care services
 - Team B:
 - Develop an argument in support of the health care system (family planning, STI, HIV clinics) as primarily responsible for supporting male sexual and reproductive health care services
- A representative of each team should present the argument prepared by the team to the other side
- The other team should try to rebut the argument
- Duration: 30 minutes

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Who should provide SRH services and information boys and men?

- Parents
- Teachers
- Peers
- Media (including Internet sources)
- Community-based organizations, e.g., churches and youth groups
- Family planning clinics
- STI clinics
- HIV services
- Youth-friendly services
- Health professionals

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Detection and Treatment of Selected Male SRH Problems



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Sexually Transmitted Infections

- **Causes of STIs in men may include:**
 - **Gonorrhoea** urethritis
 - **Chlamydial infection** (commonest cause of non-gonococcal urethritis)
 - Balanitis caused by **candida albicans**
 - **Trichomoniasis**

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Sexually Transmitted Infections (cont.)

- **Causes** of STIs in men may include:
 - **Genital ulcers, vesicles and buboes** due to:
 - Chancroid (soft chancre)
 - Syphilis
 - Lymphogranuloma venereum (LGV)
 - Granuloma inguinale (Donovanosis)
 - Genital herpes
 - Genital warts (condylomata acuminata)

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Sexually Transmitted Infections: Signs & Symptoms

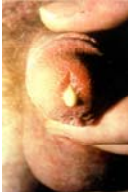
- **Painful urination** or burning sensation in the penis
- **Genital ulcer**

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Sexually Transmitted Infections: Signs & Symptoms (cont.)

- **Urethral discharge** (with or without milking of urethra)



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Sexually Transmitted Infections: Laboratory Tests

- Urethral smear:
 - Wet mount (may show increased number of polymorphonuclear leukocytes; >5/high power field suggests urethritis)
 - Gram stain (may show gonococci organisms)

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Sexually Transmitted Infections (cont.)


- Treatment:
 - Treat STIs including genital ulcerative disease (GUD) according to national treatment guidelines
 - For STI patients seeking non-medically indicated male circumcision, **delay surgery until the condition has been satisfactorily resolved**

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Balanitis

- Definition:
 - Inflammation of the skin covering the head of the penis
 - Most often occurs in men and boys who have **not been circumcised** and who have **poor personal hygiene**



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Symptoms of Balanitis

- Redness or swelling,
- Itching,
- Rash,
- Pain, and
- Foul-smelling discharge.

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Causes of Balanitis

- **Phimosis:** the foreskin is too tight to be retracted, allows dead skin cells, smegma and bacteria to accumulate under the foreskin
- **Dermatitis/allergy:** An inflammation of the skin often caused by an irritating substance or an allergic reaction to chemicals in certain products
- **Thrush infection** with the yeast *Candida albicans*
- Certain STIs can produce symptoms of balanitis

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Treatment of Balanitis


- Treatment for balanitis *depends on the underlying cause:*
 - If there is an infection, treatment will include an appropriate **antibiotic** or **antifungal** medication according to national guidelines
 - In cases of severe or persistent inflammation, a **circumcision** may be recommended
 - In cases of severe or persistent inflammation, **or if there is difficulty in retracting the foreskin (phimosis), circumcision is usually the best treatment**

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Phimosis

- **Definition:**
 - A condition in which the foreskin of the penis is so tight that it cannot be pulled back (retracted) from the head of the penis



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Causes of Phimosis

- Can occur at any age and may be present at birth
- Can be caused by:
 - **Infection** (e.g., recurrent balanitis)
 - **Scar tissue** formed as a result of **injury** or **chronic inflammation**
- Very tight phimosis can interfere with urination, causing a thin urinary stream

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Treatment of Phimosis


- **In extreme cases**, urine collecting between the foreskin and glans can cause ballooning of the foreskin and an **urgent circumcision is necessary**, usually using the dorsal slit method.
- **If seen at the district health facility**, the **patient should be referred** to a higher level of care for proper assessment and treatment, which will usually involve circumcision.

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Paraphimosis

- Paraphimosis occurs when the **retracted foreskin cannot be put back in place because of swelling**
- Occurs when the penis is erect** and during sexual intercourse
- The retracted foreskin swells and tightens around the penis causing more swelling

Swollen retracted foreskin 

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Treatment of Paraphimosis


- Wrap the swollen area in gauze and apply increasing pressure on the gauze to **squeeze the tissue fluid out** for 10–15 minutes of pressure.
- It is then usually possible to **replace the foreskin back** over the glans.
- Circumcision can then be done **as a planned procedure a few days later**.
- If this procedure fails, or in cases of chronic paraphimosis, send the man to the nearest surgical referral centre.

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Treatment of Paraphimosis (cont.)

- If the patient is seen at a district level facility, refer to higher level of care for emergency treatment.**



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Urinary Tract Infections (UTIs)

- Urinary infections are infrequent in adult men but **more frequent in children and older men**.
- Usually there is an underlying cause, for example, kidney or bladder stones.
- All men and boys with symptoms of urinary tract infection **should be referred** to the appropriate hospital for investigation.

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Symptoms of UTIs

- A frequent **urge to urinate**
- **Pain and burning feeling** in the area of the bladder or urethra during urination (dysuria)
- Feeling tired, shaky and weak (**malaise**)
- Feeling pain in the bladder or urethra even when not urinating
- Despite an intense urge to urinate, only a **small amount of urine is passed**

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Symptoms of UTIs (cont.)

- **Urine** may look **milky or cloudy, or reddish** if blood is present
- **Fever** (suggesting that the infection has reached the kidneys)
- **Pain in the back or side**, below the ribs
- **Nausea and vomiting**

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Diagnosis and Treatment of UTIs

- **Distinguish from urethral discharge** caused by sexually transmitted infections
- Encourage patient to **drink plenty of water**
- **Give appropriate antibiotic** to treat the underlying cause of the infection

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Infertility

- **Failure to conceive after at least 12 months of unprotected vaginal intercourse**
- **Involves 60–80 million couples worldwide** and majority in developing countries
- **Most** cases of infertility in developing countries are **attributable to STIs**, resulting in **tubal damage** and **obstructed sperm ducts**
- Reproductive tract infections in men can affect the prostate, the epididymis, or the testis

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Infertility (cont.)

- In many societies, childlessness is **highly stigmatized**:
 - The female partner is considered responsible for the failure, resulting in marital tension, divorce, polygamy and ostracism
- A WHO investigation of 5,800 infertile couples concluded that:
 - **Infertility is driven by high rates of STIs**, particularly in developing countries
 - **Reduced male reproductive capacity is contributing at least 50% of these couples**

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Infertility (cont.)

- In order to provide more efficient, systematic and economic care for infertile couples, **health care providers must ensure that all essential information is collected.**
- The **WHO manual** on infertility **provides clear guidelines and a logical sequence of steps** for clinicians to follow in evaluating both partners of the infertile couple.

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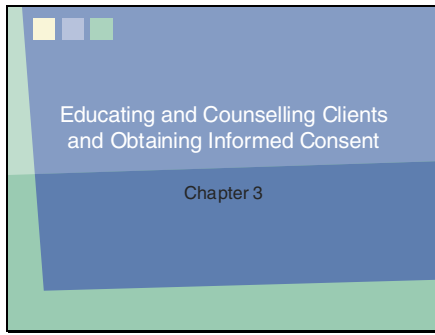


Summary Questions

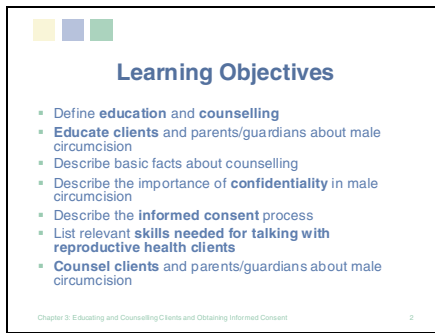
- Does male circumcision provide full protection against HIV acquisition?
- List some other sexual and reproductive health needs of men and boys.
- Who should provide sexual and reproductive health education for boys and young men?
- What is the difference between phimosis and paraphimosis?

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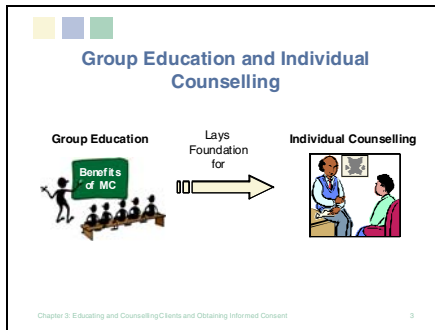
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Group Education

- Used to **support counselling services**
- Allows clients to be **given information**, before an individual counselling session
- Allows counsellors to work more with clients on specific issues regarding MC, SRH
- Makes the first counselling session shorter, an advantage for busy MC and RH sites



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Key Messages on Male Circumcision and Male Reproductive Health

- Men and boys also have sexual health and reproductive health needs, just like women and girls
- Description of male circumcision including:
 - Definition of MC
 - Benefits and risks of MC
 - How the surgical procedure is performed
 - What happens after MC

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Key Messages on Male Circumcision and Male Reproductive Health (cont.)

- Importance of knowing one's HIV status, including:
 - How HIV is transmitted
 - How to protect oneself from HIV
 - Where support can be found if client tests positive
 - Importance of partner testing
- Patients with STIs have a greater chance of becoming infected with and transmitting HIV

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Key Messages on Male Circumcision and Male Reproductive Health (cont.)

- Importance of avoiding HIV infection and strategies for reducing the risk of acquiring HIV infection:
 - Abstinence
 - Being faithful/Partner reduction
 - Condoms

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Key Messages on Male Circumcision and Male Reproductive Health (cont.)

- Patients with STIs have a greater chance of becoming infertile in the future.
- **Only condoms**, when consistently and properly used, **protect against STIs and HIV infection**.
- **Vasectomy** is the most effective and permanent male contraceptive method, but **does not protect against STIs/HIV**.
- Men should **support emergency contraception**, e.g., when the condom breaks or slips off.

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Key Messages on Male Circumcision and Male Reproductive Health (cont.)


- **Men should treat women as equal partners** in sexual and reproductive health decision-making.
- **Men should support women's sexual and reproductive health and children's well-being**, with equal regard for female and male children.
- **The importance of not perpetuating gender-based violence** against women and young girls, and not forcing women to have sex against their wishes (rape), should be stressed.

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Group Education: What is male circumcision?

- Male circumcision is the **surgical removal of the foreskin** of the penis (also called the prepuce).
- MC is one of the **oldest surgical procedures** in history.



Children in Uganda

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Group Education: Benefits of MC

- The health benefits of MC include:
 - Reduced risk of urinary tract infections in childhood
 - Reduced risk of some STIs in men, e.g., herpes, syphilis
 - Some protection against cancer of the penis
 - Reduced risk of HPV infection and cervical cancer in female sex partners
 - Prevention of several medical problems of the penis and foreskin such as balanitis, phimosis and paraphimosis

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Group Education: Level of Protection Provided by MC against HIV



Because **MC does NOT provide 100% protection against HIV** acquisition and transmission, **safer sex** (i.e., ABC—abstinence, being faithful and using condoms) **remains the best line of defense against HIV infection.**

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Group Education: Risks of MC

- There are risks associated with circumcision, but they are low in well-equipped and organized facilities.
- Problems associated with circumcision may include:
 - Pain
 - Bleeding
 - Swelling of the penis (**haematoma** formation)
 - Infection of the surgical wound
 - Increased sensitivity of the exposed penis (glans)

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Group Education: When to Resume Sexual Intercourse after MC

- Because it takes:
 - 4–6 weeks for the MC wound to become strong enough to withstand gentle sexual intercourse
 - 3–4 months for MC to completely heal
- Clients **must**:
 - Avoid sexual intercourse or masturbation for first 4–6 weeks after MC
 - Use condoms for at least 6 months until the wound is completely healed

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Exercise: Group Education Practice

- Divide into groups of three. Participants will act the following roles:
 - Counsellor
 - Client
 - Observer
- Each participant will practice giving group education on MC. Rotate roles after 10 minutes.
- Duration: 60 minutes

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Counselling about Male Circumcision


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■ ■ ■

Counselling and Group Education

- How does **counselling** differ from group education?



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■ ■ ■

Counselling

- Definition:**
 - Counselling is a process in which individual communication is used to **help people examine personal issues, make decisions and make plans for taking action.**
 - In counselling for MC, **the provider ensures that the client (or if the client is a minor, his parents) has all of the necessary information** he needs to make a decision about undergoing the procedure.


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Counselling (cont.)

- Counselling is **NOT**:
 - Telling clients what to do
 - Criticizing clients
 - Forcing ideas or values on clients
 - Taking responsibility for clients' actions or decisions



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Counselling Involves...

- **Listening** to clients or parents of young boys
- **Respecting** clients' needs, values, culture, religion and lifestyle
- **Talking with clients about the risks and benefits** of circumcision
- **Answering clients' and/or parents' questions** about the male circumcision procedure and myths
- **Asking clients and/or parents questions** that help them identify risky behaviours of acquiring STIs or HIV

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Counselling Involves...

- **Allowing clients and/or their parents to make their own informed decisions** on whether or not to choose male circumcision
- Helping clients understand the benefits of knowing their HIV status
- Helping clients understand their HIV or STI test results

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Counselling Involves...

- **Helping HIV-negative clients** understand that male circumcision does not provide full protection against HIV infection and suggesting how they can **stay negative**
- Helping HIV-positive clients to find support and treatment services and ways to **avoid spreading HIV to others**
- **Helping clients obtain other services**, such as family planning, screening and treatment for STIs, and counseling and treatment for alcohol and drug abuse

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Confidentiality

- Confidentiality is an important characteristic of all SRH services.
- **Counsellors should keep all client information private** and allow clients to decide when and with whom to discuss their sexual and reproductive health problems.
- Clients will feel more comfortable about sharing personal information with counsellors and getting tested for STIs or HIV if they know this information will remain secret.

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Confidentiality (cont.)

- Confidentiality is important because stigma is associated with conditions and behaviours perceived as unusual.
- An atmosphere of trust will encourage clients to discuss other sexual and RH needs.
- Sometimes, health care workers at a clinic need to know a client's HIV status. The counsellor should give this information to the client before the client makes a decision about the service.

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Informed Consent for Surgery

- The **goal** of this consent process **is to ensure the clients and/or the parents understand** the surgical procedure. At the same time, they should be given the opportunity to make use of other sexual and reproductive health services.
- **Only clients or parents** who have appropriate decision-making capacity and legal status **can give their informed consent to medical care.**

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Elements of Informed Consent

- Provision of **full information** in plain language (including benefits and risks of MC)
- **Assessment of patient's understanding** of the information provided
- Assessment of the **capacity of the patient to make the necessary decision(s)**
- **Assurance that the patient has the freedom to choose** whether or not to be circumcised without coercion or manipulation

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Informed Consent (cont.)



- For MC in **underage children, parents or guardians must give a written, informed consent** based on full information about the procedure.

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Adolescent Boys: Consent and Confidentiality for MC

- It is important that health care workers know how to respond to an adolescent boy's request for circumcision in a way that respects confidentiality.
- Health care workers need to know what the law says about consent for minors (at what age and in what circumstances can minors **legally** make an independent decision to seek clinical or medical services without agreement of their parents or guardian?).

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Adolescent Boys: Consent and Confidentiality for MC (cont.)

- **No adolescent boy should be subjected to a medical procedure**, such as circumcision or HIV testing, **without his informed consent**.
- All health services provided to adolescents should be confidential.
- Health care workers should be guided in their response to adolescents by human rights principles: all adolescents have a right to use health services.

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Adolescent Boys: Consent and Confidentiality for MC (cont.)

- **Circumcision is an opportunity to make contact with adolescent boys and provide them with information and counselling about their own sexual and reproductive health** and that of their current or future partners.
- Adequate time must be allowed for counselling.
- Adolescents must be advised to return after the procedure for a check-up and further counselling and information on condom use.

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Basic Counselling Skills

- Empathizing
- Active listening
- Questioning
- Focusing
- Affirming
- Clarifying and correcting misperceptions
- Summarizing

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Exercises for Module 3

- Work in pairs
- Read Module 3 exercises and answer the questions that follow
- Duration: 20 minutes

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Question #1

What type of questions are these (open-ended or closed questions)?


Question #1.1: How old are you?
Answer #1.1: Closed

Question #1.2: What has brought you here today?
Answer #1.2: Open

Question #1.3: Did you come to the clinic with anyone?
Answer #1.3: Closed

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Question #1 (cont.)

Question #1.4: Can you tell me more about the pain you are experiencing in your penis?
Answer #1.4: Open

Question #1.5: Why do you want to undergo a male circumcision?
Answer #1.5: Open

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Question #2


Question 2.1: Which counselling skill is demonstrated in this dialogue:

- Patient: I have been working on my tobacco addiction. I now smoke fewer than five cigarettes a day.
- Counsellor: It's really good to know that you are taking some positive steps to change those behaviours that put you at risk.

Answer 2.1: Affirming

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Question #2 (cont.)


Question 2.2: Which counselling skill is demonstrated in this dialogue:

- Patient: My dad is insisting that I should have this male circumcision done because he heard that it would protect me against HIV infection. But most of my friends in school have not had it done and my teacher thinks it is unnecessary. I don't know how to tell my father. In any case, he may be right.
- Counsellor: Help me understand this. You are afraid to tell your father that some of your friends and your teacher think that male circumcision is unnecessary, even though he has a different view and wants you to be circumcised in order to protect you from HIV infection.

Answer 2.2: Clarifying

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Question #2 (cont.)


Question 2.3: Which counselling skill is demonstrated in this dialogue:

- Patient: Doctor, I do not want to have any more children but I am afraid of undergoing vasectomy, which I heard can lead to failure of erection.
- Physician: You mentioned that you heard that vasectomy could lead to erectile dysfunction. Actually, many people believe this, especially in Africa, but it is untrue. Vasectomy on its own does not cause erectile dysfunction. There are many other causes of erectile dysfunction in men, whether circumcised or uncircumcised.

Answer 2.3: Correcting false information

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Question #3

A couple has brought a 12-year-old boy to the male circumcision clinic to undergo the procedure. During client assessment, the boy tells you he does not want to have the procedure done.


Question 3.1: What will you do?

Answer 3.1:

- Ask the parents why they want the boy to be circumcised
- Also, ask if they have discussed the matter with the boy
- If so, ask them about the boy's reaction
- Educate the parents about the importance of verbal and/or written consent before the procedure can be done

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Integrating Clinical MC with Traditional Practices

- The increasing interest in clinical circumcision in countries that have a culture of traditional circumcision provides an opportunity to integrate the traditional event with safer clinical procedures.
- The “rites of passage from adolescence to adulthood” are usually both festive and educational for participants and the community.

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Exercise 3.1: Integration with Traditional Circumcision Events

- Work in groups of four or five individuals.
- Discuss the coordination of a group circumcision event with traditional circumcisers in the community (20 min):
 - What value and social power does the traditional circumciser bring to the community?
 - How would you explain the value of medical circumcision to the traditional circumciser?
 - List the essential components of the group circumcision event and discuss which components are MOST appropriate for the traditional circumciser and which are most appropriate for the health care provider.
- Nominate one member of your group to present a summary of your discussion to all workshop participants.

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Integrating Clinical MC with Traditional Practices (cont.)

- Educational topics may include:
 - Physical and psychological changes that occur during adolescence
 - Sexuality and gender issues
 - Male and female reproductive health rights
 - Sexually transmitted infections
 - HIV and AIDS

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Integrating Clinical MC with Traditional Practices (cont.)

- Educational topics may include:
 - The **ABC** of safer sex practices (**A**bstinence, **B**eing faithful, **U**se of **C**ondoms)
 - Family planning
 - Substance abuse (drugs, alcohol, tobacco)
 - Violence (including gender-based violence)
 - Community expectations of men
 - Goal setting and decision-making


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Exercise 3.3: Spontaneous Word Association


- Work individually
- Write down the first three words or phrases that come to your mind when the trainer mentions a particular word or words
- Duration: 1 minute per word:
 - Teenage boys
 - Teenage girls



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“Providers must not allow their individual prejudices and beliefs to interfere with the way they relate to young people seeking services at their place of work.”

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Summary

- **Group education is used to support counselling services.**
- It allows clients to learn basic reproductive health information (including HIV) before a counselling session.
- Where tradition demands the holding of group circumcision for young boys, health care providers should work with the community to design a **joint education/surgical event** that will integrate traditional customs and practices with modern clinical circumcision.

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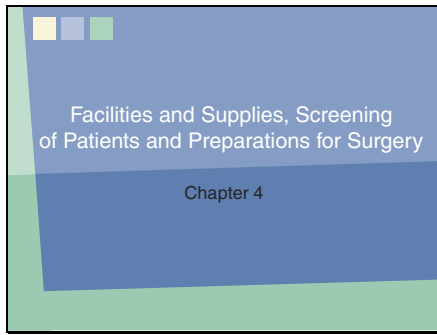


Summary (cont.)

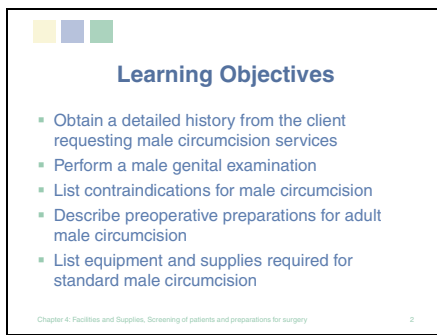
- Basic counselling skills that all RH counsellors need in order to talk with clients in a helpful way include:
 - Empathizing,
 - Active listening,
 - Open questioning,
 - Probing,
 - Focusing,
 - Affirming,
 - Clarifying,
 - Correcting false information, and
 - Summarizing.

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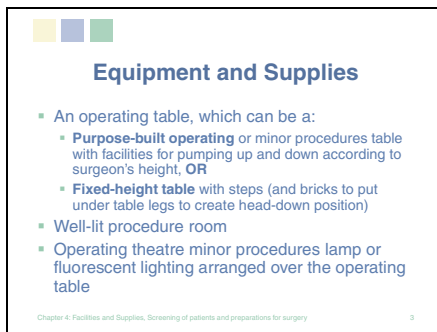
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Slide 4

MC Equipment



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Equipment and Supplies (cont.)

- Instrument tray wrapped with sterile drape (1)
- Dissecting forceps (finely toothed)
- Artery forceps (2 straight, 2 curved)
- Curved Metzenbaum's scissors (1)
- Stitch scissors (1)
- Mayo's needle holder (1)
- Sponge holding forceps (1)
- Scalpel knife handle and blades
- "O" drape (80 cm x 80 cm, with ~5 cm hole)
- Gallipot for antiseptic solution (e.g., povidone iodine)

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Equipment and Supplies (cont.)


- Povidone iodine (50 ml of 10% solution)
- Plain gauze swabs (10 x 10 cm, 15 pieces)
- Petroleum-jelly-impregnated gauze (5 x 5 cm or 5 x 10 cm) and sticking plaster
- 15 ml of 1% plain lidocaine (without epinephrine) anaesthetic solution
- Syringe, 10 ml and needles (single-use or steam sterilizable)
- Injection needles (18- and 21-gauge)
- Suture material (chromic catgut or vicryl, 3-0 or 4-0 with 3/8 circle reverse-cutting needle)
- Gentian violet (5 ml or less) or sterile marker pen
- Gloves, masks, caps and aprons
- Condoms and information materials for clients

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Equipment Maintenance

- Checklist for haemostatic artery forceps:
 - Do the points meet accurately?
 - Is the grip on the points worn?
 - Does the ratchet lock securely or is it worn?




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Equipment Maintenance (cont.)

- Check list for surgical dissection scissors:
 - Is the cutting edge of the blade sharp?
 - Do the blades meet securely?
 - Is the screw loose?




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Equipment Maintenance (cont.)

- Checklist for needle holders:
 - Do the points meet accurately?
 - Is the grip on the points worn?




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Equipment Maintenance (cont.)

- **Checklist for dissection forceps (tweezers):**
 - Do the points meet accurately? (crossed points are a common problem with old worn instruments)
 - If toothed, are the teeth worn?



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Screening the Adult Client for MC under Local Anaesthesia in the Clinic

- The circumcision team needs to ensure that clients are:
 - **Fit for surgery**
 - **Well informed** about the surgery
 - **Suitable for circumcision under local anaesthesia** in the clinic
- **If there is any doubt as to suitability, the client should be referred to the district hospital or higher level of care.**

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History Taking

When taking medical history, enquire about:

- Current general health
- Client taking any medicines
- Client has any known allergies to medicines
- History of haemophilia, bleeding disorders or anaemia
- Any current genital infection, ulcer or penile discharge
- Client has problems with penile erection or any other concerns about sexual function

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Genital Examination

- Physical examination of the penis should include:
 - Retraction of the foreskin to inspect the glans
 - Inspection of the position of the urinary opening (which should be near the tip of the glans)
 - Absence of scarring or disease
 - Easy retraction of foreskin and absence of inflammation or narrowing

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The diagram illustrates the male genitalia in two states: A (before circumcision) and B (after circumcision). In A, the foreskin covers the head of the penis. In B, the foreskin is retracted, revealing the glans and the urethral meatus. Labels include: Scrotum (or bag) containing the testicles, Foreskin covering the head of the penis, Glans of head of the penis, and Urethral meatus (opening of the urinary passage; should be at the tip of the penis).

Fig 4.1:
A: appearance of the normal penis before circumcision
B: appearance of the normal penis after circumcision

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Absolute Contraindications to Clinic-Based Circumcision

- Anatomic abnormality of the penis:** For example, the urethral meatus is on the underside of the penis (hypospadias) or on the upper side of the penis (epispadias). The foreskin may be needed for repair.
- Chronic paraphimosis:** The foreskin is permanently retracted, thickened and swollen (refer patient).
- Genital ulcer disease:** Should be investigated and treated before MC.

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Absolute Contraindications to Clinic-Based Circumcision (cont.)

- **Urethral discharge:** should be investigated and treated before MC
- **Penile cancer:** refer to specialist
- Chronic disorders of the penis and foreskin e.g., **filariasis:** refer to specialist
- **Bleeding disorder** such as haemophilia (refer patient to a higher level)

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Relative Contraindications to Clinic-Based Circumcision

- The following conditions **require referral** to the specialist:
 - A tight foreskin as a result of scar tissue (**phimosis**)
 - **Scar tissue** at the frenulum (consequence of repeated tearing)
 - Extensive **penile warts:** Penile warts can cause a lot of bleeding. (Refer patient to site where diathermy is available.)

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Relative Contraindications to Clinic-Based Circumcision (cont.)

- The following conditions **require referral** to the specialist:
 - **Balanitis xerotica obliterans** (plaque of scar tissue extending onto the surface of the glans and involving the urethral meatus and foreskin) (refer patient)
 - **Sickle cell disease**
 - **Other abnormalities** of the genitalia, such as hydrocele causing swelling (refer patient)

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Informed Consent for Surgery

- The circumcision team should **ensure that the client has been informed about the risks and benefits** of male circumcision, using everyday local language.
- The **oral information** should be backed up by **written information sheets** in the local language.
- The client should be allowed to ask questions. He should then be given time to reflect before being asked to sign the certificate of consent. (See Appendices 4.2 and 4.3 for sample consent forms.)

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Preoperative Washing and Shaving

- The client should **wash the genital area and the penis with water and soap on the day of surgery**. He should **retract the foreskin and wash under it**.
- Immediately prior to the operation, the skin is further cleaned with povidone iodine.
- **Pubic hair shaving is not recommended (damages skin and promotes infection).**

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Preoperative Washing and Shaving (cont.)


- The **advantages of NOT shaving:**
 - Saves time and razors
 - Reduces the number of sharps and the risk of sharps injuries
- The **advantages of shaving** are that:
 - It avoids contamination of the operation field
 - It is easier to fix the wound dressing to the skin
- It is **preferable to clip** long pubic hair at home or at the clinic, just before surgery.

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When Scrubbing...

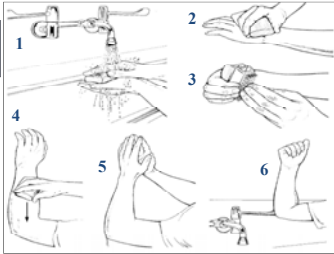
- Prior to scrubbing, **remove all jewellery and ensure nails are trimmed or filed**
- Use soap, a brush (on the nails and fingertips) and **running water** to clean thoroughly around and underneath the nails
- Scrub hands and arms up to the elbows
- Hold up arms to allow water to drip off your elbows
- Turn off the tap with the elbow



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What do we learn from these graphics?



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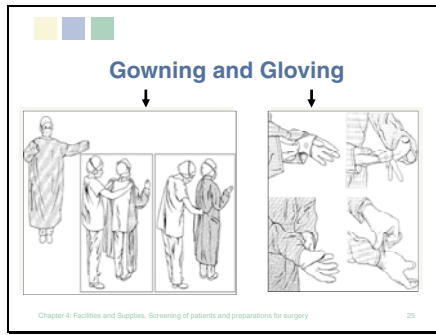
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After Scrubbing...

- **Dry hands with a sterile towel** and make sure the towel does not become contaminated by coming into contact with non-sterile surfaces.
- **Hold hands and forearms away from the body and higher than the elbows** until the sterile gown and sterile gloves have been put on.

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Exercise 4.1: Recognition of Circumcision Equipment

- Be prepared to be assigned to a team of 4 or 5 people.
- Your team will be given a bag containing equipment. Some of this equipment is required and some NOT required for standard male circumcision.
- When the instructor says "go", your team will have 3 minutes to select the equipment that is essential to standard male circumcision.
- Your team will gain one point for each essential piece of equipment and lose one point for each non-essential piece of equipment selected.
- The team with the MOST points that finishes first is the winner.

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Exercise

- Work individually
- Review:
 - Appendix 4.1: Sample client record form for adults and adolescents
 - Appendix 4.2: Sample disposable consumables for one adult male circumcision
 - Appendix 4.3: Detailed anatomy of the penis
- Duration: 30 minutes

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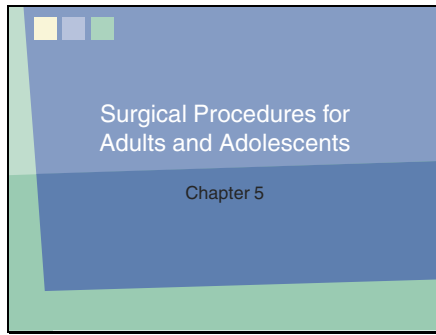


Summary

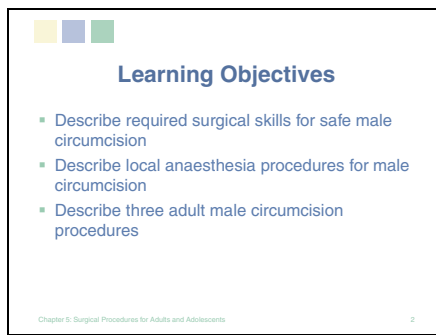
- The goal of assessing the client before circumcision is to **detect contraindications** and conditions that need treatment or referral.
- The assessment includes **history taking, physical examination** and, occasionally, laboratory testing.
- The surgeon should **adopt good aseptic technique**.
- Each clinic should **carry out a periodic review of surgical instruments for wear-out**.

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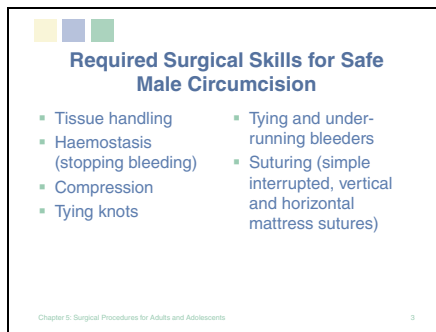


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- Describe required surgical skills for safe male circumcision
- Describe local anaesthesia procedures for male circumcision
- Describe three adult male circumcision procedures

Slide 3



- Tissue handling
- Haemostasis (stopping bleeding)
- Compression
- Tying knots
- Tying and under-running bleeders
- Suturing (simple interrupted, vertical and horizontal mattress sutures)

Slide 4

Tissue Handling

- **Handle tissue gently** to minimize scarring and the risk of infection.
- **Use dissecting forceps** (tweezers) but do not use artery forceps to **hold the skin edge** while suturing.
- **Place haemostatic sutures accurately** and avoid inserting the needle too deep into the surrounding tissue.
- Avoid taking too large a bite when placing haemostatic sutures.

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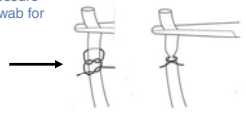
Haemostasis

- **Minimizing blood loss:**
 - Is part of **good surgical technique and safe medical practice**
 - **Reduces contamination** of instruments, operating theatre drapes and gowns
 - **Lowers the risk of transmitting blood-borne diseases**, such as HIV and hepatitis B to theatre staff

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Techniques for Reducing Blood Loss

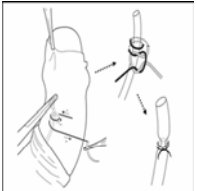
- **Compression:**
 - By applying pressure over a gauze swab for 1–2 minutes
- **Tying bleeding vessels** → 

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Techniques for Reducing Blood Loss (cont.)

- **Under-running and ligation** of a bleeding vessel
- If **diathermy** is available, it **should be bipolar** (monopolar diathermy should not be used because of risk of extensive coagulation of the base of the penis)



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Suture Materials for MC

- The preferred suture material for adult male circumcision is **3.0 or 4.0 chromic catgut**.
- The suture should be **mounted on a taper cut or round body needle**. The taper cut makes it easier to pass the needle through the skin but it easily tears the skin on the inner aspect at the corona.
- An alternative is **4.0 vicryl rapide**, but this is more expensive.

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Essential Suture Techniques (1)

Three types of suture techniques are required for MC:

1. Simple interrupted sutures
2. Vertical mattress sutures
3. Horizontal mattress sutures

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Match Type of Suture with Position of Suture

Vertical Mattress Sutures		At 6 o'clock (Frenulum) Position
Horizontal Mattress Sutures		Between Mattress Sutures
Simple Sutures		At 3, 9 and 12 o'clock Positions

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Essential Suture Techniques (2)

- **Simple interrupted suture:**
 - A: Suture is placed holding the skin edge together
 - B: Simple sutures closing the circumcision incision

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Essential Suture Techniques (3)

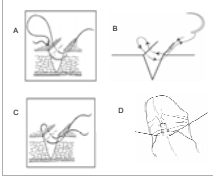
- **Vertical mattress suture:**
 - A & B: Vertical mattress sutures
 - C: Suture is placed holding the skin edge and sub-cutaneous layer together
 - D: Vertical mattress suture in the 9 o'clock position

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Essential Suture Techniques (4)

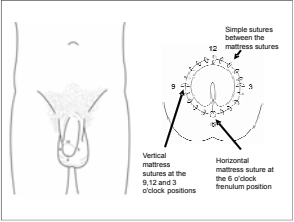
- **Horizontal mattress suture:**
 - **A, B & C:** Horizontal mattress sutures
 - **D:** Horizontal mattress suture is used at the frenulum (6 o'clock positions)



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Combination of Sutures for MC



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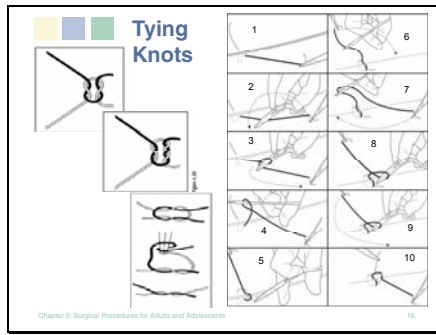
Tying Knots

- Knots can be tied by hand or by using instruments
- It is **more economical to tie all knots using instruments** because this saves suture material

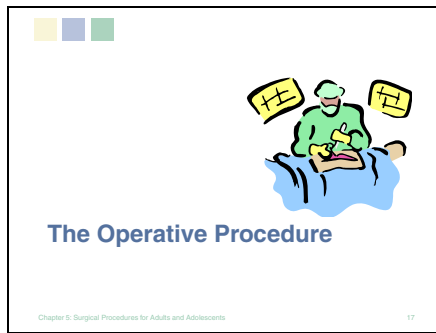
See Figure 5-9 in Reference Manual

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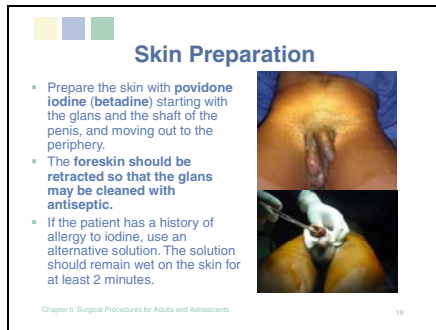
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- Prepare the skin with **povidone iodine (betadine)** starting with the glans and the shaft of the penis, and moving out to the periphery.
- The foreskin should be retracted so that the glans may be cleaned with antiseptic.
- If the patient has a history of allergy to iodine, use an alternative solution. The solution should remain wet on the skin for at least 2 minutes.

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Draping

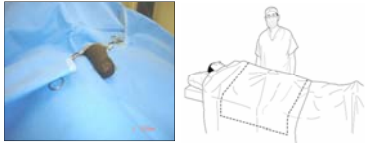


- Provides sterile operative field
- **Scrub** and put on **sterile gloves** before covering patient with sterile drapes
- In many facilities, a **single drape with a central hole** for the penis (O-drape) is used

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Draping (cont.)



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Anaesthesia

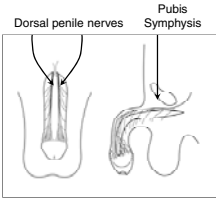


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Nerve Supply of Penis

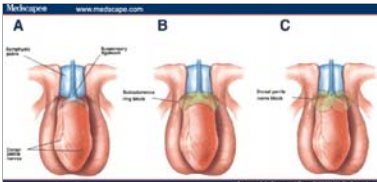
- Twin dorsal penile nerves emerge from under the pubic bone at 11 and 1 o'clock positions and fan out towards the glans



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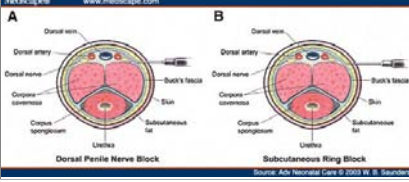
(A) Anatomic Landmarks, Innervation of the Penis, and Target Sites for (B) Subcutaneous Ring Block and (C) Dorsal Penile Nerve Block Injections



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Appropriate Needle Insertion for (A) DPNB and (B) SRB



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Anaesthetic Agent

- Most commonly used local anaesthetic is **1% plain lidocaine** (lignocaine)
- Works rapidly
- Lidocaine with **adrenaline** should **NOT be used**
- Paracetamol may be given pre- and postoperatively

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Maximum Dose of Local Anaesthetic

Maximum safe dose (**3 mg per kg** body weight)

Client weight	Volume of 0.5% Lidocaine (5 mg/ml)	Volume of 1% Lidocaine (10 mg/ml)	Volume of 2% Lidocaine (20 mg/ml)
8-day old (3 kg)	1.8 ml	0.9 ml	N/A
40 kg youth	24 ml	12 ml	6 ml
70 kg young man	N/A	21 ml	10.5 ml

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Individual Exercise

- Calculate the maximum dosage of lidocaine for a 60 kg man scheduled for male circumcision.
Answer: 180 mg
- How many mls of 1% lidocaine solution will this be?
Answer: 18 mls
- How many mls of 2% lidocaine would this be?
Answer: 9 mls

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Dorsal Penile Nerve Block

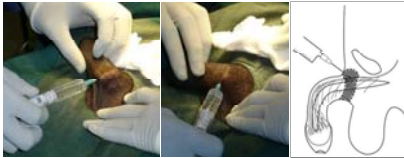


- Using a fine needle (23-gauge), inject 1–2 ml in base of penis at 11 and 1 o'clock positions (A & B).
- Inject 1 ml of local anaesthetic laterally towards ventral surface to complete a ring at base of penis (C) and wait 3–5 minutes.

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Subcutaneous Penile Ring Block




Inject lidocaine 1% subcutaneously around the base of the penis to produce a ring block and thus block the cutaneous nerves from the scrotum.

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"Sensation should be tested prior to starting the procedure. This can be done by gently pinching the foreskin with an artery forceps. If there is any residual sensation, wait for a further 2–3 minutes and test again. If there is still sensation, give additional local anaesthetic."




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Retracting the Foreskin and Dealing with Adhesions

- Retraction and separation of adhesions is common to all methods of MC
- If opening is tight, dilate it with pair of artery forceps
- Take care not to push the forceps into the urethra!




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Marking Line of Circumcision...

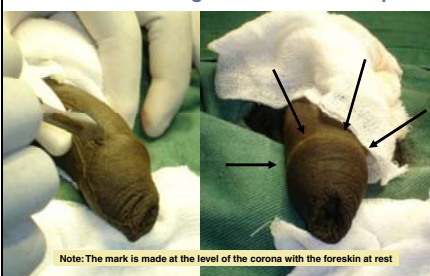
- This step is also common to all methods of MC
- Use:
 - A marker pen
 - Dabs of gentian violet
 - Pinch marks made with toothed dissecting forceps




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Marking with Back of a Scalpel



Note: The mark is made at the level of the corona with the foreskin at rest

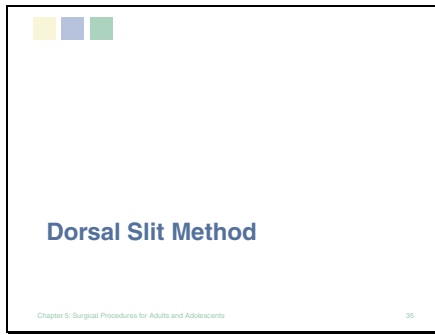


Summary Questions

- Name the three essential suturing techniques associated with MC?
Simple interrupted, Vertical mattress, Horizontal mattress
- What is the maximum safe dose of lidocaine?
3 mg/kg body weight
- T/F – Surgical gowns MUST be used for MC.
False

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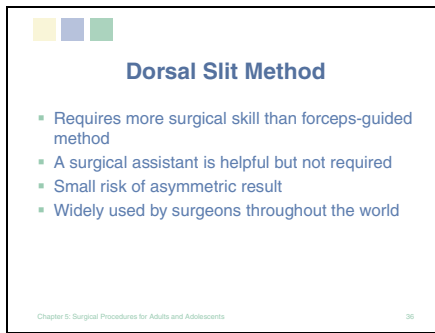
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Dorsal Slit Method

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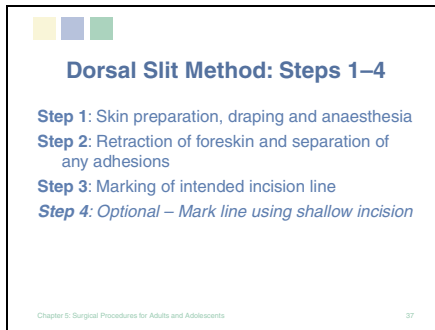


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Dorsal Slit Method

- Requires more surgical skill than forceps-guided method
- A surgical assistant is helpful but not required
- Small risk of asymmetric result
- Widely used by surgeons throughout the world

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Dorsal Slit Method: Steps 1–4

Step 1: Skin preparation, draping and anaesthesia

Step 2: Retraction of foreskin and separation of any adhesions

Step 3: Marking of intended incision line

Step 4: *Optional – Mark line using shallow incision*

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Dorsal Slit Method: Step 5

Grasp the foreskin with two artery forceps at the 3 and 9 o'clock positions. **Take care to apply the artery forceps so that there is equal tension on the inner and outer aspects of the foreskin.**

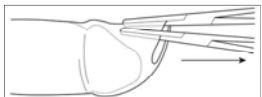


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Dorsal Slit Method: Step 6

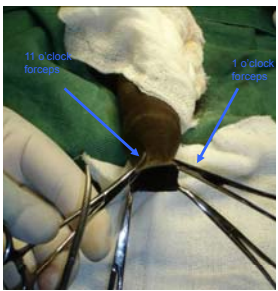
Prior to making a cut at 12 o'clock, **place two artery forceps on the foreskin** in the 11 o'clock and 1 o'clock positions. Check that the inside blades of the two artery forceps are lying between the glans and prepuce and have not been accidentally passed up the urethral meatus.



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After applying forceps at the 3 and 9 o'clock positions, it helps reduce blood loss if prior to making the dorsal slit, two more forceps are applied at 11 o'clock and 1 o'clock positions



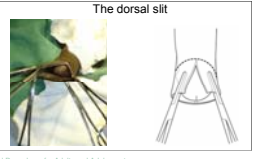
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Dorsal Slit Method: Step 7

Between the two artery forceps, in the 12 o'clock position use dissecting forceps to make a cut (the dorsal slit) up to the previously marked incision line.

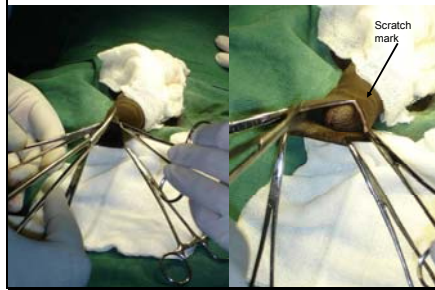
The dorsal slit



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In making the dorsal slit, aim for the cut to go as far as but no farther than the scratch mark.

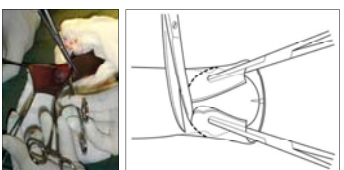


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Dorsal Slit Method: Step 8

Using dissection scissors, cut the foreskin free along the previously marked circumcision line.

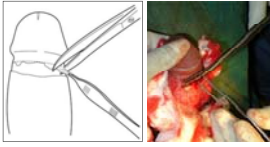


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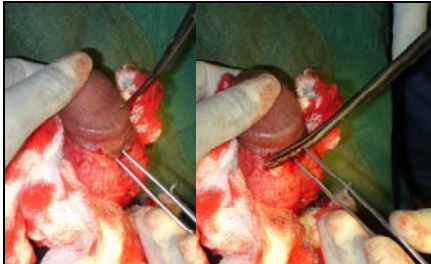
Dorsal Slit Method: Step 9

Grasp and trim any skin tags on the inner edge of the foreskin to leave approximately 5 mm of skin proximal to the corona. Care must be taken to trim only the skin and not to cut deeper tissue.



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Any ragged skin edge can be trimmed with dissection scissors

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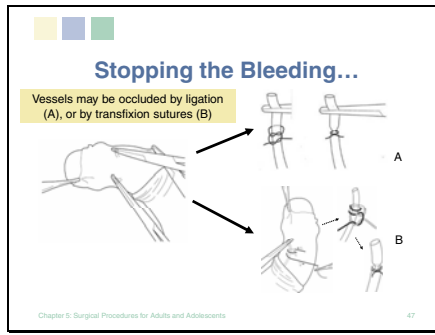
Dorsal Slit Method: Step 10

Stopping the bleeding:

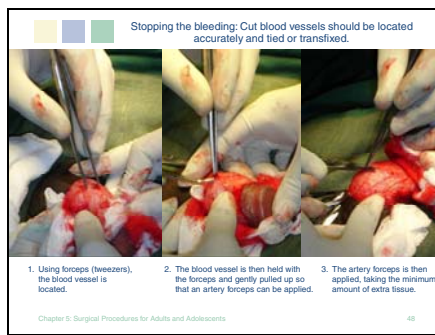
- Pull back the skin to expose the raw area.
- Identify bleeding vessels and clip with artery forceps. Care should be taken to catch the blood vessels as accurately as possible and not to grab large amounts of tissue.
- Tie each vessel or under-run with catgut and tie off. Take care not to place haemostatic stitches too deeply. When dealing with bleeding in the frenular area or on the underside of the penis, care must be taken not to injure the urethra.

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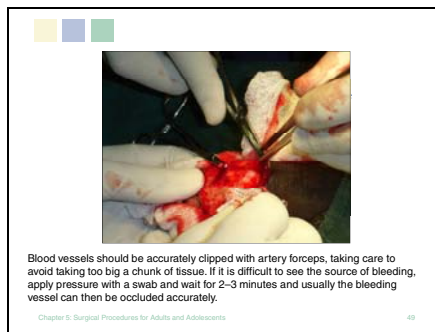
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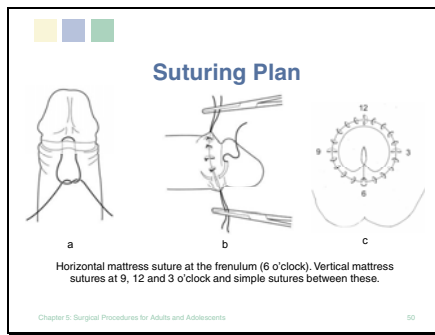
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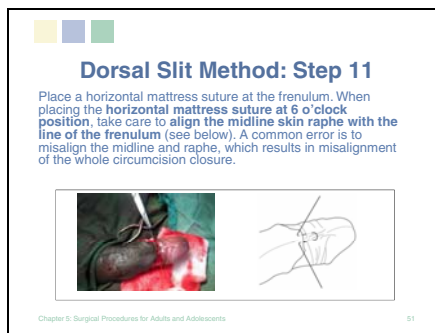
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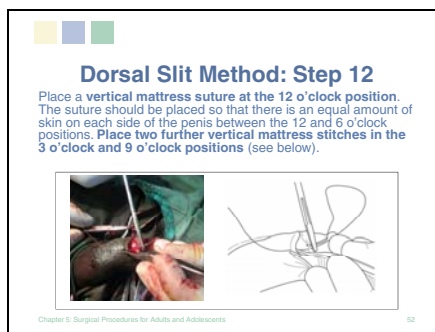
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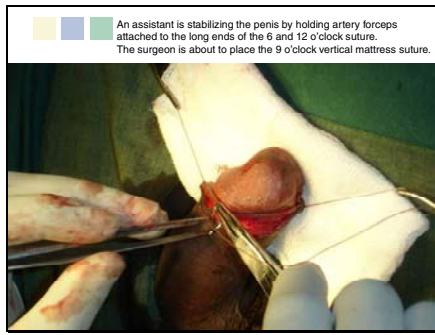
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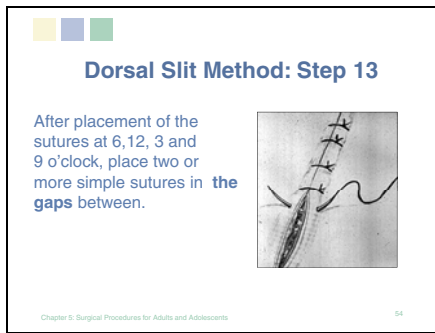
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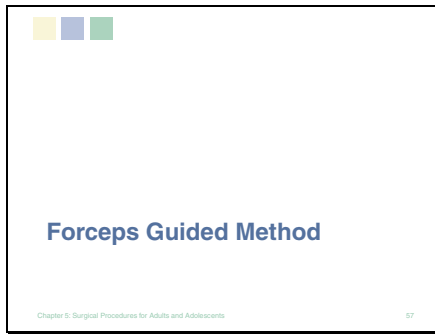


Dorsal Slit Method: Step 14

Once the procedure is finished, **check for bleeding** and **apply a dressing** (described later).

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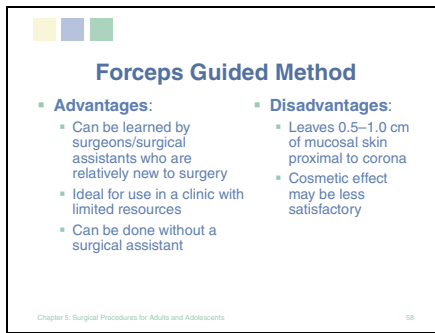
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Forceps Guided Method

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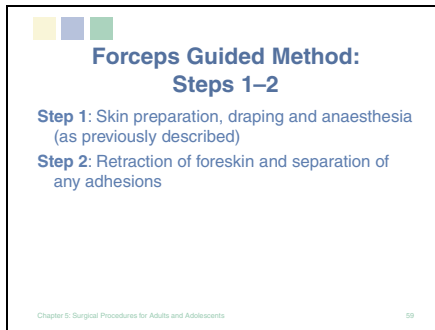


Forceps Guided Method

- Advantages:**
 - Can be learned by surgeons/surgical assistants who are relatively new to surgery
 - Ideal for use in a clinic with limited resources
 - Can be done without a surgical assistant
- Disadvantages:**
 - Leaves 0.5–1.0 cm of mucosal skin proximal to corona
 - Cosmetic effect may be less satisfactory

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**Forceps Guided Method:
Steps 1–2**

Step 1: Skin preparation, draping and anaesthesia (as previously described)


Step 2: Retraction of foreskin and separation of any adhesions

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Marking Incision Line: Step 3a

This step is common to all the methods of circumcision. With the foreskin in a natural "resting" position, indicate the intended line of the incision with a marker pen. The line should correspond with the corona, just under the head of the penis.




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Marking Incision Line: Step 3b

- Some uncircumcised men have a very lax foreskin, which is partially retracted in the resting position.
- In such cases, it is better to apply artery forceps at the 3 and 9 o'clock positions, to apply a little tension to the foreskin before marking the circumcision line.
- It is **important not to pull the foreskin too hard** before marking the line, as this will result in too much skin being removed.




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Forceps Guided Method: Step 4

Grasp the foreskin at the 3 and 9 o'clock positions with two artery forceps, on the natural apex of the foreskin in such a way as to put equal tension on the inside and outside surfaces of the foreskin.

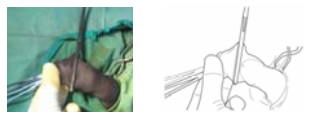


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Forceps Guided Method: Step 5

Put sufficient tension on the foreskin to pull the previously made mark to just below the glans. Taking care not to catch the glans, apply a long straight forceps across the foreskin just proximal to the mark. Once the forceps is in position, feel the glans to check that it has not been accidentally caught in the forceps.

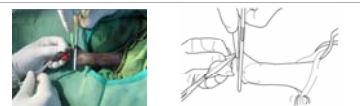


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Forceps Guided Method: Step 6

Using a scalpel, cut away the foreskin flush with the outer aspect of the forceps. The forceps protects the glans from injury, but nevertheless particular care is needed at this stage.



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Forceps Guided Method: Step 7

Grasp and trim any skin tags on the inner edge of the foreskin to leave approximately 5 mm of skin proximal to the corona. Care must be taken to trim only the skin and not to cut deeper tissue.



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Forceps Guided Method: Step 8

Stopping the bleeding:

- Pull back the skin to expose the raw area.
- Identify bleeding vessels and clip with artery forceps as accurately as possible.
- Tie each vessel or under-run with catgut and tie off. Take care not to place haemostatic stitches too deeply.
- When dealing with bleeding in the frenular area, care must be taken not to injure the urethra.

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Stopping the Bleeding...

Vessels may be occluded by ligation (A), or by transfixion sutures (B)

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Stopping the bleeding: Cut blood vessels should be located accurately and tied or transfixed.

1. Using forceps (wielders), the blood vessel is located.
2. The blood vessel is then held with the forceps and gently pulled up so that an artery forceps can be applied.
3. The artery forceps is then applied, taking the minimum amount of extra tissue.

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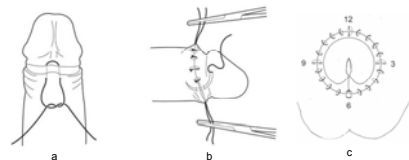
Blood vessels should be accurately clipped with artery forceps, taking care to avoid taking too big a chunk of tissue. If it is difficult to see the source of bleeding, apply pressure with a swab and wait for 2-3 minutes and usually the bleeding vessel can then be occluded accurately.

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Forceps Guided Method: Step 9—Suturing Plan



Horizontal mattress suture at the frenulum (6 o'clock). Vertical mattress sutures at 9, 12 and 3 o'clock and simple sutures between these.

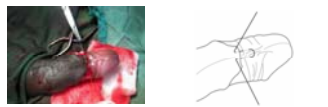
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Suturing the Circumcision

Place a horizontal mattress suture at the frenulum. When placing the horizontal mattress suture at 6 o'clock position, take care to align the midline skin raphe with the line of the frenulum (see below). A common error is to misalign the midline and raphe, which results in misalignment of the whole circumcision closure.




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Suturing the Circumcision (cont.)

Place a vertical mattress suture at the 12 o'clock position. The suture should be placed so that there is an equal amount of skin on each side of the penis between the 12 and 6 o'clock positions. Place two further vertical mattress stitches in the 3 o'clock and 9 o'clock positions.

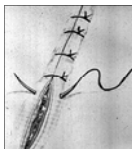


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Suturing the Circumcision (cont.)

After placement of the sutures at 6, 12, 3 and 9 o'clock, place two or more simple sutures in the gaps between.




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Forceps Guided Method


- Final outcome:



Note residual mucosal portion of the foreskin

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**Suturing the Circumcision:
Step 10**

Once the procedure is finished, **check for bleeding** and **apply a dressing** (described later).

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Sleeve Resection Method

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Sleeve Resection Method

- Provides best cosmetic results
- More room for surgical error
- The technique requires an assistant
- The sleeve resection method requires good surgical skill
- Better suited to a hospital rather than a clinic setting

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**Sleeve Resection Method:
Steps 1–2**

Step 1: Skin preparation, draping and anaesthesia
Step 2: Retraction of foreskin and separation of any adhesions

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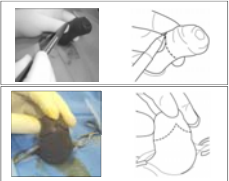
**Sleeve Resection Method:
Step 3—Marking the Outer Line**

Mark the line of the outside cut, just below the corona

Mark the intended outer line of the incision with a V-shape, pointed towards the frenulum, on the underside of the penis

The apex of the V should correspond with the midline raphe

Note "V" shape pointing towards frenulum




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**Sleeve Resection Method: Step 4—
Marking the Inner Mucosal Line**

Retract the foreskin and mark the inner (mucosal) incision line 1–2 mm proximal to the corona. At the frenulum, the incision line crosses horizontally as shown by the arrow.




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Sleeve Resection Method: Step 5


Using a scalpel, **make incisions along the marked lines**, taking care to cut through the skin to the subcutaneous tissue but not deeper. During the incision, the assistant retracts the skin with a moist gauze swab.




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Sleeve Resection Method: Step 5b



Make the inner incision



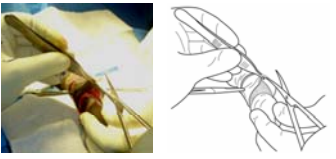
Outer and inner incision completed

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Sleeve Resection Method: Step 6

Cut the skin between the proximal and distal incisions with scissors.

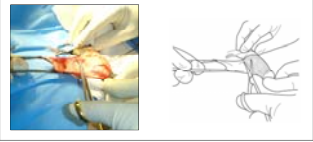


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Sleeve Resection Method: Step 7

Hold the sleeve of foreskin under tension with two artery forceps and **dissect the skin from the shaft of the penis**, using dissection scissors. Tie off any bleeding vessels with under-running sutures.



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Sleeve Resection Method: Steps 8–10

Step 8: Haemostasis and suturing are the same as described for the forceps guided method.

Step 9: Suturing the circumcision is the same as described for the forceps guided method.

Step 10: Check for bleeding, and provided there is none, apply a dressing as described later.

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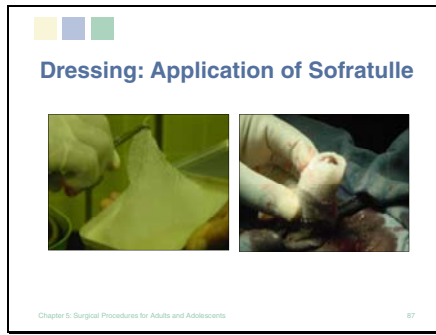
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Applying the Penile Dressing

- Irrespective of the method of circumcision, a standard penile dressing technique is used:
 - **Check that there is no bleeding.**
 - Once all bleeding has stopped, place a piece of petroleum-jelly-impregnated gauze (*tulle gras*) around the wound.
 - **Apply a sterile, dry gauze** over this, and **secure it in position with adhesive tape.**
 - Take care not to apply the dressing too tightly.

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Removing the Penile Dressing

- The dressing should be left in position **no longer than 48 hours**.
- If the dressing has dried out, it should be gently dabbed with antiseptic solution (aqueous cetrimide, Savlon) until it softens.
- It can then be removed gently. **It is important not to disrupt the wound by pulling at a dressing that has dried to the wound.**

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Summary

- Three common methods of MC have been reviewed:
 - Description of the **dorsal slit** method of male circumcision
 - Description of the **forceps guided** method of male circumcision
 - Description of the **sleeve method** of male circumcision

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Summary (cont.)

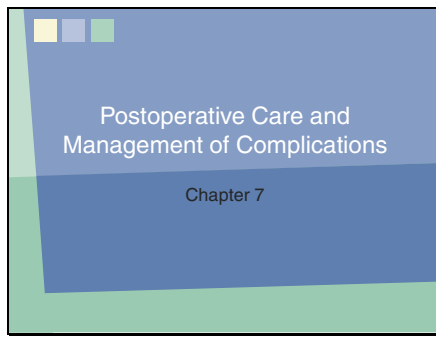
- The recommended operative techniques have been described in detail.
- Surgeons should become expert in the technique most suited to the circumstances of their practice.
- It is not recommended to learn all of the techniques. It is best to **become a master of one adult technique** and, if appropriate, one paediatric technique.

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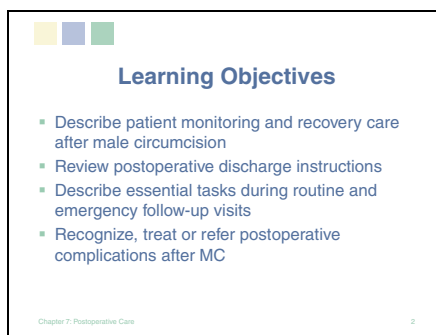
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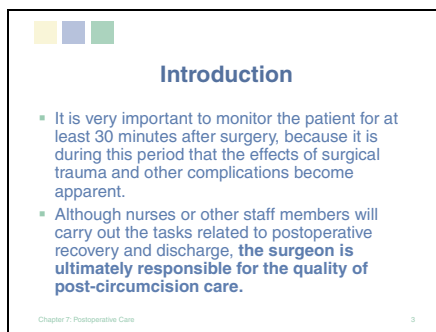


Slide 2



- Learning Objectives**
- Describe patient monitoring and recovery care after male circumcision
 - Review postoperative discharge instructions
 - Describe essential tasks during routine and emergency follow-up visits
 - Recognize, treat or refer postoperative complications after MC

Slide 3




- Introduction**
- It is very important to monitor the patient for at least 30 minutes after surgery, because it is during this period that the effects of surgical trauma and other complications become apparent.
 - Although nurses or other staff members will carry out the tasks related to postoperative recovery and discharge, **the surgeon is ultimately responsible for the quality of post-circumcision care.**

Slide 4

Postoperative Monitoring

1. **Receive the patient** from the theatre; review the patient record.
2. **Monitor the patient's vital signs:** check blood pressure, respiration and pulse twice at 15-minute intervals.
3. **Check the surgical dressing** for oozing or bleeding.
4. **Ask the patient if he has any pain.**
5. **Observe the general condition** of the patient.



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Postoperative Monitoring (cont.)

6. **Administer drugs** or treatment prescribed.
7. **Provide bland carbohydrates (such as biscuits) and liquids** to raise blood sugar levels.
8. **Handle the patient gently** when moving him.
9. **Make the patient comfortable** according to the climate.
10. **Complete the patient record form.**

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Patient Instructions


- The **dressing should be removed 24 to 48 hours after surgery**, if there is no bleeding or oozing.
- The patient should be instructed to **wear freshly laundered, loose-fitting underwear**, which should be changed each day.
- Following dressing removal, the patient may shower twice a day, taking care to gently wash the genital area with mild soap (baby soap) and water.

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Sexual Activity following Circumcision



"It is very important to inform the patient that he should avoid **sexual intercourse and masturbation for 4 to 6 weeks after the procedure** to prevent breakdown of the wound. A **condom should then be used to protect the wound during every act of sexual intercourse for at least 6 months.**"

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Postoperative Penile Erections

- All men have periodic penile erections during sleep and younger men frequently get daytime erections.
- After the circumcision, erections will occur but these will not disrupt the process of wound healing.
- During the immediate recovery period, **prolonged or painful erection can be stopped by inhalation of one ampoule of amyl nitrate.**

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Understanding Potential Danger Signs

Before discharge:

- Ensure that the patient/parent understands the signs of potential problems he should watch out for, namely:
 - Increasing bleeding
 - Severe pain in the penis or genital area
 - Inability to pass urine or severe pain when passing urine
 - Pus discharging from the surgical wound, increasing swelling

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Understanding Potential Danger Signs (cont.)

Before discharge:

- Ensure that the patient/parent:
 - Understands that he should return to the clinic immediately or seek emergency care if a problem develops.
 - **Knows where to go** if and when complications arise.
 - Has been **given written postoperative instructions** and has been asked to repeat them.

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Patient Instructions (cont.)

Before discharge:

- Ensure that the patient/parent:
 - Has been **given medications** as ordered.
 - Has made a **follow-up appointment**.
 - Has a **responsible adult to accompany him home** (this is of particular importance for procedures done on underage patients).

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Final Steps for Patient Discharge

Ensure that the patient:

- Has been **confirmed to be discharged** by the operating surgeon or his/her designee.
- **Record has been completed.**
- All patient records should be maintained at the service site where the procedure took place, and the site should send a copy in case the patient is transferred.

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Routine Follow-Up

- Should occur **within 7 days** of procedure
- Should include:
 - **Check of medical record** or referral form
 - **Asking about any problems or complaints:**
 - Wound discharge or bleeding
 - Urinary difficulties
 - Fever
 - Pain or other distress
 - Penile or scrotal swelling

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Routine Follow-Up (cont.)

- **Examine** the site of operation to assess healing and the absence of infection.
- Treat any complications or refer the patient to a higher level.
- Ask the patient for comments that will help improve the service.
- **Document** the follow-up visit in the patient's medical record (*complaints, diagnosis and treatment*).

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Emergency Follow-Up Visits

- **Examine** the patient immediately. Check all areas related to his complaint.
- **Read the medical record**, if available.
- Ask the patient about the sequence of events since the operation, and about any problems during the surgery or after and treatments obtained.
- **Decide on the treatment** for problems that can be handled on an outpatient basis.

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Emergency Follow-Up Visits (cont.)

- Arrange for a higher level of treatment for potentially serious complications.
- Note on the patient record all problems and actions taken.
- Inform the facility where the male circumcision was performed about the emergency follow-up visit (if applicable).

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Recognition and Management of Complications




This section describes:

- Complications that can be managed in the clinic setting
- Indications for referral to a higher level of care

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Organizing Referrals

- The patient should be transferred by ambulance, lying flat.
- The patient and his family should be given a full explanation of what is happening and why.
- A clear note should be sent to the referral centre with the patient.
- The patient should be told not to eat and, depending on the length of the journey, not to drink, as a general anaesthetic may need to be given at the referral centre. Any accompanying family member should also be given this information.

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Timing of Complications

▪ Complications may occur:

During Surgery	1–2 Days after Surgery	1–2 Weeks after Surgery	Late Complications
----------------	------------------------	-------------------------	--------------------

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Complications Occurring

▼

DURING Surgery	1–2 Days after Surgery	1–2 Weeks after Surgery	Late Complications
----------------	------------------------	-------------------------	--------------------

↓

- Excessive adhesions
- Accidental injury
- Excessive bleeding

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Excessive Adhesions

- If there are **excessive adhesions**, it may be very difficult to separate the foreskin from the glans (e.g., phimosis).
- Depending on the experience of the circumcision team, **it may be better to stop the procedure** and in this situation:
 - Repair the dorsal slit using stitches to stop bleeding.
 - Keep the area as clean as possible.
 - Refer the man to the referral hospital as soon as convenient.
- The man should be seen within 24–48 hours.

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Excessive Bleeding

- If there is excessive bleeding during surgery, the first rule for the surgeon is **"DON'T PANIC"**.
- Place a **swab under the penis** and then a **second swab over the bleeding point**.
- **Control the bleeding with firm pressure and WAIT!** Check effects at 5-minute intervals (timed by the clock).
- After 5 minutes, **slowly lift off the swab** and, more often than not, the bleeding will have stopped.

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Excessive Bleeding (cont.)

- If bleeding has not stopped, **apply a haemostatic artery forceps**.
- If this does not control the bleeding, then apply pressure over a gauze swab for a further 5 minutes (timed by the clock).
- At the end of this time, the swab is gently lifted again and the bleeding area is **under-run with a figure of eight suture**.
- If bleeding continues, **transfer to a referral centre** as an emergency or call a more experienced surgeon to help.

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Accidental Injury

- Accidental injury can include injury to the glans, making it difficult to control bleeding.
- **The chance of these accidents is reduced if all circumcision surgeons receive proper training and certification** and if there is a system of ongoing appraisal and recertification in place.
- A dangerous situation is when the surgeon becomes overconfident or when timetable constraints result in hurried surgery.

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Accidental Injury (cont.)

- If there is an accidental injury during surgery:
 - **Control bleeding by pressure** over a piece of gauze.
 - **Transfer** the man to a referral centre (or call a more experienced surgeon or urological specialist).
 - Pass a urinary catheter and wrap the penis in sterile gauze with the gauze taped in place, if transfer time will be long.
 - During the transfer, the **patient should be lying flat**.
 - The patient and his relatives should be told what has happened and what is going to be done.

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Complications Occurring

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Bleeding

- The most likely complication during the first 24–48 hours is **bleeding or haematoma**.
- If the patient comes back with **blood-soaked dressings**, **remove** them and **inspect the circumcision wound** for an obvious bleeding point.
- If there is **fresh blood from the skin edge**, **place further sutures** (under full sterile conditions) including local anaesthesia and sterile draping.

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Haematoma

- **Haematoma** formation may also become manifest.
- It may be associated with considerable bruising and skin discolouration.
- **Haematomas are best left alone unless they are very large** or there is continued bleeding.
- Apply a further clean dressing and:
 - **Review the patient in 24 hours**, or
 - **Send the patient to the referral centre.**

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Wound Disruption

- **Unusual in the first few days** and may be associated with subcutaneous bleeding and haematoma formation when the stitches cut out.
- May send the man to a referral centre where:
 - The wound can **either be sutured** or
 - **Left to heal by secondary intention.**
- If the disruption occurs within the first 48 hours of the operation, explore and re-suture the wound.

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Complications Occurring

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Wound Infection

- After 2–3 days, the most likely problem is **wound infection**.
- Treatment is by **frequent showering and antibiotics**, with **clean dressings between showers**.
- **Lying down** with the penis as the highest point of the body **promotes drainage of lymphatic fluid**.
- The wound can be nursed open, but it should be protected from flies.

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Wound Disruption and Cutting Out of Stitches


- **When stitches cut out**, this usually indicates an **infection** and the need for antibiotics.
- If more than 48 hours, the **wound should be left to heal by secondary intention**.
- Make arrangements for **regular clinic reviews until the wound has healed**.
- The healing process after infection leaves an untidy result for the first few months. However, after a year or so the appearance becomes remarkably normal.

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Fournier's Gangrene

- A rare risk of genital surgery is infection with multiple bacteria causing progressive skin loss, known as **Fournier's gangrene**.
- More **common in diabetic men**.
- If there are signs of spreading infection or black gangrenous skin:
 - **Urgently transfer the man to a referral centre** for the removal of all the dead skin under general anaesthesia.



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Complications Occurring

During Surgery	1-2 Days after Surgery	1-2 Weeks after Surgery	Late
----------------	------------------------	-------------------------	------

- Decreased glans sensitivity
- Oversensitivity of the glans
- Unightly circumcision wounds, ragged scars and cosmetic concerns
- Persistent adhesions at the corona and inclusion cysts
- Erectile discomfort
- Torsion (misalignment) of the skin of the penile shaft

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Summary

- Operative complications of male circumcision can include:
 - Excessive bleeding
 - Haematoma formation
 - Sepsis
 - Unsatisfactory cosmetic effect
 - Lacerations of the penile or scrotal skin
 - Injury to the glans

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Summary (cont.)

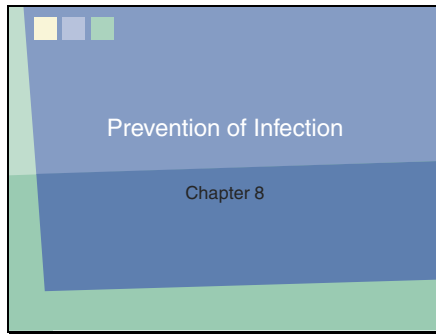
- Circumcision complications can be avoided by:
 - Attention to asepsis
 - Performing adequate but not excessive excision of the inner and outer preputial layers
 - Providing adequate haemostasis
 - Paying attention to cosmetic effects

Chapter 7: Postoperative Care 36

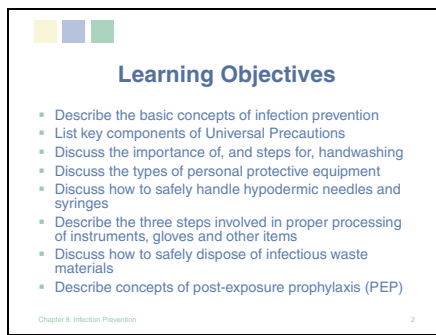
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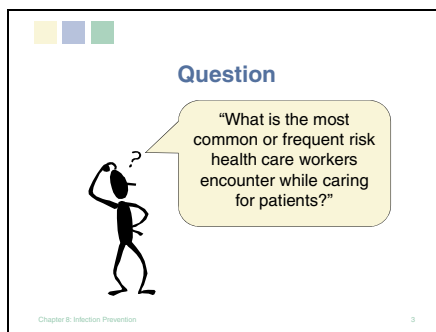
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Slide 2

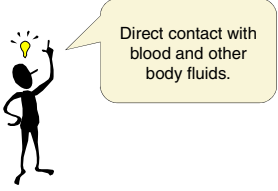


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Slide 4

Answer



Direct contact with blood and other body fluids.

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Basic Concepts of Infection Prevention

- Measures to prevent infection in male circumcision programmes have two primary objectives:
 - Prevent infections in people having surgery
 - Minimize the risk of transmitting HIV and other infections to clients and clinical staff, including health care cleaning and housekeeping staff

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Patient Care



Instrument Processing



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Surgical Procedures



Cleaning after Procedures



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Waste Disposal



Processing Patient Care Items




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How Risky Is Working in Any Health Care Setting?



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HIV Risk

What is the risk of acquiring HIV after being stuck with a needle from an HIV-positive patient?


0.04%



Source: Gerberding 1990.
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Hepatitis B Virus Risk

What is the risk of acquiring HBV after being stuck with a needle from an HBV-positive patient?


27–37%



Source: Seeff et al. 1978.
Chapter 8: Infection Prevention

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Hepatitis B Virus Risk (cont.)

- As little as 10⁻⁸ ml (.00000001 ml) of HBV-positive blood can transmit HBV to a susceptible host.
- Even in the US, approximately 10,000 health care providers acquire hepatitis.

Source: Bond et al. 1982.
Chapter 8: Infection Prevention


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Hepatitis C Virus Risk

What is the risk of acquiring HCV after being stuck with a needle from an HCV-positive patient?

3–10%



Source: Langheir 1994.

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Ways Infection Is Spread

- The air
- Contact with blood or body fluids:
 - Open wounds
 - Needle-stick injuries, which occur:
 - While giving an injection
 - While drawing blood
 - During IV insertion/removal
 - While disposing of sharps
 - During waste disposal
 - While suturing during surgery
- Eating or handling **food contaminated** by faeces or microorganisms
- Contact with **infected animals or insects**

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Other Exposures to Skin and Mucous Membranes

- Non-intact skin (tear in glove):
 - Abraded
 - Chapped
- Splashes to mucous membrane
- Intact skin



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Objectives of Infection Prevention in MC Programs

- To prevent infections when providing services
- To minimize the risk of transmitting HIV to clients and health care staff, including cleaning and housekeeping staff

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Universal Precautions

- Hand hygiene
- Personal protective equipment
- Avoiding recapping of needles
- Handling and processing of instruments and other items
- Safe disposal of sharps and other infectious waste materials
- Safe work practices

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Hand Hygiene

“Handwashing is the single most important procedure to limit the spread of infection.”


Vote: True.....False.....

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Hand Hygiene (cont.)

- Handwashing
- Hand antisepsis
- Antiseptic handrub
- Surgical scrub



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Handwashing

- When:
 - Before and after patient care
 - Before and after using gloves
 - Between patient contact
 - When visibly soiled
- Protect hands from dryness with petroleum-free creams
- No artificial nails, wraps, etc.
- Clear nail polish okay

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Handwashing Steps

1. Thoroughly wet hands.
2. Apply plain soap or detergent.
3. Rub all areas of hands and fingers for 10–15 seconds.
4. Rinse hands thoroughly with clean running water from a tap or bucket.
5. Dry hands with clean, dry towel, if available. If not available, air dry hands (use a paper towel when turning off water to avoid re-contaminating hands).

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Handwashing (cont.)

- If bar soap is used, provide small bars and soap racks that drain.
- Avoid dipping hands into basins containing standing water.
- Do not add soap to a partially empty liquid soap dispenser.
- When no running water is available, use a bucket with a tap that can be turned off while lathering hands and turned on again for rinsing; or use a bucket and a pitcher.

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Hand Antisepsis

- Similar to plain handwashing except involves **use of an antimicrobial agent**
- Use before performance of any invasive procedures, (e.g., placement of an intravascular catheter)
- Use when caring for immunocompromised patients (premature infants or AIDS patients)
- Use when leaving the room of patients with diseases spread via direct contact

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Antiseptic Handrub

- Make alcohol/glycerin solution by combining:
 - 2 ml glycerin
 - 100 ml 60–90% alcohol solution
- Use 3–5 ml of solution for each application
- Rub the solution vigorously into hands until dry


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Surgical Scrub

Supplies

- Antiseptic
- Running water
- Stick for cleaning the fingernails
- Soft brush or sponge for cleaning the skin
- Towels



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Surgical Scrub (cont.)

If no antiseptic soap is available:

- Wash hands and arms with soap/detergent and water.
- Clean fingernails thoroughly.
- Scrub with a soft brush or sponge and rinse.
- Dry hands thoroughly.
- Apply handrub to hands and forearms until dry.
- Repeat handrub two more times.

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Personal Protective Equipment




- Gloves
- Masks
- Eyewear (goggles/ face shields)
- Gown/apron
- Closed shoes

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Personal Protective Equipment (cont.)

- Gloves:
 - Utility gloves
 - Exam gloves
 - Surgical gloves
- Double gloving



Source: Gerberding 1993.

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Personal Protective Equipment (cont.)

- Goggles
- Face masks
- Aprons



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Personal Protective Equipment (cont.)



Closed shoes →



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Immunization for Adults

Which of the vaccines below should every health worker receive to protect him/herself from infection from blood or body fluids?

- Hepatitis A
- Hepatitis B
- Influenza
- Pneumococcus
- Chicken pox
- Tetanus, diphtheria
- Measles, mumps, rubella (German measles)

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Immunization for Adults (cont.)


- Hepatitis A
- Hepatitis B
- Influenza
- Pneumococcus
- Tetanus, diphtheria
- Chicken pox
- Measles, mumps, rubella (German measles)

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Safe Handling of Hypodermic Needles and Syringes

Needles are the most common cause of injuries to all types of clinic workers



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Timing of Needle-Stick Injuries

- Health care workers are most often stuck by hypodermic needles **during procedures**.
- Cleaning staff are most often stuck by needles **when washing soiled instruments**.
- Housekeeping staff are most often stuck by needles **when disposing of infectious waste material**.

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Tips for Safe Handling of Hypodermic Needles and Syringes

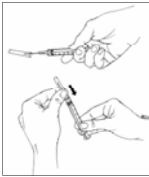
- Use **each needle and syringe only once**, if possible.
- Do not disassemble the needle and syringe after use.
- Do not recap**, bend or break needles before disposal.
- Decontaminate the needle and syringe before disposal.
- Dispose of the needle and syringe together in a puncture-resistant container.

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One-Handed Needle Recap Method

- Place the needle cap on a firm, flat surface.
- With one hand holding the syringe, use the needle to "scoop" up the cap.
- Turn the syringe upright (vertical).
- Use the forefinger and thumb of other hand to grasp the cap and push firmly down onto the hub.




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Handling Needles and Sharps

- Use a safe zone for passing sharps
- Say "pass" or "sharps" when passing sharps

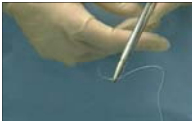


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Handling Needles and Sharps (cont.)

- Use a needle driver or holder, not your fingers.
- Use blunt needles when available.
- Do not blind suture.



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Handling Needles and Sharps (cont.)


- Always remove blades with another instrument




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Handling Needles and Sharps (cont.)



- Use a puncture-proof container for storage and/or disposal
- Do not recap a needle before disposal unless using the one-hand technique




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Instrument Processing

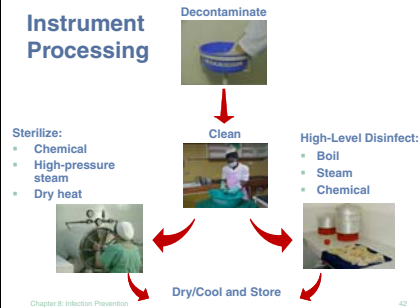
Soiled instruments and other reusable items can transmit infection if they are not properly reprocessed.



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Instrument Processing



Decontaminate

Clean

High-Level Disinfect:

- Boil
- Steam
- Chemical

Sterilize:

- Chemical
- High-pressure steam
- Dry heat


Dry/Cool and Store

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Decontamination of Instruments




- Immediately after use, **soak soiled instruments in a plastic container with 0.5% chlorine solution for 10 minutes.**
- **Rinse instruments immediately with cool water** to prevent corrosion and to remove visible organic material.
- **Clean with soap and water** and rinse thoroughly.

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Needles and Syringes




- Re-use of needles and syringes is no longer recommended.
- Therefore, flushing of needles and syringes is also not recommended.
- Used needles and syringes should be disposed of as a unit in a puncture-proof container.
- Dispose of container when it is three-quarters full.

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Cleaning



- Cleaning should be done **after decontamination** in order to:
 - Remove visible soil and debris, including blood or body fluids
 - Reduce the number of microorganisms on soiled instruments and equipment
 - Ensure that sterilization or high-level disinfection procedures are effective
 - Kill endospores that cause tetanus and gangrene

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 **Sterilization** 

- Destroys all microorganisms
- Used for:
 - Instruments
 - Surgical gloves
 - Other items that directly come in contact with blood or other sterile tissues

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 **Sterilization (cont.)** 

- Methods include:
 - Heat sterilization: high-pressure steam (autoclave) or dry heat (oven)
 - Chemical sterilant: e.g., glutaraldehyde or formaldehyde
 - Physical agent: e.g., radiation

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 **High-Level Disinfection** 

- High-level disinfection is a process that **destroys all microorganisms except some bacterial endospores**
- High-level disinfection is the **only acceptable alternative to sterilization**
- Can be achieved by:
 - **boiling** in water,
 - steaming, or
 - soaking in chemical disinfectants.

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Remember...



"Sterilized items will not remain sterile unless properly stored."

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Storage of Sterilized Items

- Keep the storage area clean, dry and free of dust and lint.
- Keep the temperature of the area at approximately 24°C, and the relative humidity less than 70%, if possible.
- Store sterile packs and containers:
 - 20–25 cm (8–10 inches) off the floor,
 - 45–50 cm (18–20 inches) from the ceiling, and
 - 15–20 cm (6–8 inches) from an outside wall.

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Storage of Sterilized Items (cont.)


- Do not use cardboard boxes for storage; they shed dust and debris, and may harbor insects.
- Date and rotate the supplies. Use a "**first in, first out**" (FIFO) guideline for using supplies.

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Linen Processing



- Wash in hot, soapy water and dry
- Same in hospital or home

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Safe Disposal of Infectious Waste Materials

- Protect people who handle waste items from accidental injury
- Prevent the spread of infection to health care workers and to the local community




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Disposal of Clinical Waste




- Place contaminated items in leak-proof container or plastic bag
- Dispose by incineration or burial

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Steps for Disposal of Sharps



1. Do not recap the needle or disassemble the needle and syringe.
2. Decontaminate the hypodermic needle and syringe.
3. Place the needle and syringe in a puncture-resistant sharps container.
4. When the container is three-quarters full, dispose of it.

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Steps for Disposal of Sharps Container

- Wear heavy-duty utility gloves.
- When the sharps container is three-quarters full, cap, plug or tape the opening of the container tightly closed. Be sure that no sharp items are sticking out of the container.
- Dispose of the sharps container by burning, encapsulating or burying it (see below).
- Remove utility gloves.
- Wash hands and dry them with a clean cloth or towel or air dry.

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Disposal of Waste Containers #1

- **Burning:**
 - Destroys the waste
 - Kills microorganisms
 - Best method for disposal of contaminated waste
 - This method reduces the bulk volume of waste, and
 - Ensures that the items are not scavenged and reused

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Disposal of Waste Containers #2

- **Encapsulation:**
 - Easiest way to dispose of sharps containers
 - When sharps container is three-quarters full, it is made completely full by pouring:
 - Cement (mortar),
 - Plastic foam, or
 - Clay
 - After material has hardened, the container is disposed in a landfill, stored or buried

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Burying Waste

- Restrict access to the disposal site. Build a fence to keep animals and children away.
- Line the burial site with a material of low permeability (e.g., clay), if available.
- Select a site at least 50 meters (164 feet) away from any water source to prevent contamination of the water table.
- Ensure that the site:
 - Has proper drainage,
 - Is located downhill from any wells,
 - Is free of standing water, and
 - Is not in an area that floods.

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Post-Exposure Management

If exposure occurs to the:

- **Skin**
 - Wash with soapy water
 - Do not use caustic agent or bleach
- **Eye, nose, mouth**
 - Rinse with water for 10 minutes
- **Needle-stick or cut:**
 - Wash with soapy water
 - Allow to bleed freely
 - Apply first aid

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Post-Exposure Management (cont.)

- Post-exposure prophylaxis (PEP) considerations:
 - Evaluate risk:
 - Source of fluid or material
 - Type of exposure
 - Evaluation of exposure source patient:
 - HIV status
 - Stage of infection
 - Test health care worker for HIV after exposure as baseline, if available

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Post-Exposure Prophylaxis

- Treatment, if started, should be initiated immediately after exposure, within 1–2 hours.
- Decisions regarding which and how many antiretroviral agents to use are largely empiric.
- CDC recommendations:
 - Zidovudine (ZDV) and lamivudine (3TC)
 - Lamivudine (3TC) and stavudine (d4T)
 - Didanosine (ddI) and stavudine (d4T)
- Continue treatment for 4 weeks.
- Do medical follow-up.

Source: CDC MMWR 2001. Chapter 8: Infection Prevention 62

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Making the Workplace Safer

- Continue identifying risk.
- Continue to use Standard Precautions.
- Teach patients it is okay to remind health care workers to wash hands and use gloves.
- Actively role model and support IP practices.



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Supporting a Safer Workplace

- Support from hospital administrator
- Positive feedback from supervisor



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Summary

- Minimize and prevent exposure to infection by:
 - Using **Standard Precautions** with every patient
 - Disposing of clinic waste properly**
 - Using **post-exposure care** when necessary
- Work together to make the workplace safer.
- Teach patients and their families how to reduce risk of exposure in the home.

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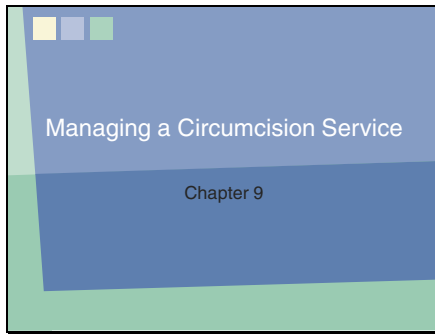


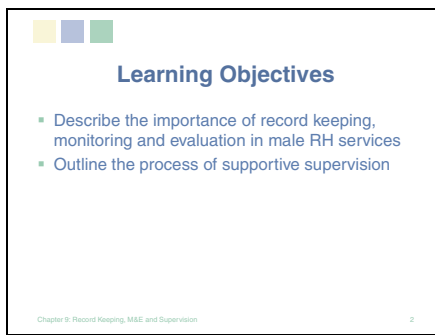
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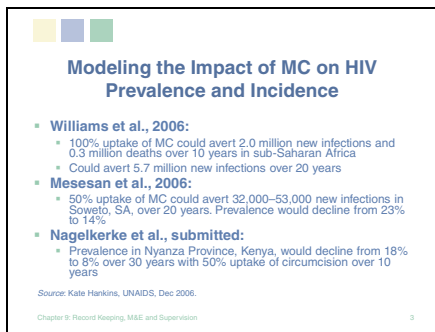
Slide 1



Slide 2



Slide 3



Slide 4

Record Keeping, Monitoring and Evaluation



Chapter 9: Record Keeping, M&E and Supervision 4

Slide 5

How do we know when a sick patient is responding to treatment?

Sick patient, e.g., with fever
Assessed (Hx/Exam/Labs)
• Diagnosis made, e.g., malaria
• Admitted (if severe)
• Treatment given (e.g., ACT)

Well patient
• Stop treatment
• Discharge

e.g., Periodic monitoring of:
• Patient's complaints
• Vital signs e.g., TPR
• Temp chart
• Repeat blood smear/staining

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Facility Indicators

- Planners also require information to make decisions about how best to spend the facility's scarce resources to meet the needs of clients. They need answers to the following questions:
 - Are we reaching our target audience?
 - Can we provide the necessary services? (For example, do we have the appropriate equipment, the staff, the drugs?)
 - Are our services of high quality? (For example, do they meet national and international standards?)
 - Do our services meet the needs of our clients?
 - Are we referring clients who need it?
 - Are our patients getting healthier?

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What Is Monitoring?

- Monitoring is the **routine assessment** (e.g., daily/monthly/quarterly) of information or indicators-related ongoing activities to:
 - Track progress towards the programme targets or performance standards
 - Identify those aspects that are working according to plan and those that are in need of adjustments

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Evaluation

- Evaluation refers to the measurement of how much things have changed as a result of the intervention(s) implemented
- Multiple factors related to change
- A formal evaluation tries to demonstrate how much a specific intervention contributed to the observed change

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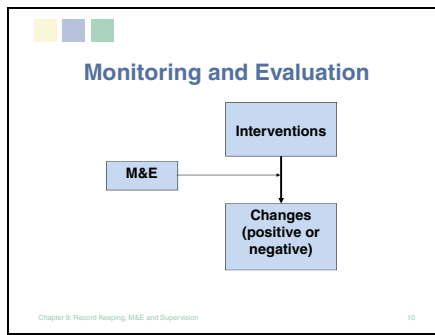
Slide 9

Purpose of Evaluations

- Assess progress made at a particular points in time (mid-term or end-of-project evaluation)
- Assess progress towards achievement of set objectives
- Provide feedback on whether targets are being met
- Identify reasons for successes and failures
- Provide a basis of future planning

Chapter 9: Record Keeping, M&E and Supervision 9

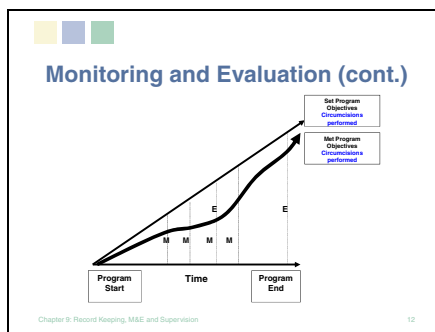
Slide 10




Slide 11

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- The slide is titled 'An Effective Monitoring System Implies...'. It contains four bullet points. At the top left are three small colored squares: yellow, blue, and green. At the bottom left, it says 'Chapter 9: Record Keeping, M&E and Supervision'. At the bottom right, it says '11'.
- All those involved know what information is needed and by whom
 - The tools needed to collect the information are available
 - All those involved know how and when to report the information
 - One person is responsible for making sure the system is working (that indicators are up-to-date, records are being properly kept, and data are reported to appropriate partners)

Slide 12



Slide 13




Methods of Evaluation

- Review of available records and reports
- Supervisory assessment
- Staff self-assessment
- Peer assessment
- Client feedback (e.g., through exit interviews)
- Community survey
- Facility comparison

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Types of Data Collection Tools

- Patient record forms/case notes
- Outpatient clinic registers
- Admission/inpatient registers
- Operating room registers
- Special forms:
 - MC adverse events forms
 - Death reporting forms

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Tips for “Good Data” Collection

- Understand the data
- Record the data every time
- Record all of the data
- Record the data in the same way every time

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"The clinicians need to know who is responsible for the record system, to ensure staff record data accurately and reliably, and to know how and when to report service- and patient health-related information."

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Remember...

"In God we trust.
All others, please BRING DATA."

Document your work and the results, so that others can learn from you!

Source: QAP.

Chapter 9: Record Keeping, M&E and Supervision 17

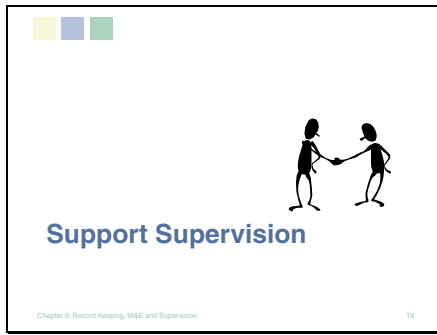
Slide 18

Uses of Patient Monitoring Information

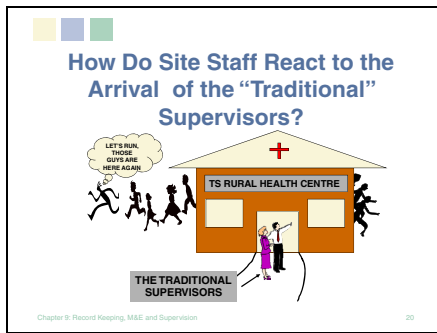
- When it comes to record keeping and monitoring, **information is good because it can be used.** We are collecting information only for that reason.
- **Data that cannot be used should not be collected.** However, it is not uncommon that quite useful data go unused.

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“Traditional” Supervision

- **Traditional approaches** to supervision emphasize “**inspecting**” facilities and **checking** individual performance.
- Traditional supervision **focuses on finding fault or errors and then sanctioning** those responsible, or thought to be responsible, for those errors.
- Traditional supervision **causes negative feelings** and it **rarely results in improved health services**.

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“Support” Supervision

- Also called “**facilitative**” supervision
- Supervision for performance and quality improvement **focuses on:**
 - The goal of providing high-quality health services
 - A process of continuous performance and quality improvement
 - A **style of encouraging, inclusive and supportive interaction**

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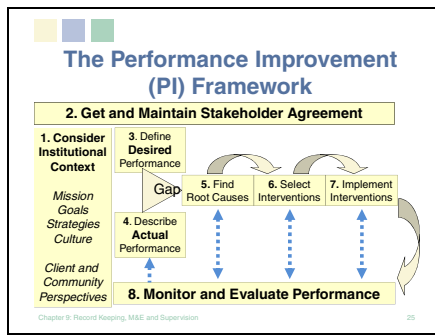


Goal of Supervision

- The **goal of supervision is to promote and maintain the delivery of high-quality health services**. In a traditional system of supervision, this goal is often lost or at least is not apparent to those being supervised. By clearly stating that the goal of supervision is the delivery of high-quality health care services, the **supervisor** can transform the sometimes negative impression of supervision into a positive one.

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-
- Performance and Quality Improvement (PQI) Process**
- The PQI process encourages the manager and his team to:
 - Set performance standards
 - Make sure that standards are met
 - Find out what is hindering or helping achieve desired performance
 - Identify and implement ways to improve performance and quality
 - Regularly monitor and evaluate how staff are performing compared to the standards
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-
- Illustrative Indicators for MC Services**
- Number of clients receiving MC services in donor- or government-supported facilities
 - Percentage of men undergoing MC who experience an adverse event
 - Percentage of MC procedures performed according to standards
 - Percentage of MC clients who are counseled about HIV
 - Percentage of MC clients who received an HIV test
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Summary

- The manager of a male reproductive health clinic has diverse roles including ensuring quality counselling services, logistical management of essential supplies, oversight for quality record keeping, and monitoring and evaluation of the program, as well as supportive supervision.

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Summary (cont.)

- To meet these responsibilities, the clinic manager must be knowledgeable about the desired levels of performance for the services being provided, how to assess current levels of performance, and how to work with other clinic staff to analyze root causes of inadequate performance and find solutions for identified problems.

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Chapter 9: Record Keeping, M&E and Supervision 30

LEARNING GUIDES AND PRACTICE CHECKLISTS FOR MALE CIRCUMCISION COUNSELLING AND CLINICAL SKILLS

The Learning Guides and Practice Checklists for Male Circumcision Counselling and Clinical Skills contain the steps or tasks performed by the counsellor and clinician when providing MC services. These tasks correspond to the information presented in relevant chapters in the *Manual for Male Circumcision under Local Anaesthesia* developed by the World Health Organization, UNAIDS and Jhpiego.

These tools are designed to help the participant learn the steps or tasks involved in:

- Group education on male circumcision and male reproductive health
- Checklist for individual counselling on male circumcision and reproductive health
- Client assessment for male circumcision
- Dorsal slit male circumcision procedure
- Forceps guided male circumcision procedure
- Sleeve resection male circumcision procedure
- 48-hour postoperative review

USING THE LEARNING GUIDES

There is one **learning guide** in this handbook for each of the skills listed above. Each learning guide contains the steps or tasks performed by the counsellor and clinician when providing an MC service.

The learner is **not** expected to perform all of the steps or tasks correctly the first time s/he practices them. Instead, the learning guides are intended to be used under the direction of the clinical trainer, as follows:

- A clinical trainer will be assigned to help the learner in learning the correct steps and the order in which they should be performed (skill acquisition)
- The clinical trainer will ensure progressive learning in small steps as the learner gains confidence and skill (skill competency)
- Used consistently, the learning guides and practice checklists help learners measure their progress and stay focused on the steps and tasks involved in providing MC services. Furthermore, the learning guides are designed to make communication (coaching and feedback) between the learner and clinical trainer easier and more helpful.

Because the learning guides are used to help in developing skills, it is important that the rating (scoring) be done carefully and as objectively as possible. The learner's performance of each step is rated on a three-point scale as follows:

- | | |
|----------|--|
| 1 | Needs Improvement: Step or task not performed correctly or out of order (if necessary) or is omitted |
| 2 | Competently Performed: Step or task performed correctly in correct order (if necessary) but learner does not progress from step to step efficiently |
| 3 | Proficiently Performed: Step or task efficiently and precisely performed in the correct order (if necessary) |

USING THE PRACTICE CHECKLISTS

The **checklists** for the different skills are included in this handbook. These focus on **key steps** in the MC protocols and are based on the appropriate learning guides.

The checklists focus only on the key steps in the **entire** procedure, and can be used during role-play simulations by an observer, by the counsellor as a self-assessment form or by the clinical trainer to evaluate the participant's performance at the end of the course. The rating scale used is described below:

- | |
|---|
| Satisfactory: Performs the step or task according to the standard procedure or guidelines |
| Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines |
| Not Observed: Step, task or skill not performed by participant during evaluation by trainer |

Remember: It is the goal of training that **every** participant perform **every** task or activity correctly, working in a simulated setting with anatomical models, by the end of the course.

Service providers successfully completing the MC course will be eligible for continued competency development in the clinical setting under the supervision of clinical trainers.

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Rate the performance of each task/activity observed using the following rating scale:

- 1 Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
- 2 Competently Performed:** Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.
- 3 Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
PREPARATION				
1. Prepare IEC materials (male anatomic model, posters, handbills/patient handouts, FP commodities).				
2. Provide seats for all patients and the caretakers/parents who have come to the MC/Male RH clinic				
3. Greet the patients and caretakers/parents present and introduce yourself.				
4. Explain to the patients and caretakers/parents what you wish to talk about and encourage them to ask questions. <ul style="list-style-type: none"> • Male circumcision • Knowing one's HIV status • Other STIs • Family planning • Infertility evaluation • Alcohol and substance abuse • Need for men to support women's RH needs 				
GENERAL				
5. Use easy to understand language and check understanding.				
6. Be sensitive to traditional, cultural and social practices in the community.				
7. Encourage the patients to ask questions and voice concerns, and listen to what they have to say.				
8. Be empathetic.				
9. Tell the patients/caretakers/parents which male RH services are available in the clinic.				

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
MALE CIRCUMCISION				
10. Ask a volunteer to tell you what he already knows about male circumcision.				
11. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: <ul style="list-style-type: none"> • What is male circumcision? • What are the cultural, social and/or religious beliefs about male circumcision in the community (e.g., the “rites of passage” ceremonies in some countries)? • What are the benefits of male circumcision? • What are the risks of male circumcision? • What is known about the relationship between male circumcision and HIV infection? • What are the pain relief options for male circumcision? • How soon can patients go home after male circumcision? • What postoperative care is needed after male circumcision? • How and where do the patient/caretakers/parents contact health care workers after male circumcision? 				
12. Ask for any questions and address any concerns that the audience may have.				
HIV DISEASE BASICS AND PREVENTION				
13. Ask a volunteer to tell you what he already knows about HIV/AIDS.				
14. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: <ul style="list-style-type: none"> • The terms HIV and AIDS • How HIV affects the body’s defense system • How HIV is spread from person to person • How HIV infection can be prevented: • ABC message (Abstain, Be faithful, Condom/Circumcision) • Early identification and treatment of STIs • Avoidance of needle sharing and use of illicit drugs • Dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV • Natural history of HIV disease • Benefits of knowing one’s HIV status • Disadvantages of not knowing one’s HIV status • Undergoing HIV testing (including testing sites) • If negative, how to remain negative • If positive, how to live positively with the disease • Where to get HIV/AIDS services in the community 				
OTHER SEXUALLY TRANSMITTED INFECTIONS				
15. Ask a volunteer to tell listeners what he knows about other sexually transmitted infections (STIs).				

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
16. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: <ul style="list-style-type: none"> • Common STIs in the country • Symptoms and signs of the common STIs • How STIs are spread from person to person • How STIs can be prevented (including ABC message) • Abstinence, • Being faithful • Condom use • Dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV 				
17. Tell the patients where they can receive services if they experience symptoms and signs of an STI.				
FAMILY PLANNING				
18. Ask the patients and caretakers to list the family planning methods they know.				
19. Facilitate a brainstorming session on the benefits of family planning to the individual patient, couples and the community.				
20. Tell the patient about family planning methods that are available in the clinic: <ul style="list-style-type: none"> • For men: <ul style="list-style-type: none"> • Condoms • Male sterilization (vasectomy) • Withdrawal method • For women: <ul style="list-style-type: none"> • Oral pills • Injectable hormonals • Sub-dermal implants (Norplant® implants) • Intrauterine devices (IUDs) • Female sterilization (minilaparotomy sterilization) • Natural methods 				
21. Briefly tell the patient about condoms: <ul style="list-style-type: none"> • Effectiveness against pregnancy: =effective when used with every act of intercourse, failure rate is high when not used correctly • Provide protection against STI and HIV/AIDS • Advantages and limitations • Negotiation for condom use 				

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
<p>22. Give instructions:</p> <ul style="list-style-type: none"> • Condoms should be stored in a cool place. • Patient should check the date on condom package; condoms are good for 5 years after manufacture date if stored properly. • Condom should not be used if package is broken or the condom appears damaged or brittle. • Put condom on before any sexual contact. • Use a spermicide with condom for maximum protection. • Do not use any oil lubricant. Use saliva, vaginal secretions or spermicide for lubrication if needed. • If the condom breaks or leaks during intercourse, replace the condom with a new one immediately; the woman should go to a clinic within 72 hours for emergency contraception. • Each condom should be used only once and then discarded. 				
<p>23. Demonstrate with a model how to use a condom:</p> <ul style="list-style-type: none"> • Open the condom package carefully so that the condom does not tear. Do not use scissors, teeth or other sharp objects to open the package. • Pinch the tip of the condom to squeeze out the air and position over the condom model. • Holding the tip of the condom on the condom model, unroll it all the way down to the base. • After ejaculation, withdraw the penis while still erect, holding the base of the condom to prevent semen from spilling. • Tie the condom in a knot and dispose of it in the garbage. 				
INFERTILITY EVALUATION				
24. Ask a volunteer to tell listeners what he knows about infertility.				
<p>25. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on:</p> <ul style="list-style-type: none"> • Causes of infertility (especially role of STIs) • How to prevent infertility (prevention of, early diagnosis and full treatment of STIs) • Opportunities for infertility evaluation • Treatment options for infertility 				
26. Ask for and answer any questions on infertility.				
ALCOHOL AND SUBSTANCE ABUSE				
<p>27. Facilitate a brainstorming session on alcohol and substance abuse:</p> <ul style="list-style-type: none"> • Disadvantages of alcohol consumption • Risks of substance abuse • Link between alcohol/substance abuse and risky behaviour 				
28. Ask for and answer any questions on infertility.				

LEARNING GUIDE FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
WOMEN'S REPRODUCTIVE HEALTH NEEDS				
29. Discuss the need for men to support women's reproductive health needs: <ul style="list-style-type: none"> • Antenatal care in health facilities (including adequate nutrition and rest) • Labour and delivery care in health institutions and by skilled birth attendants • Postpartum care (including exclusive breastfeeding) • Healthy timing and spacing of pregnancies • Contraception 				
CONCLUSION				
30. Ask the patients/parents for any questions they might have and provide additional information as needed.				
31. Tell patients/parents where to go for the services that they require.				
32. Thank everyone for their attention.				

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Rate the performance of each task/activity observed using the following rating scale:

- 1 Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
- 2 Competently Performed:** Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.
- 3 Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

TASK/ACTIVITY	CASES			
PREPARATION				
1. Prepare IEC materials if available, and find out if the patient wishes the caretaker/parent to participate or not.				
2. Provide seats for all patients and the caretakers/parents who have come to the MC/male RH clinic.				
3. Greet the patient and his caretaker respectively and with kindness. Introduce yourself and ask for the name of the patient.				
4. Explain to the patient and the caretaker what is going to be done and encourage him to ask questions. Get permission before beginning and ask whether the caretaker should be present.				
5. Explain to the patient that the information he gives will be held confidential and will not be shared without his express permission. Explain the concept of shared confidentiality with other health care providers who are giving HIV-related care.				
GENERAL				
6. Communicate respect with verbal and non-verbal communication.				
7. Honor confidentiality.				
8. Use easy to understand language and check understanding.				
9. Ask if the patient participated in the group education session and find out what he already knows before providing additional education.				
10. Be sensitive to social and cultural practices that may conflict with the plan of care.				
11. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
12. Be empathetic.				
13. Ask the patient/patient what specific reproductive health service he is requesting.				

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
MALE CIRCUMCISION				
14. Ask the patient (or the parents, if the child is too young) to tell you what he already knows about male circumcision.				
15. Tell the patient/parents: <ul style="list-style-type: none"> • What male circumcision is • What the cultural, social and/or religious beliefs about male circumcision in the country (including the “rites of passage” ceremonies) • What are the benefits of male circumcision • What are the risks of male circumcision • What is known about the relationship between male circumcision and HIV infection • What are the pain relief options for male circumcision • How soon can patients go home after male circumcision • Postoperative care after male circumcision • How and where to contact health care workers after male circumcision 				
16. Ask for any questions and address any concerns that the patient or his parents may have.				
HIV DISEASE BASICS AND PREVENTION				
17. Ask the patient or his parents to tell you what they already know about HIV and AIDS.				
18. Ask the patient or his parents if he has ever been tested for HIV.				
19. Update the patient and/or his parents on the following (to fill in the gaps in HIV knowledge): <ul style="list-style-type: none"> • What the terms HIV and AIDS mean • How HIV affects the body’s defense system • How HIV is spread from person to person • How HIV infection can be prevented • Abstain, be faithful, condom use (ABC of prevention) • Seeking medical attention for STIs • The importance of not sharing needles or using illicit drugs • Use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV • Natural history of HIV disease • Undergoing HIV testing 				
20. Ask the patient if he is sexually active. If Yes, ask if the patient thinks he has recently put himself at risk of an STI or HIV infection, for example, by: <ul style="list-style-type: none"> • Having unprotected intercourse with someone of unknown HIV status • Having multiple sexual partners • Obtaining injections from quacks or people whose background in health care is unknown • Sharing injection needles with others • Using Injection drugs • Getting drunk on alcohol 				
21. Work with the patient to develop a risk reduction plan for the risk behaviours identified above.				
22. Refer patient for HIV testing if he so wishes.				

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
23. Refer patient for care and support if he is known to be HIV-positive.				
24. If patient is HIV-negative, counsel him on how to remain negative (ABC message).				
OPTIONAL TOPICS DEPENDING ON MALE REPRODUCTIVE HEALTH SERVICE REQUESTED. (N.B: IF PATIENT DID NOT PARTICIPATE IN THE GROUP EDUCATION SESSION, INCLUDE THE TOPICS IN INDIVIDUAL COUNSELLING SESSION.)				
OTHER SEXUALLY TRANSMITTED INFECTIONS (if the patient is already sexually active)				
25. Ask the patient what he knows about other sexually transmitted infections (STIs).				
26. Update the patient on the following (to fill in the gaps in STI knowledge): <ul style="list-style-type: none"> • What the common STIs are in the country • What the symptoms and signs of STIs are • How STIs are spread from person to person • How STIs can be prevented • Abstinence • Being faithful • Condom use • Use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV • Where to go for treatment if patient has symptoms or signs of an STI 				
27. Ask the patient if he has ever been diagnosed or treated for an STI.				
FAMILY PLANNING (for sexually active patients)				
28. Ask the patient about his and his spouse's reproductive intentions (if sexually active): <ul style="list-style-type: none"> • Delay childbearing • Space childbearing • Stop childbearing 				
29. Ask patient to tell you what he already knows about family planning methods.				
30. Tell the patient about family planning methods that are available in the country: <ul style="list-style-type: none"> • For men: <ul style="list-style-type: none"> • Condoms • Withdrawal method • Male sterilization (vasectomy) • For women: <ul style="list-style-type: none"> • Oral pills • Injectable hormonal contraceptives • Sub-dermal implants (Norplant® implants) • Intrauterine devices (IUDs) • Female sterilization (minilaparotomy sterilization) • Natural methods 				
31. Assess condom usage, and demonstrate as needed (see <i>Learning Guide for Group Education on Male Circumcision and Male Reproductive Health</i>).				

LEARNING GUIDE FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
32. If patient wants to stop childbearing, initiate discussions on male sterilization (vasectomy) and refer him to the family planning clinic.				
PLAN OF CARE				
33. Discuss the timing of visits for the reproductive health service requested.				
34. Complete patient's record forms.				
35. Give patient an appointment for the service.				

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

Rate the performance of each task/activity observed using the following rating scale:

- 1 Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
- 2 Competently Performed:** Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.
- 3 Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

TASK/ACTIVITY	CASES			
HISTORY-TAKING				
SCREENING OF PATIENTS				
1. Ask patient if the caretaker or parent can stay during the discussion. Support patient's decision on this.				
2. Assure patient of confidentiality of all information provided during the session and provide privacy.				
PATIENT IDENTIFICATION				
3. Ask the patient about the following: <ul style="list-style-type: none"> • Name • Address • Date of birth (age) • Marital status • Tribe • Religion • How he was referred to the clinic 				
4. Ask the patient (or his parents) why he has come to the clinic.				
INFORMED CONSENT				
5. If the patient is in the clinic for male circumcision, ensure that he (or his parent) has given an informed consent.				
HISTORY OF SEXUALLY TRANSMITTED INFECTIONS				
6. Ask the patient if he is sexually active.				
7. If yes, find out about: <ul style="list-style-type: none"> • Most recent sexual exposure • Number of sexual partners • Any illness in the sexual partner • Use of condoms 				

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

TASK/ACTIVITY	CASES			
8. Also ask if the patient currently has any of the following complaints: <ul style="list-style-type: none"> • Urethral discharge • Genital sore • Pain on erection • Swelling or pain in the scrotum • Pain on urination • Difficulty in retracting the foreskin (if uncircumcised) 				
9. If he has any of the above, find out more about the complaint: <ul style="list-style-type: none"> • Onset • Character • Periodicity • Duration • Relationship to sexual intercourse and urination 				
PAST MEDICAL HISTORY				
10. Ask the patient if he has ever been diagnosed and/or treated for an STI.				
11. Ask the patient if he has ever been treated or is currently being treated for any of the following: <ul style="list-style-type: none"> • High blood pressure • Diabetes • Heart problems • HIV/AIDS • TB • Prostate cancer • Sickle-cell disease • Any other diseases 				
12. Ask the patient if he has ever undergone any surgery in the past: <ul style="list-style-type: none"> • Herniorrhaphy • Scrotal surgery • Penile surgery • Other surgery 				
REPRODUCTIVE AND CONTRACEPTIVE HISTORY (applicable to adults/adolescents only)				
13. Ask the patient if he has ever fathered a child. If so, how many?				
14. Ask about the patient's reproductive intentions if married or in a sexual relationship: <ul style="list-style-type: none"> • Delay childrearing • Space childrearing • Stop childrearing 				
15. Ask the patient if he has ever used any type of contraception. If so, which method did he use?				
DRUG HISTORY				
16. Ask the patient if he is currently on any special medications (whether prescribed, over-the-counter or traditional).				
17. Ask the patient if he has an allergy to any known drug (including lignocaine/lidocaine injection or iodine).				

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
18. Ask the patient if he has a history of substance abuse. If so, what: <ul style="list-style-type: none"> • Alcohol • Tobacco • Illicit drugs (heroin, cocaine, etc.) • Steroids 				
PHYSICAL EXAMINATION				
GENERAL PHYSICAL EXAMINATION				
19. Explain to the patient why a physical examination is necessary before male circumcision. Ask the patient to undress and prepare for the examination.				
20. Assist the patient to lie on the examination couch and cover him with a drape.				
21. Perform a focused general physical examination, checking for: <ul style="list-style-type: none"> • Pallor (conjunctiva, tongue/mouth, nail beds) • Jaundice (conjunctiva) • Leg oedema 				
22. Check the patient's vital signs: <ul style="list-style-type: none"> • Pulse • Blood pressure • Respiratory rate 				
SYSTEMIC EXAMINATION				
23. Perform any other systemic examination as dictated by patient's history and general examination.				
GENITAL EXAMINATION				
24. Wash hands with soap and water and dry with clean, dry towel.				
25. Put examination gloves on both hands.				
26. Examine the penis and look for any abnormalities: <ul style="list-style-type: none"> • Infection of the foreskin and/or glans • Phimosis (inability to retract the foreskin) • Paraphimosis (inability to return a retracted foreskin to its normal position) • Hypospadias • Epispadias • Genital ulcers (viral warts, chancroid, syphilis, etc.) • Urethral discharge • Penile cancer • Filariasis • Haemophilia 				
27. Examine the scrotum and check for any of the following: <ul style="list-style-type: none"> • Varicose veins • Scrotal swelling • Hernias • A tight foreskin as a result of scar tissue (phimosis) • Scar tissue at the frenulum • Penile warts • Balanitis xerotica obliterans or lichen planus et atrophicus • Hydrocele causing scrotal swelling 				

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
28. Document relative contraindications, consultations and resulting management plans.				
29. Thank the patient for his cooperation.				
POST-EXAMINATION TASKS				
30. Remove gloves and dispose of in waterproof disposal bin (or put in 0.5% chlorine solution for 10 minutes if re-using).				
31. Wash hands thoroughly with soap and water and dry with clean towel.				
32. Complete the patient's record form.				
33. Refer to a higher facility if there is a contraindication for male circumcision at the clinic.				
PREOPERATIVE GUIDANCE FOR THE PATIENT				
34. Instruct the patient to do the following prior to arrival at the clinic for surgery: <ul style="list-style-type: none"> • Empty his bladder. • Clip the pubic hair if it will interfere with the procedure, or it can be done at the clinic. • Wash his genital area and penis with water and soap, retracting the foreskin and washing under it. 				

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

Rate the performance of each task/activity observed using the following rating scale:

- 1 Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
- 2 Competently Performed:** Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.
- 3 Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all necessary equipment and supplies: <ul style="list-style-type: none"> • Instrument tray wrapped with sterile drape • Dissecting forceps (finely toothed) • Artery forceps (2 straight, 2 curved) • Curved Metzenbaum's scissors • Stitch scissors • Mayo's needle holder • Sponge-holding forceps • Scalpel knife handle and blades • "O" drape (80 cm x 80 cm, with ~5 cm hole) • Gallipot for antiseptic solution (e.g., povidone iodine) • Povidone iodine (50 ml of 10% solution) • Plain gauze swabs (10 x 10 cm; 10 for the procedure, 5 for dressing) • Petroleum-jelly-impregnated gauze (5 x 5 cm or 5 x 10 cm) (tulle gras) and sticking plaster • 15 ml of 1% plain lidocaine (without epinephrine) anaesthetic solution • Syringe, 10 ml (if single-use syringes and needles are unavailable, use equipment suitable for steam sterilization) • Injection needles (18- or 21-gauge) • Suture material (chromic gut or vicryl 3-0 and 4-0) with 3/8 circle reverse-cutting needle • Gentian violet (no more than 5 ml) or sterile marker pen • Gloves, masks, caps and aprons • Condoms and information materials for patient 				
2. Inspect equipment to ensure that it is functional: <ul style="list-style-type: none"> • Haemostatic artery forceps • Surgical dissection scissors • Needle holders • Dissection forceps (tweezers) 				
3. Greet the patient and/or parent(s) respectfully and with kindness.				

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

TASK/ACTIVITY	CASES			
4. Describe your role in the male circumcision procedure.				
5. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
6. Review the patient's records (history, examination findings, laboratory report if any).				
7. Verify patient's identity and check that informed consent was obtained.				
8. Check that patient has recently washed and rinsed his genital areas.				
PREOPERATIVE TASKS				
9. Ask your surgical assistant to prepare the instrument tray and open the sterile instrument pack without touching items.				
10. Ask the patient to lie on his back in a comfortable position.				
11. Wash your hands thoroughly with soap and water for 5 minutes and dry them with clean, dry towel.				
12. Put on a sterile gown (if available) and two pairs of sterile or high-level disinfected surgical gloves.				
13. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area. With your left hand, retract the foreskin and make sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves without contaminating the inner pair.				
15. Apply a center "O" drape to the genital area with the penis pulled through the "O" drape. Alternatively, apply four separate drapes around the penis (top, bottom, left and right).				
16. Arrange the surgical instruments on the surgical tray in the order in which they will be used.				
17. Perform a gentle examination of the external genitalia to exclude any undetected contraindications to the procedure.				
18. Anaesthesia tasks				
19. Calculate the amount of local anaesthetic required for the procedure, based on the patient's weight.				
20. Perform a Dorsal Penile Nerve Block (DPNB) and a Subcutaneous Ring Block (SRB) with special attention to the ventral nerve. To do this: <ul style="list-style-type: none"> • Draw up required mls of plain 1% lidocaine solution in 20-ml syringe (e.g., for a 40-kg. youth, draw up 10 mls; N.B.: maximum volume of 1% lidocaine allowed for a 40-kg youth is 12 mls). • To perform a dorsal penile nerve block (DPNB), use a fine needle (23-gauge) to inject 1–2 ml of local anaesthetic at the base of the penis at 11 and 1 o'clock positions. • To perform the subcutaneous ring block (SRB), inject the anaesthetic subcutaneously and slowly (above Buck's fascia), circumferentially on the shaft of the penis near its base, including injecting about 1 ml laterally toward the ventral surface to complete the block. 				
21. Wait for 3–5 minutes for the anaesthetic to take effect.				
22. Gently pinch the foreskin with artery forceps to check the anaesthetic effect of the nerve block and inject additional anaesthetic as needed.				

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

TASK/ACTIVITY	CASES			
23. Throughout the procedure, talk to and reassure the patient (verbal anaesthesia).				
24. Common steps to all surgical methods				
25. Fully retract the foreskin and separate any adhesions with artery forceps or blunt probe.				
26. If the opening of the foreskin is tight, dilate it with a pair of artery forceps, taking care not to push the forceps into the urethra!				
27. Make a curved mark using a sterile disposable marking pen, dabs of gentian violet, or back of a surgical blade or with pinch marks of an artery forceps, outlining the planned surgical cut. The mark is made 1 cm proximal and parallel to the coronal sulcus all round.				
28. Surgical procedure: Dorsal Slit Method				
29. Hold the prepuce with two artery forceps at 3 and 9 o'clock positions, taking care to ensure that there is equal tension on the inner and outer aspects of the foreskin.				
30. Make a curved mark with sterile disposable marking pen, dabs of gentian violet, back of a surgical blade or pinch marks of an artery forceps, outlining the planned line of surgical cut. The mark is made 1 cm proximal and parallel to the coronal sulcus all round.				
31. Apply a straight artery forceps to the foreskin at 12 o'clock position to crush it at the intended incision line, and remove after 1 minute.				
32. Using a pair of dissecting scissors, make a dorsal slit in the prepuce along the crushed line starting from the preputial orifice to the dorsal corona sulcus.				
33. Apply a curved Kocher's clamp to the fold of prepuce along the marked area (optional). Repeat on the other side.				
34. Using a pair of dissecting scissors, excise the excess foreskin along the previously marked circumcision line.				
35. Identify bleeders, and clamp, tie or under-run them with 3/0 plain catgut.				
36. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
37. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
38. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o'clock positions and tag accordingly.				
39. Thereafter close the gaps between the tagged stitches with two or more simple sutures (a total of approximately 16 stitches).				
40. Irrigate the area with normal saline and add other simple stitches as required.				
41. Dress the wound with Sofratulle/Vaseline gauze, then with a regular dressing bandage and a strapping.				
42. Advise the patient to rest for 30 minutes.				

**LEARNING GUIDE FOR DORSAL SLIT MALE
CIRCUMCISION PROCEDURE**

TASK/ACTIVITY	CASES			
POST-PROCEDURE TASKS				
43. Dispose of all contaminated needles and syringes in a puncture-proof container.				
44. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
45. Dispose of waste materials in leakproof container or plastic bag.				
46. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out and placing in leakproof container or plastic bag.				
47. Wash hands thoroughly and dry them with clean, dry towel.				
POSTOPERATIVE CARE				
48. Observe the patient's vital signs and record findings.				
49. Answer patient's questions and concerns.				
50. Advise the patient on postoperative care of the penis.				
51. When stable, discharge the patient home on mild analgesics.				
52. Inform the patient to come back for postoperative review after 48 hours or anytime earlier should there be any of the following complications: <ul style="list-style-type: none"> • Bleeding • Wound discharge • Fever • Pain or other distress • Penile or scrotal support 				
53. Complete operation notes and other patient record forms.				

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE

Rate the performance of each task/activity observed using the following rating scale:

- 1 Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
- 2 Competently Performed:** Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.
- 3 Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all necessary equipment and supplies: <ul style="list-style-type: none"> • Instrument tray wrapped with sterile drape • Dissecting forceps (finely toothed) • Artery forceps (2 straight, 2 curved) • Curved Metzenbaum's scissors • Stitch scissors • Mayo's needle holder • Sponge-holding forceps • Scalpel knife handle and blades • "O" drape (80 cm x 80 cm, with ~5 cm hole) • Gallipot for antiseptic solution (e.g., povidone iodine) • Povidone iodine (50 ml of 10% solution) • Plain gauze swabs (10 x 10 cm; 10 for the procedure, 5 for dressing) • Petroleum-jelly-impregnated gauze (5 x 5 cm or 5 x 10 cm) (tulle gras) and sticking plaster • 15 ml of 1% plain lidocaine (without epinephrine) anaesthetic solution • Syringe, 10 ml (if single-use syringes and needles are unavailable, use equipment suitable for steam sterilization) • Injection needles (18- or 21-gauge) • Suture material (chromic gut or vicryl 3-0 and 4-0) with 3/8 circle reverse-cutting needle • Gentian violet (no more than 5 ml) or sterile marker pen • Gloves, masks, caps and aprons • Condoms and information materials for patient 				
2. Inspect equipment to ensure that it is functional: <ul style="list-style-type: none"> • Haemostatic artery forceps • Surgical dissection scissors • Needle holders • Dissection forceps (tweezers) 				
3. Greet the patient and/or parent(s) respectfully and with kindness.				

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
4. Describe your role in the male circumcision procedure.				
5. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
6. Review the patient's records (history, examination findings, laboratory report if any).				
7. Verify patient's identity and check that informed consent was obtained.				
8. Check that patient has recently washed and rinsed his genital areas.				
PREOPERATIVE TASKS				
9. Ask your surgical assistant to prepare the instrument tray and open the sterile instrument pack without touching items.				
10. Ask the patient to lie on his back in a comfortable position.				
11. Wash your hands thoroughly with soap and water for 5 minutes and dry them with clean, dry towel.				
12. Put on a sterile gown (if available) and two pairs of sterile or high-level disinfected surgical gloves.				
13. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area. With your left hand, retract the foreskin and make sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves without contaminating the inner pair.				
15. Apply a center "O" drape to the genital area with the penis pulled through the "O" drape. Alternatively, apply four separate drapes around the penis (top, bottom, left and right).				
16. Arrange the surgical instruments on the surgical tray in the order in which they will be used.				
17. Perform a gentle examination of the external genitalia to exclude any undetected contraindications to the procedure.				
ANAESTHESIA TASKS				
18. Calculate the amount of local anaesthetic required for the procedure, based on the patient's weight.				
19. Perform a Dorsal Penile Nerve Block (DPNB) and a Subcutaneous Ring Block (SRB) with special attention to the ventral nerve. To do this: <ul style="list-style-type: none"> • Draw up required mls of plain 1% lidocaine solution in 20 ml syringe (e.g., for a 40-kg. youth, draw up 10 ml; N.B.: maximum volume of 1% lidocaine allowed for a 40-kg. youth is 12 mls). • To perform a dorsal penile nerve block (DPNB), use a fine needle (23-gauge) to inject 1–2 ml of local anaesthetic at the base of the penis at 11 and 1 o'clock positions. • To perform the subcutaneous ring block (SRB), inject the anaesthetic subcutaneously and slowly (above Buck's fascia), circumferentially on the shaft of the penis near its base, including injecting about 1 ml laterally toward the ventral surface to complete the block. 				
20. Wait for 3–5 minutes for the anaesthetic to take effect.				
21. Gently pinch the foreskin with artery forceps to check the anaesthetic effect of the nerve block and inject additional anaesthetic as needed.				
22. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
COMMON STEPS TO ALL SURGICAL METHODS				
23. Fully retract the foreskin and separate any adhesions with artery forceps or blunt probe.				
24. If the opening of the foreskin is tight, dilate it with a pair of artery forceps, taking care not to push the forceps into the urethra!				
25. Make a curved mark using a sterile disposable marking pen, dabs of gentian violet, back of a surgical blade or with pinch marks of an artery forceps, outlining the planned surgical cut. The mark is made 1 cm proximal and parallel to the coronal sulcus all round.				
SURGICAL PROCEDURE: FORCEPS GUIDED METHOD				
26. Hold the prepuce with two mosquito forceps, one on each lateral aspect.				
27. Clamp the prepuce along the mark with a Kocher clamp while retracting the glans, ensuring that the glans itself is not clamped.				
28. Excise the prepuce distal to the clamp, using a surgical blade along the mark.				
29. Identify bleeders, and clamp, tie or under-run them with 3/0 plain catgut.				
30. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
31. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
32. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o'clock positions and tag accordingly.				
33. Thereafter close the gaps between the tagged stitches with two or more simple sutures.				
34. Irrigate the area with normal saline, check for bleeding and add other simple stitches as required.				
35. Dress the wound with Sofratulle/Vaseline gauze, then apply a regular dressing bandage and a strapping.				
36. Advise the patient to rest for 30 minutes.				
POST-PROCEDURE TASKS				
37. Dispose of all contaminated needles and syringes in a puncture-proof container.				
38. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
39. Dispose of waste materials in leakproof container or plastic bag.				
40. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out and placing in leak-proof container or plastic bag.				
41. Wash hands thoroughly and dry them with clean, dry towel.				

**LEARNING GUIDE FOR FORCEPS GUIDED
MALE CIRCUMCISION PROCEDURE**

TASK/ACTIVITY	CASES			
POSTOPERATIVE CARE				
42. Observe the patient's vital signs and record findings.				
43. Answer patient's questions and concerns.				
44. Advise the patient on postoperative care of the penis.				
45. When stable, discharge the patient home on mild analgesics.				
46. Inform the patient to come back for postoperative review after 48 hours or anytime earlier should there be any of the following complications: <ul style="list-style-type: none"> • Bleeding • Wound discharge • Fever • Pain or other distress • Penile or scrotal support 				
47. Complete operation notes and other patient record forms.				

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

Rate the performance of each task/activity observed using the following rating scale:

- 1 Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
- 2 Competently Performed:** Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.
- 3 Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all necessary equipment and supplies: <ul style="list-style-type: none"> • Instrument tray wrapped with sterile drape • Dissecting forceps (finely toothed) • Artery forceps (2 straight, 2 curved) • Curved Metzenbaum's scissors • Stitch scissors • Mayo's needle holder • Sponge-holding forceps • Scalpel knife handle and blades • "O" drape (80 cm x 80 cm, with ~5 cm hole) • Gallipot for antiseptic solution (e.g., povidone iodine) • Povidone iodine (50 ml of 10% solution) • Plain gauze swabs (10 x 10 cm; 10 for the procedure, 5 for dressing) • Petroleum-jelly-impregnated gauze (5 x 5 cm or 5 x 10 cm) (tulle gras) and sticking plaster • 15 ml of 1% plain lidocaine (without epinephrine) anaesthetic solution • Syringe, 10 ml (if single-use syringes and needles are unavailable, use equipment suitable for steam sterilization) • Injection needles (18- or 21-gauge) • Suture material (chromic gut or vicryl 3-0 and 4-0) with 3/8 circle reverse-cutting needle • Gentian violet (no more than 5 ml) or sterile marker pen • Gloves, masks, caps and aprons • Condoms and information materials for patient 				
2. Inspect equipment to ensure that it is functional: <ul style="list-style-type: none"> • Haemostatic artery forceps • Surgical dissection scissors • Needle holders • Dissection forceps (tweezers) 				
3. Greet the patient and/or parent(s) respectfully and with kindness.				

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

TASK/ACTIVITY	CASES			
4. Describe your role in the male circumcision procedure.				
5. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
6. Review the patient's records (history, examination findings, laboratory report if any).				
7. Verify patient's identity and check that informed consent was obtained.				
8. Check that patient has recently washed and rinsed his genital areas.				
PREOPERATIVE TASKS				
9. Ask your surgical assistant to prepare the instrument tray and open the sterile instrument pack without touching items.				
10. Ask the patient to lie on his back in a comfortable position.				
11. Wash your hands thoroughly with soap and water for 5 minutes and dry them with clean, dry towel.				
12. Put on a sterile gown (if available) and two pairs of sterile or high-level disinfected surgical gloves.				
13. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area. With your left hand, retract the foreskin and make sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves without contaminating the inner pair.				
15. Apply a center "O" drape to the genital area with the penis pulled through the "O" drape. Alternatively, apply four separate drapes around the penis (top, bottom, left and right).				
16. Arrange the surgical instruments on the surgical tray in the order in which they will be used.				
17. Perform a gentle examination of the external genitalia to exclude any undetected contraindications to the procedure.				
ANAESTHESIA TASKS				
18. Calculate the amount of local anaesthetic required for the procedure, based on the patient's weight.				
19. Perform a Dorsal Penile Nerve Block (DPNB) and a Subcutaneous Ring Block (SRB) with special attention to the ventral nerve. To do this: <ul style="list-style-type: none"> • Draw up required mls of plain 1% lidocaine solution in 20-ml syringe (e.g., for a 40-kg. youth, draw up 10 mls; N.B.: maximum volume of 1% lidocaine allowed for a 40-kg youth is 12 mls). • To perform a dorsal penile nerve block (DPNB), use a fine needle (23-gauge) to inject 1–2 ml of local anaesthetic at the base of the penis at 11 and 1 o'clock positions. • To perform the subcutaneous ring block (SRB), inject the anaesthetic subcutaneously and slowly (above Buck's fascia), circumferentially on the shaft of the penis near its base, including injecting about 1 ml laterally toward the ventral surface to complete the block. 				
20. Wait for 3–5 minutes for the anaesthetic to take effect.				
21. Gently pinch the foreskin with artery forceps to check the anaesthetic effect of the nerve block and inject additional anaesthetic as needed.				

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
22. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
COMMON STEPS TO ALL SURGICAL METHODS				
23. Fully retract the foreskin and separate any adhesions with artery forceps or blunt probe.				
24. If the opening of the foreskin is tight, dilate it with a pair of artery forceps, taking care not to push the forceps into the urethra!				
25. Make a curved mark using a sterile disposable marking pen, dabs of gentian violet, back of a surgical blade or with pinch marks of an artery forceps, outlining the planned surgical cut. The mark is made 1 cm proximal and parallel to the coronal sulcus all round.				
SURGICAL PROCEDURE: SLEEVE RESECTION METHOD				
26. Make a curved mark with sterile disposable marking pen, dabs of gentian violet, back of a surgical blade or pinch marks of an artery forceps, outlining the outside of the foreskin at a level just below the corona.				
27. On the underside (ventral surface) of the penis, the skin is marked with a “V” shape pointing toward the frenulum. The apex of the “V” should correspond with the midline raphe.				
28. Retract the foreskin and mark the inner (mucosal) incision line 1–2 mm proximal to the corona. At the frenulum, the incision line crosses horizontally.				
29. Using a scalpel blade, make incisions along the two lines, taking care to cut through the skin to the subcutaneous tissue but not deeper. Ask the assistant to help retract the skin with a moist gauze swap as you make the incisions.				
USING A PAIR OF DISSECTING SCISSORS, JOIN THE TWO INCISIONS				
30. Hold the sleeve of foreskin under tension with two artery forceps and dissect it off the shaft of the penis, using a pair of dissecting forceps.				
31. Identify bleeders, and clamp, tie and/or under-run them.				
32. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
33. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make a U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the “V” shaped cut. Tie and tag with a mosquito forceps.				
34. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o'clock positions and tag accordingly.				
35. Thereafter, close the gaps between the tagged stitches with two or more simple sutures (a total of approximately 16 stitches).				
36. Irrigate the area with normal saline and add other simple stitches as required.				
37. Dress the wound with Sofratulle/Vaseline gauze, then with a regular dressing bandage and a strapping.				
38. Advise the patient to rest for 30 minutes.				

**LEARNING GUIDE FOR SLEEVE RESECTION
MALE CIRCUMCISION PROCEDURE**

TASK/ACTIVITY	CASES			
POST-PROCEDURE TASKS				
39. Dispose of all contaminated needles and syringes in a puncture-proof container.				
40. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination				
41. Dispose of waste materials in leakproof container or plastic bag.				
42. Immerse both gloved hands in 0.5% chlorine solution and remove gloves by turning inside out and placing in leakproof container or plastic bag.				
43. Wash hands thoroughly and dry them with clean, dry towel.				
POSTOPERATIVE CARE				
44. Observe the patient's vital signs and record findings.				
45. Answer patient's questions and concerns.				
46. Advise the patient on postoperative care of the penis.				
47. When stable, discharge the patient home on mild analgesics.				
48. Inform the patient to come back for postoperative review after 48 hours or anytime earlier should there be any of the following complications: <ul style="list-style-type: none"> • Bleeding • Wound discharge • Fever • Pain or other distress • Penile or scrotal support 				
49. Complete operation notes and other patient record forms.				

LEARNING GUIDE FOR 48-HOUR POSTOPERATIVE REVIEW

Rate the performance of each task/activity observed using the following rating scale:

- 1 Needs Improvement:** Step not performed correctly and/or out of sequence (if required) or is omitted.
- 2 Competently Performed:** Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.
- 3 Proficiently Performed:** Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR 48-HOUR POSTOPERATIVE REVIEW

TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed materials: <ul style="list-style-type: none"> • Examination gloves • Antiseptic solution • Normal saline • Cotton ball swabs • Pair of stitch scissors 				
2. Greet the patient and/or parent(s) respectfully and with kindness.				
3. Review the patient's records (date of surgery, any complications during or after surgery).				
4. Ask the patient or parent(s) if he has had any problems since the procedure was done. If so, where did he go and what was done?				
5. Ask the patient if the dressing on the penis is still intact.				
6. Ask the patient for permission to examine the surgical area.				
7. Help the patient to lie down on the couch.				
8. Wash your hands with soap and water and dry with a clean, dry towel.				
9. Put examination gloves on both hands.				
10. Examine the penis for: <ul style="list-style-type: none"> • Bleeding • Wound discharge • Wound disruption 				
11. Gently remove strapping and gauze dressing.				
12. Apply saline to Sofratulle dressing and gently remove.				
13. Inspect suture line for bleeding, discharge or wound disruption.				
14. Clean with antiseptic solution and leave to dry.				
15. Dispose of contaminated wastes and gloves in covered, leakproof container.				
16. Immerse gloved hands in 0.5% chlorine solution, remove gloves gently and dispose of in covered, leakproof container.				
17. Wash your hands with soap and water and dry with a clean, dry towel.				

LEARNING GUIDE FOR 48-HOUR POSTOPERATIVE REVIEW				
TASK/ACTIVITY	CASES			
18. Tell the patient about your examination findings and repeat postoperative care instructions (including abstinence for 4–6 weeks).				
19. Ask the patient if he has any questions and answer them.				
20. Give the patient a date for his next appointment.				
21. Complete patient record form.				

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Place a “√” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

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PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
PREPARATION				
1. Prepare IEC materials				
2. Provide seats for all patients and the caretakers/parents who have come to the MC/male RH clinic.				
3. Greet the patient and caretakers/parents present and introduce yourself.				
4. Explain to the patients and caretakers/parents what you wish to talk about and encourage them to ask questions.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENERAL				
5. Use easy to understand language and check understanding.				
6. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
7. Demonstrate empathy.				
8. Tell the patient/caretakers/parents what male RH services are available in the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
9. Ask a volunteer to tell you what he already knows about male circumcision.				
10. Give positive feedback to the volunteer on any correct information provided and fills in the gaps: <ul style="list-style-type: none"> • What is male circumcision? • Benefits of male circumcision • Risks of male circumcision • Relationship between male circumcision and HIV infection • Pain relief options for male circumcision • Postoperative care after male circumcision • How and where to contact health care workers after male circumcision 				
11. Ask for any questions and address any concerns that the patients/parents may have.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
HIV DISEASE BASICS AND PREVENTION				
12. Ask a volunteer to tell you what he already knows about HIV/AIDS.				
13. Give positive feedback to the volunteer on any correct information provided and fill in the gaps.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
OTHER SEXUALLY TRANSMITTED INFECTIONS				
14. Ask a volunteer to tell others what he knows about other sexually transmitted infections (STIs).				
15. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: <ul style="list-style-type: none"> • Common STIs in the country • Symptoms and signs of the common STIs • How STIs can be prevented (including ABC message) 				
16. Tell the patients where they can receive services if they experience symptoms and signs of an STI.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
FAMILY PLANNING				
17. Ask the patients and caretakers to list the family planning methods they know.				
18. Facilitate a brainstorming session on the benefits of family planning to the individual patient, couples and the community.				
19. Tell the patient about a variety of male and female family planning methods that are available in the clinic.				
20. Briefly tell the patient about condoms (effectiveness, dual protection, etc.).				
21. Give instructions on condom use (storage, when and how to use, disposal, etc.).				
22. Demonstrate with a model how to use a condom.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
INFERTILITY EVALUATION				
23. Ask a volunteer to tell listeners what he knows about infertility.				
24. Give positive feedback to the volunteer on any correct information provided and fill in the gaps (including association with STIs and prevention).				
25. Ask for and answer any questions on infertility.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
ALCOHOL AND SUBSTANCE ABUSE				
26. Facilitate a brainstorming session on alcohol and substance abuse.				
27. Ask for and answer any questions on infertility.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
WOMEN'S REPRODUCTIVE HEALTH NEEDS				
28. Discuss the need for men to support women's reproductive health needs				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
CONCLUSION				
29. Ask the patients/parents for any questions they might have on MC and male RH and provide additional information as needed.				
30. Tell patients/parents where to go for the services that they require.				
31. Thank everyone for their attention.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

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PRACTICE CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
PREPARATION				
1. Prepare IEC materials.				
2. Greet the patient and caretaker respectively and with kindness. Introduce yourself and ask for the name of the patient.				
3. Explain to the patient and the caretaker what is going to be done and encourages them to ask questions. Get permission before beginning and ask whether the caretaker should be present.				
4. Explain to the patient that the information he gives will be held confidential and will not be shared without his express permission.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENERAL				
5. Communicate effectively with the patient and caretaker(s)/parent(s).				
6. Honor confidentiality.				
7. Show sensitivity to social and cultural practices that may conflict with the plan of care.				
8. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
9. Show empathy.				
10. Ask the patient/parent what specific reproductive health service he is requesting.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
11. Ask the patient (or the parents, if the child is too young) to tell you what he already knows about male circumcision.				
12. Tell the patient/parents about male circumcision: <ul style="list-style-type: none"> • What MC is • Benefits and risks of MC • How it is done • Postoperative care and follow-up 				

PRACTICE CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
13. Ask for any questions and address any concerns that the patient or his parents may have.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
HIV DISEASE BASICS AND PREVENTION				
14. Ask the patient or his parents to tell you what they already know about HIV and AIDS.				
15. Ask the patient or his parents if he has ever been tested for HIV.				
16. Update the patient and/or his parents about HIV and AIDS.				
17. Explore the patient's HIV risk behaviour.				
18. Works with the patient to develop a risk reduction plan for the risk behaviours identified above.				
19. Refer patient for HIV testing if he so wishes.				
20. Refer patient for care and support if he is known to be HIV-positive.				
21. If HIV-negative, counsel patient on how to remain negative (ABC message).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
OTHER SEXUALLY TRANSMITTED INFECTIONS (if the patient is already sexually active)				
22. Ask the patient what he knows about sexually transmitted infections (STIs).				
23. Update the patient about STIs, including how STIs can be prevented: <ul style="list-style-type: none"> • ABC message • Use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV 				
24. Ask the patient if he has ever been diagnosed or treated for an STI.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
FAMILY PLANNING (for sexually active patients)				
25. Ask the patient about his and his spouse's reproductive intentions.				
26. Ask the patient to tell you what he already knows about family planning methods.				
27. Tell the patient about male and female family planning methods that are available in the country.				
28. Assess condom usage, and demonstrate as needed.				
29. If patient wants to stop childbearing, initiate discussions on male sterilization (vasectomy) and refer him to the family planning clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PLAN OF CARE				
30. Discuss the timing of visits for the reproductive health service requested.				
31. Complete the patient's record forms.				
32. Give the patient an appointment for the service requested.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

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PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
HISTORY-TAKING				
SCREENING				
1. Ask patient if the caretaker or parent can stay during the discussion. Support patient’s decision on this.				
2. Assure patient of confidentiality of all information provided during the session.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PATIENT IDENTIFICATION				
3. Ask the patient about personal information (name, address, age, marital status, etc.).				
4. Ask the patient (or his parents) why he has come to the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
INFORMED CONSENT				
5. If in the clinic for male circumcision, ensure that the patient (or his parent) has given an informed consent.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
HISTORY OF SEXUALLY TRANSMITTED INFECTIONS				
6. Ask the patient if he is sexually active.				
7. Ask if the patient currently has any genitourinary symptoms.				
8. If he has any of the above, find out more about the complaint.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PAST MEDICAL HISTORY				
9. Ask the patient if he has ever been diagnosed and/or treated for an STI or other genital disease.				
10. Ask the patient if he has ever been treated or is currently being treated for any medical illness.				

PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
11. Ask the patient if he has ever undergone any surgery in the past (especially genital surgery).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
REPRODUCTIVE AND CONTRACEPTIVE HISTORY				
12. Ask the patient if he has ever fathered a child. If so, how many?				
13. Ask about the patient's reproductive intentions.				
14. Ask the patient if he has ever used any type of contraception. If so, which method did he use?				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
DRUG HISTORY				
15. Ask the patient if he is currently on any special medications (whether prescribed, over-the-counter or traditional).				
16. Ask the patient if he has allergy to any known drug (including lignocaine injection or iodine).				
17. Ask the patient if he has a history of substance abuse. If so what?				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PHYSICAL EXAMINATION				
18. Explain to the patient why a physical examination is necessary before male circumcision and ask the patient to undress and prepare for the examination.				
19. Assist the patient to lie on the examination couch and cover him with a drape.				
20. Perform a focused general physical examination.				
21. Check the patient's vital signs.				
22. Perform any other systemic examination as dictated by the patient's history.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENITAL EXAMINATION				
23. Wash hands with soap and water and dry with a clean, dry towel.				
24. Put examination gloves on both hands.				
25. Examine the penis and look for any abnormalities.				
26. Examine the scrotum and check for any abnormalities.				
27. Thank the patient for his cooperation.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-EXAMINATION TASKS				
28. Immerse gloved hands in 0.5% chlorine solution, remove gloves and dispose of in waterproof disposal bin (or put in 0.5% chlorine solution for 10 minutes if re-using).				
29. Wash hands thoroughly with soap and water and dry with clean towel.				
30. Complete patient's record form.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
PREOPERATIVE GUIDANCE FOR THE PATIENT				
31. Instruct the patient to do the following prior to arrival at the clinic for surgery: <ul style="list-style-type: none"> • Empty his bladder. • Clip the pubic hair if it will interfere with the procedure, or it can be done at the clinic. • Wash his genital area and penis with water and soap, retracting the foreskin and washing under it. 				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

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PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient’s records (history, examination findings, laboratory report if any).				
6. Verify patient's identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center “O” drape to the genital area and pull the penis through the “O” drape. If there is no “O-drape”, apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
ANAESTHESIA TASKS				
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: DORSAL SLIT TECHNIQUE				
23. Using a pair surgical scissors, make a dorsal slit in the prepuce starting from the preputial orifice to the dorsal corona sulcus.				
24. Excise the prepuce with a surgical blade along the previous mark.				
25. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
26. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
27. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
28. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
29. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
30. Irrigate the area with normal saline and add other simple stitches as required.				
31. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
32. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
33. Dispose of contaminated needles and syringes in puncture-proof container.				
34. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
35. Dispose of waste materials in covered leakproof container or plastic bag.				

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
36. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out: <ul style="list-style-type: none"> • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination. 				
37. Wash hands thoroughly and dry them with clean, dry towel.				
POSTOPERATIVE CARE				
38. Observe the patient's vital signs and record findings.				
39. Answer patient's questions and concerns.				
40. Advise the patient on postoperative care of the penis.				
41. When stable, discharge the patient home on mild analgesics.				
42. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
43. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE

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PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient’s records (history, examination findings, laboratory report if any).				
6. Verify patient's identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center “O” drape to the genital area and pull the penis through the “O” drape. If there is no “O-drape”, apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
ANAESTHESIA TASKS				
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: FORCEPS GUIDED METHOD				
23. Excise the prepuce distal to the clamp using a surgical blade along the mark.				
24. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
25. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
26. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
27. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
28. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
29. Irrigate the area with normal saline and add other simple stitches as required.				
30. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
31. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
32. Dispose of contaminated needles and syringes in puncture-proof container.				
33. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
34. Dispose of waste materials in covered leakproof container or plastic bag.				

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
35. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out. <ul style="list-style-type: none"> • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination. 				
36. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POSTOPERATIVE CARE				
37. Observe the patient's vital signs and record findings.				
38. Answer patient's questions and concerns.				
39. Advise the patient on postoperative care of the penis.				
40. When stable, discharge the patient home on mild analgesics.				
41. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
42. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

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PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient’s records (history, examination findings, laboratory report if any).				
6. Verify patient's identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center “O” drape to the genital area and pull the penis through the “O” drape. If there is no “O-drape”, apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
ANAESTHESIA TASKS				
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL PROCEDURES				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: SLEEVE RESECTION METHOD				
23. Using a scalpel blade, make incisions along the two lines, taking care to cut through the skin to the subcutaneous tissue but not deeper. Ask the assistant to help retract the skin with a moist gauze swap as you make the incisions.				
24. Using a pair of dissecting scissors, join the two incisions.				
25. Hold the sleeve of foreskin under tension with two artery forceps and dissect it off the shaft of the penis, using a pair of dissecting forceps.				
26. Identify bleeders, and clamp, tie and/or under-run them.				
27. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
28. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make a U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
29. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o'clock positions and tag accordingly.				
30. Thereafter, close the gaps between the tagged stitches with two or more simple sutures (a total of approximately 16 stitches).				
31. Irrigate the area with normal saline and add other simple stitches as required.				
32. Dress the wound with Sofratulle/Vaseline gauze, then with a regular dressing bandage and a strapping.				
33. Advise the patient to rest for 30 minutes.				
34. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
35. Clamp the prepuce along the mark with a Kocher clamp while retracting the glans, ensuring that the glans itself is not clamped.				
36. Excise the prepuce distal to the clamp using a surgical blade along the mark.				

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
37. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
38. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
39. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
40. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
41. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
42. Irrigate the area with normal saline and add other simple stitches as required.				
43. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
44. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
45. Dispose of contaminated needles and syringes in puncture-proof container.				
46. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
47. Dispose of waste materials in covered leakproof container or plastic bag.				
48. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out. <ul style="list-style-type: none"> • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination. 				
49. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POSTOPERATIVE CARE				
50. Observe the patient's vital signs and record findings.				
51. Answer patient's questions and concerns.				
52. Advise the patient on postoperative care of the penis.				
53. When stable, discharge the patient home on mild analgesics.				
54. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
55. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

Place a “√” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed materials.				
2. Greet the patient and/or parent(s) respectfully and with kindness.				
3. Review the patient’s records (date of surgery, any complications during or after surgery).				
4. Ask the patient or parent(s) if he has had any problems since the procedure was done. If so, where did he go and what was done?				
5. Ask the patient if the dressing on the penis is still intact.				
6. Ask the patient for permission to examine the surgical area.				
7. Help the patient to lie down on the couch.				
8. Wash your hands with soap and water and dry with a clean, dry towel.				
9. Put examination gloves on both hands.				
10. Examine the penis for: <ul style="list-style-type: none"> • Bleeding • Wound discharge • Wound disruption 				
11. Gently remove strapping and gauze dressing.				
12. Apply saline to Sofratulle dressing and gently remove.				
13. Inspect suture line for bleeding, discharge or wound disruption.				
14. Clean with antiseptic solution and leave to dry.				
15. Dispose of contaminated wastes and gloves in covered leakproof container.				
16. Wash your hands with soap and water and dry with a clean, dry towel.				
17. Tell the patient about examination findings and repeat postoperative care instructions (including abstinence for 4–6 weeks).				
18. Ask the patient if he has any questions and answer them.				
19. Give the patient a date for his next appointment.				
20. Complete patient record form.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA COURSE EVALUATION FORM

Please indicate on a 1–5 scale your opinion of the following course components:

1 – Strongly Disagree 2 – Disagree 3 – No Opinion 4 – Agree 5 – Strongly Agree

COURSE COMPONENT	RATING
1. The course helped me to gain a better understanding of the relationship between male circumcision and HIV infection.	
2. The precourse questionnaire helped me study more effectively.	
3. The role play sessions on adult and adolescent counselling about male circumcision were helpful.	
4. The case studies and role play sessions on screening for male circumcisions were helpful.	
5. The group discussions helped me to consider my attitudes toward male circumcision.	
6. The demonstration of male circumcision using anatomic models helped me to gain a better understanding of the procedure before practice in the classroom and health care facility.	
7. The practice sessions using models increased my confidence in learning to provide male circumcisions with clients.	
8. There was sufficient time scheduled for practicing male circumcision using models.	
9. 9. The models used to practice male circumcision were effective.	
10. The instructors helping me to practice male circumcision with clients were effective coaches.	
11. There was sufficient opportunity to practice male circumcision with clients.	
12. The training materials and job aids were effective.	
13. I feel confident in my ability to use infection prevention practices recommended for male circumcision.	
14. I feel confident in my ability to perform male circumcision.	
15. The questionnaires, learning guides and checklists provided a fair assessment of the knowledge, attitudes and skills learned as a result of attending this course.	

ADDITIONAL COMMENTS

1. What topics (if any) should be added to improve the course? Please explain your suggestion.

2. What topics (if any) should be deleted to improve the course? Please explain your suggestion.

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MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 1: Day 1 AM			
10 minutes	Activity: Welcome the participants.	Welcome by representatives from the organization(s) sponsoring the training course. Include any official welcomes from collaborating clinical facilities or MOH.	Course Equipment: Overhead projector, boxlight, screen, flipchart with markers (refer to Course Syllabus in Trainer's Notebook for details).
20 minutes	Activity: Facilitate introductions of the participants.	Paired Introductions: Have participants divide into pairs, interview and then introduce each other by name, position and ask them to share an experience from their localities about how men have or have not supported reproductive health programs. Can use opposite game as described on page 29 of Trainer's Notebook.	Participants' notepads and pens Opposite Card Table
20 minutes	Activity: Norms, expectations and skills Objectives: <ul style="list-style-type: none"> ● Develop consensus list of group norms. ● Describe each participant's expectations. ● State at least one skill that each participant brings to the workshop. 	Brainstorming: Trainer facilitates the brainstorming session, reflects and summarizes. Record norms, expectations and skills on separate flipcharts.	Flipchart (Three previously prepared by trainer) with bullets for: <ol style="list-style-type: none"> 1. Participant Expectations 2. Skills to Share 3. Course Norms Markers
10 minutes	Activity: Provide an overview of the course. Objectives: <ul style="list-style-type: none"> ● Introduce MC course goals and course objectives. ● Identify MC method being taught in course. ● Link objectives to course expectations. ● Contribute to course activities as outlined on activity matrix. 	Presentation: MC course introduction. The trainer introduces the course goals and objectives and then reconciles them using the prepared flipchart with participant expectations. Trainer describes activity matrix and asks participants to volunteer for presentation of daily agendas, warm-ups and summaries. Trainers model these activities on Day 1.	PowerPoint presentation or transparencies Prepared flipchart with daily agendas, warm-ups and summaries

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	<p>Activity: Review course materials.</p> <p>Objectives:</p> <ul style="list-style-type: none"> Describe the purpose of each document. Describe the location of presentation graphics, learning guides, checklists and evaluation forms. Recognize the anatomical model and discuss the need to treat model with respect. 	<p>Review: Distribute, review and discuss materials used in this course, including:</p> <p>Manual for Male Circumcision under Local Anaesthesia</p> <p>Participant Handbook—the role-plays, learning guides and checklists</p> <p>Give instructions about filling the Participant's Registration form by the end of the afternoon break.</p> <p>Describe learning materials that will be used—videos, anatomic models, prepared flipcharts.</p> <p>WHO/UNAIDS—New Data on MC and HIV Infection: Policy and Program Implications</p>	<p>Manual for Male Circumcision under Local Anaesthesia</p> <p>Participant's Handbook</p> <p>Course schedule</p> <p>Participants' registration forms</p> <p>WHO resources</p> <p>Counselling flipchart</p> <p>Videos</p> <p>Anatomic Models</p>
20 minutes	<p>Activity: Assess participants' precourse knowledge</p>	<p>Ask participants to turn to the Precourse Knowledge Questionnaire in their handbooks and answer each of the questions.</p>	<p>Manual for Male Circumcision under Local Anaesthesia</p> <p>Participant's Handbook</p> <p>Precourse Knowledge Questionnaire, answer sheets</p>
20 minutes	<p>Activity: Identify individual and group learning needs</p>	<p>Have participants grade questionnaires of colleagues using anonymous numbers assigned by trainer. Trainer should retain list of number of participant names.</p> <p>Trainer completes and posts the Individual and Group Assessment Matrix.</p> <p>Follow the directions in the MC Trainer's Notebook.</p>	<p>Manual for Male Circumcision under Local Anaesthesia</p> <p>Trainer's Notebook: Precourse Knowledge Questionnaire Answer Key and directions for using the Individual and Group Assessment Matrix</p>
15 minutes	Tea/Coffee Break		
20 minutes	<p>Exercise: Exploring MC Myths</p> <p>Objectives:</p> <p>Identify participants' understanding of myths.</p>	<p>Brainstorming: Facilitate a brainstorming session to explore societal myths that may affect both providers and consumers of male circumcision in participant countries.</p>	<p>Flipchart</p> <p>Marker Pens</p>

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
40 minutes	<p>Chapter 1: Overview of MC and HIV Infection</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Define male circumcision • List the benefits and risks of male circumcision <p>Describe the global evidence linking male circumcision with a reduction in HIV prevalence:</p> <ul style="list-style-type: none"> • Epidemiologic • Randomized controlled trials • Biologic <p>Describe evidence linking male circumcision to prevention of female cervical cancer.</p>	<p>Illustrated Lecture: Present information in the Manual for Male Circumcision under Local Anaesthesia linking MC with a reduction in HIV prevalence using PowerPoint presentation in Trainer's Notebook.</p>	<p>Manual for Male Circumcision under Local Anaesthesia</p> <p>PowerPoint slides or transparencies</p> <p>Flipchart</p> <p>Markers</p> <p>Penile model for biologic explanation</p>
20 minutes	<p>Exercise: Cultural Issues Discussion</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Analyze the effect that local culture will have on development of MC services. • Describe the community stakeholders that will have to be involved in development of MC services. 	<p>Brainstorming: Divide into groups of four to five individuals to discuss:</p> <ul style="list-style-type: none"> • How MC has been viewed within participant cultures and how the view has/may change as a result of current evidence • Cultural factors that MUST be considered in order to link MC to other male reproductive health services • Stakeholders who will have to be involved in the formulation of a policy on MC in order to enhance its acceptability in participant communities 	<p>Flipcharts (Optional)</p> <p>Markers (Optional)</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FEMALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 2: Day 1 PM			
60 minutes	<p>Chapter 2: Linking MC to Other Male SRH Services</p> <p>Objectives:</p> <ul style="list-style-type: none"> List sexual and reproductive health (SRH) services that can be addressed in association with MC. Describe men's role in supporting the health of women and children. Recognize the steps in detection and treatment of selected male SRH problems. 	<p>Illustrated Lecture: Trainer presents additional information in the reference manual on:</p> <ul style="list-style-type: none"> MC as a reproductive health opportunity MC as an opportunity for the promotion of gender equity and support of the rights of women and children MC as an opportunity to discuss harmful sexual practices such as “dry sex” or FGM Disorders of the penis and testes 	<p>Male Circumcision and Reproductive Health Reference Manual</p> <p>PowerPoint slides or transparencies</p>
30 minutes	<p>Exercise 2.1: Male Sexual and Reproductive Health Services: Debate</p> <p>Objective:</p> <p>Analyze the appropriate role for families, peers, school, religious community and health care system in maintenance of male sexual and reproductive health.</p>	<p>Debate:</p> <ul style="list-style-type: none"> Divide into two teams. Team A develops an argument that community is best prepared to support SRH of men. Team B develops an argument that the healthcare system is best prepared to support SRH of men. A representative of each team is selected to argue point. A trainer records points on each side of a flipchart. Trainer summarizes discussion and concludes that male SRH is the responsibility of both the community and the health care system and each has different strengths. 	<p>Two chairs for debaters</p> <p>Flipchart</p> <p>Markers</p>
15 minutes	Tea/Coffee Break		
30 minutes	<p>Counselling Assessment—Assess current counselling skills in stations</p>	<p>Set up three stations. Have a trainer take the role of client. Provide three randomly selected participants with a role play scenario and ask them to counsel the trainer. The trainer then provides feedback to the group.</p>	<p>Stations of two participants</p> <p>Checklist for counselling and group education for male circumcision</p> <p>Role play scenarios</p>
15 minutes	<p>Summary</p>	<p>Summarize the key activities of the day or ask a co-trainer or volunteer participant to do so.</p> <p><i>N.B: An interactive summary (involving participants) is preferable to a historical summary.</i></p>	

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 3: Day 2 AM			
10 minutes	Overview of day's activities	Review of day's agenda from flipchart Warm-up exercise by participant	Flipchart Marker
45 minutes	Chapter 3: Client Education, Counselling and Informed Consent Objectives: <ul style="list-style-type: none"> ● Define concepts of education and counselling. ● Introduce basic educational and counselling principles. ● Describe the importance of confidentiality in the provision of MC and male SRH services. ● Describe the informed consent process. ● Apply selected counselling skills. 	Illustrated Lecture: Trainer synthesizes information in the manual, stimulating participant discussion and application of relevant counselling experiences.	Manual for Male Circumcision under Local Anaesthesia PowerPoint slides or transparencies Flipchart Markers
45 minutes	Chapter 4: Screening and Consent for MC and Preparation for Surgery Objectives: <ul style="list-style-type: none"> ● Obtain a detailed history of clients prior to male circumcision. ● Perform a male genital examination. ● List contraindications to MC. ● Describe preop. preparations for MC. ● List equipment/supplies required for MC. 	Illustrated Lecture: Trainer presents key information regarding screening, consent and preparation of the client and the operating suite prior to clinical instruction.	Manual for Male Circumcision under Local Anaesthesia PowerPoint slides or transparencies Flipchart Markers
15 minutes	Tea/Coffee Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
75 minutes	<p>Role Play: Group education, counselling, screening and consent for male circumcision</p> <p>Objective:</p> <ul style="list-style-type: none"> • Provide practice of essential skills related to MC in a safe environment. 	<p>Role Play:</p> <p>Divide participants into small groups of three (mixing cadres):</p> <p>Group facilitator distributes scenarios for:</p> <ul style="list-style-type: none"> • Group education • Individual counselling and informed consent • Client assessment <p>Participant acts in role of provider, client or observer.</p> <p>Each participant will have one opportunity to serve in each role.</p> <p>Allow 20 minutes per scenario.</p> <p>Conduct plenary discussion.</p>	<p>Role play scenarios</p> <p>Table</p> <p>Penile model</p> <p>Three chairs at each group</p> <p>Consent Form: Manual for Male Circumcision under Local Anaesthesia</p> <p>Client Record Form</p> <p>Appendix 4.3</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 4: Day 2 PM			
60 minutes	<p>Chapter 5: Surgical Procedure (Include short overview of three techniques in WHO Manual)</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Describe required surgical skills for safe circumcision ● Describe local anaesthesia procedures for male circumcision ● Describe three adult MC methods ● Detailed focus on MC method focus of the training 	<p>Illustrated Lecture: Trainer presents an overview of the three surgeries that are in the Manual for Male Circumcision under Local Anaesthesia.</p>	<p>Manual for Male Circumcision under Local Anaesthesia</p> <p>PowerPoint slides or transparencies</p> <p>Flipchart</p> <p>Markers</p> <p>Anatomic model</p>
30 minutes	<p>Video of Male Circumcision</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Demonstrate MC technique. ● Analyze variations in standard method and practice in video. 	<p>Illustrated Lecture: Trainer guides participants in analysis of video.</p>	<p>Zambia UTH MC Video (WHO video when produced)</p>
15 minutes	Tea/Coffee Break		
30 minutes	<p>Exercise: Equipment Recognition</p>	<p>To correctly identify essential equipment needed in order to safely provide male circumcision.</p> <p>Follow exercise guidelines.</p> <p>Discussion describing equipment features and purpose, correcting errors during exercise.</p>	<p>Equipment/Instruments as per manual</p> <p>Some instruments should be broken</p> <p>Disposable bag</p> <p>Slide show of instruments</p>
15 minutes	<p>Summary</p>	<p>Summarize the key activities of the day or ask a co-trainer or volunteer participant to do so.</p> <p><i>N.B: An interactive summary (involving participants) is preferable to a historical summary.</i></p>	

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 5: Day 3 AM			
10 minutes	Overview of day's activities	Review of day's agenda from flipchart Warm-up exercise by participant	Flipchart Marker
45 minutes	<p>Chapter 8: Infection Prevention</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Describe the basic concepts of infection prevention. ● List key components of universal precautions. ● Describe the importance of handwashing. ● Describe the types of personal protective equipment and their function. ● Describe safe handling of needles and syringes. ● Describe the three steps involved in proper procession of instruments, gloves and other items. ● Describe safe disposal of infectious waste materials. ● Provide post exposure prophylaxis (PEP). 	<p>Illustrated Lecture: Trainer presents key information regarding infection prevention including:</p> <ul style="list-style-type: none"> ● Basic concepts ● Universal precautions ● Importance of handwashing ● Personal protective equipment ● Needle safety ● Waste disposal ● PEP 	<p>Manual for Male Circumcision under Local Anaesthesia</p> <p>PowerPoint slides or transparencies</p> <p>Flipchart</p> <p>Markers</p>

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
60 Minutes	<p>Demonstration/Practice: Infection Prevention</p> <p>Demonstrate proper handwashing technique.</p> <p>Demonstrate proper use of personal protective equipment.</p> <p>Demonstrate safe handling of sharps.</p> <p>Demonstrate proper processing of instruments, gloves and other items.</p>	<p>Demonstration and Practice:</p> <ul style="list-style-type: none"> ● Handwashing ● Surgical scrub ● Gowning ● Gloves ● Sharps disposal ● Safe handling of sharps ● Postoperative decontamination <p>(Note: Optimally, training is conducted in the operating suite.)</p>	<p>Prepared flipchart demonstrating sink and tap</p> <p>Hand soap</p> <p>Gowns and aprons</p> <p>Gloves</p> <p>masks</p> <p>Goggles</p> <p>Sharps box</p> <p>Boots/shoes</p> <p>Povidone Iodine</p> <p>Plastic buckets labeled as:</p> <ul style="list-style-type: none"> ● 0.5% chlorine ● Soapy water ● Clean water ● Medical waste (closed) ● Paper
15 minutes	Tea/Coffee Break		
90 minutes	<p>Demonstration and Practice: Knot Tying and Suturing Skills</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Assess current knot tying and suturing skills ● Demonstrate instrument tie and the three required sutures 	<p>Clinical Simulation:</p> <ul style="list-style-type: none"> ● Tack banana or other suitable model to a wooden board. ● Drape banana as you would penis. ● Use clamps to form U in towel. ● Use towel to practice: <ul style="list-style-type: none"> – Knot tying – Horizontal mattress stitch – Vertical mattress stitch – Simple interrupted stitch 	<p>MC Method Learning Guides</p> <p>Suture and needles</p> <p>Sponge material, towel or other suitable suture material</p> <p>Work surface</p> <p>Needle holders, pickups and scissors</p> <p>Banana or other suitable model</p> <p>IP materials as previously presented (gloves, masks, goggles gowns)</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 6: Day 3 PM			
30 minutes	Game: Anatomy Race	Per Exercise Guidelines	Prepared flipchart with cross-section of penis Cut out components of the following anatomic structures : <ul style="list-style-type: none"> ● Urethra ● Dorsal Penile Nerves ● Dorsal Penile Arteries ● Dorsal Penile Veins ● Bucks Fascia
45 minutes	Demonstration: Target MC method	<ul style="list-style-type: none"> ● Trainer demonstrates MC using the method that participants will learn during clinical. ● Participants follow demonstration using learning guide. 	MC Method Learning Guides Suture and needles Sponge material, towel or other suitable suture material Work surface Needle holders, pickups and scissors Banana or other suitable model IP materials as previously presented (gloves, masks, goggles gowns)
15 minutes	Tea/Coffee Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
60 minutes	Classroom Practice: Divide into pairs to practice MC procedure.	Participants practice with models with guidance from coaching.	MC Method Learning Guides Suture and needles Sponge material, towel or other suitable suture material Work surface Needle holders, pickups and scissors Model (as developed) IP Materials as previously presented (gloves, masks, goggles gowns)
15 minutes	Summary	Summarize the key activities of the day or ask a co-trainer or volunteer participant to do so. <i>N.B: An interactive summary (involving participants) is preferable to a historical summary.</i>	

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 7: Day 4 AM			
10 minutes	Overview of day's activities	Review of day's agenda from flipchart Warm-up exercise by participant	Flipchart Marker
60 minutes	<p>Lecture/Discussion: Postoperative care</p> <p>Objectives:</p> <ul style="list-style-type: none"> • List components on client monitoring and recovery associated with MC under local anaesthesia. • Recognize the importance of promoting abstinence for 4–6 weeks following MC. • List essential components of postoperative discharge instructions. • List essential components of a follow-up visit. • Identify appropriate timing for a follow-up visit. • Recognize complications associated with MC. 	<p>Illustrated Lecture: Trainer presents, clarifies and stimulates participant thought on postoperative care information found in the Manual for Male Circumcision under Local Anaesthesia.</p>	<p>Manual for Male Circumcision under Local Anaesthesia</p> <p>PowerPoint slides or transparencies</p> <p>Flipchart</p> <p>Markers</p>
60 minutes	<p>Demonstration and Role Play: Post-operative counselling, for immediate postoperative situation, 48-hour review (follow-up) and patient-initiated review of postoperative complication.</p>	<p>Role Play:</p> <p>Divide participants into small groups of three (mixing cadres):</p> <p>Group facilitator distributes scenarios for:</p> <ul style="list-style-type: none"> • Immediate postoperative counselling • 48-hour review • Postoperative complication <p>Participant acts in role of provider, client or observer.</p> <p>Each participant will have one opportunity to serve in each role.</p> <p>Allow 20 minutes per scenario.</p> <p>Conduct plenary discussion.</p>	<p>Role play scenarios</p> <p>Table</p> <p>Penile model</p> <p>Three chairs at each group</p> <p>Learning guides</p> <p>Client record form</p>
15 minutes	Tea/Coffee Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
45 minutes	Individual skills practice	<p>Working in pairs, participants will practice skills related to one of the following competencies:</p> <ul style="list-style-type: none"> ● Group education ● Individual counselling ● Preoperative assessment ● Suturing and knot tying ● Male circumcision ● Postoperative review <p>Trainer will guide participant on which skill requires practice. Trainer will provide supportive supervision during practice session.</p>	<p>MC equipment and supplies</p> <p>Learning guides</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 8: Day 4 PM			
60 minutes	<p>Presentation and Discussion Record Keeping, Monitoring, Evaluation and Supervision</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Contrast differences in the concepts of monitoring and evaluation. • Identify selected purposes for evaluating MC. • Identify key components to a monitoring system. • Describe process of ensuring “good” data. • Identify the goal of supervision. <p>Describe the step-by step-supervision process.</p>	<p>Illustrated Lecture: Trainer presents an explanation and facilitates discussion of Chapter 9 in the Manual for Male Circumcision under Local Anaesthesia.</p> <p>Exercise 9.2: Analyzing Forms for “Good Data” Collection</p>	<p>Manual for Male Circumcision under Local Anaesthesia</p> <p>PowerPoint slides or transparencies</p> <p>Flipchart</p> <p>Markers</p>
15 minutes	Tea/Coffee Break		
90 minutes	<p>Content Review—Preparation for MCQ</p> <p>Objective:</p> <ul style="list-style-type: none"> • Review knowledge of participants relevant to male circumcision. 	<p>Divide Participants into Two Groups: A and B</p> <p>Groups compete against each other in male circumcision Jeopardy game and crossword puzzle.</p>	<p>MC Crossword Puzzle</p> <p>Flipcharts and Markers</p> <p>Manual for Male Circumcision under Local Anaesthesia</p>
15 minutes	Summary	<p>Summarize the key activities of the day or ask a co-trainer or volunteer participant to do so.</p> <p><i>N.B: An interactive summary (involving participants) is preferable to a historical summary.</i></p>	

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 9: Day 5 AM			
10 minutes	Overview of day's activities	Review of day's agenda from flipchart Warm-up exercise by participant	Flipchart Marker
60 minutes	Individual skills practice	Working in pairs, participants will practice skills related to one of the following competencies: <ul style="list-style-type: none"> ● Group education ● Individual counselling ● Preoperative assessment ● Suturing and knot tying ● Male circumcision ● Postoperative review Trainer will guide participant on which skill requires practice. Trainer will provide supportive supervision during practice session.	MC equipment and supplies Learning guides
20 minutes	Questions and answers prior to MCQ	Discussion and Review	Manual for Male Circumcision under Local Anaesthesia Flipchart Marker
15 minutes	Tea/Coffee Break		
30 minutes	Midcourse Questionnaire	Questionnaire Completion: Have participants complete the midcourse questionnaire, using their pre-assigned anonymous ID numbers. Collect and redistribute the questionnaires for grading, making sure that no participant grades his/her own questionnaire.	
15 minutes	MCQ review	Grading/Discussion: Peer grading using their pre-assigned anonymous ID numbers Discuss the correct responses to the MCQs.	Manual for Male Circumcision under Local Anaesthesia Flipchart Marker
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 10: Day 5 PM			
30 minutes	<p>Preparation for Clinical</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Prepare participants for their roles during the clinical practice. ● Describe their roles and responsibilities during the clinical rotation. ● Provide logistic orientation to clinical training. ● Review learning guides and checklists. ● Discuss use of competency matrix. 	<p>Divide into Groups A and B: Group A goes to the clinic to practice counselling; Group B goes to operating room to practice procedures.</p> <p>Discussion: Trainer will explain expected roles during rotations in respective units. Trainer prepares participants for clinical experience by ensuring that they understand what is expected of them in the clinic areas (counselling room, operating room):</p> <ul style="list-style-type: none"> ● Clinical objectives ● Materials ● Logistics ● Interaction with resident clinic and operating room staff ● Client/provider interaction ● Use of checklist and learning guides for group education, individual counselling and client screening in the clinic ● Use of learning guides and checklists for surgical procedures in the operating room ● Explanation by trainer of the use of competency tracking matrix for documenting participants' practice and competencies 	<p>Learning guides</p> <p>Checklists</p> <p>Sample competency tracking matrix</p>

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
15 minutes	Tea/Coffee Break		
90 minutes	Individual Skills Practice	<p>Working in pairs, participants will practice skills related to one of the following competencies:</p> <ul style="list-style-type: none"> ● Group education ● Individual counselling ● Preoperative assessment ● Suturing and knot tying ● Male circumcision ● Postoperative review <p>Trainer will guide participant on which skill requires practice Trainer will provide supportive supervision during practice session</p>	<p>MC equipment and supplies</p> <p>Learning guides</p>
15 minutes	Summary	<p>Summarize the key activities of the day or ask a co-trainer or volunteer participant to do so.</p> <p><i>N.B: An interactive summary (involving participants) is preferable to a historical summary.</i></p>	

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 11: Day 6 AM			
180 minutes Group A	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing one MC method with coaching from trainer. • Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Demonstration: Trainer demonstrates all the steps of the procedure in their correct sequence.</p> <p>Clinical Practice: Trainer will guide participants through one male circumcision method and postoperative care of clients scheduled for male circumcision.</p> <p>Demonstration: Trainer demonstrates immediate postoperative care.</p> <p>Clinical Practice: Trainer will guide the participants in performing immediate postoperative care.</p>	<p>Learning Guides for MC method and postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Group B	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing group education with coaching from trainer. • Provide practical experience in providing individual counselling and informed consent with coaching from trainer. • Provide practical experience in providing client assessment with coaching from trainer. 	<p>Demonstration: Trainer demonstrates group education, counselling, client assessment and informed consent.</p> <p>Clinical Practice: Trainer will guide participants through group education, counselling, client assessment and informed consent.</p>	<p>Learning guides</p> <p>Checklists</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 12: Day 6 PM			
180 minutes Group A	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing one MC method with coaching from trainer. • Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through one male circumcision method and postoperative care of clients scheduled for male circumcision.</p>	<p>Learning Guides for MC method and postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Group B	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing group education with coaching from trainer. • Provide practical experience in providing counselling with coaching from trainer. • Provide practical experience in providing assessment with coaching from trainer. • Provide practical experience in providing informed consent with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through group education, counselling and assessment of clients scheduled for male circumcision.</p>	<p>Learning Guides for Education and Counselling and Assessment</p> <p>Checklists for Education and Counselling and Assessment</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p> <p>Clinical facilities</p> <p>Support staff</p>
30 minutes	<p>Summary</p>	<p>Summarize clinical activities within the clinical site.</p>	<p>Flipchart</p> <p>Markers</p> <p>Learning guides</p>

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 13: Day 7 AM			
180 minutes Group B	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Provide practical experience in providing one MC method with coaching from trainer. ● Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Demonstration: Trainer demonstrates all the steps of the procedure in their correct sequence.</p> <p>Clinical Practice: Trainer will guide participants through one male circumcision method and postoperative care of clients scheduled for male circumcision.</p> <p>Demonstration: Trainer demonstrates immediate postoperative care.</p> <p>Clinical Practice: Trainer will guide the participants in performing immediate postoperative care.</p>	<p>Learning Guides for MC method and postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Group A	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Provide practical experience in providing group education with coaching from trainer. ● Provide practical experience in providing individual counselling and informed consent with coaching from trainer. ● Provide practical experience in providing client assessment with coaching from trainer. 	<p>Demonstration: Trainer demonstrates group education, counselling, client assessment and informed consent.</p> <p>Clinical Practice: Trainer will guide participants through group education, counselling, client assessment and informed consent.</p>	<p>Learning guides</p> <p>Checklists</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 14: Day 7 PM			
180 minutes Group B	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing one MC method with coaching from trainer. • Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through one male circumcision method and postoperative care of clients scheduled for male circumcision.</p>	<p>Learning Guides for MC method and Postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Group A	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing group education with coaching from trainer. • Provide practical experience in providing counselling with coaching from trainer. • Provide practical experience in providing assessment with coaching from trainer. • Provide practical experience in providing informed consent with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through group education, counselling and assessment of clients scheduled for male circumcision.</p>	<p>Learning Guides for Education and Counselling and Assessment</p> <p>Checklists for Education and Counselling and Assessment</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p> <p>Clinical facilities</p> <p>Support staff</p>
30 minutes	Summary	Summarize clinical activities within the clinical site	<p>Flipchart</p> <p>Markers</p> <p>Learning guides</p>

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 15: Day 8 AM			
180 minutes Group A	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing one MC method with coaching from trainer. • Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through one male circumcision method and postoperative care of clients scheduled for male circumcision.</p>	<p>Learning Guides for MC method and Postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Group B	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing group education with coaching from trainer. • Provide practical experience in providing counselling with coaching from trainer. • Provide practical experience in providing assessment with coaching from trainer. • Provide practical experience in providing informed consent with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through group education, counselling and assessment of clients scheduled for male circumcision.</p>	<p>Learning Guides for Education and Counselling and Assessment</p> <p>Checklists for Education and Counselling and Assessment</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p> <p>Clinical facilities</p> <p>Support staff</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 16: Day 8 PM			
180 minutes Group A	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing one MC method with coaching from trainer. • Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through one male circumcision method and postoperative care of clients scheduled for male circumcision.</p>	<p>Learning Guides for MC method and postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Group B	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing group education with coaching from trainer. • Provide practical experience in providing counselling with coaching from trainer. • Provide practical experience in providing assessment with coaching from trainer. • Provide practical experience in providing informed consent with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through group education, counselling and assessment of clients scheduled for male circumcision.</p>	<p>Learning Guides for Education and Counselling and Assessment</p> <p>Checklists for Education and Counselling and Assessment</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p> <p>Clinical facilities</p> <p>Support staff</p>
30 minutes	Summary	Summarize clinical activities within the clinical site	<p>Flipchart</p> <p>Markers</p> <p>Learning guides</p>

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 17: Day 9 AM			
180 minutes Group B	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing one MC method with coaching from trainer. • Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through one male circumcision method and postoperative care of clients scheduled for male circumcision.</p>	<p>Learning Guides for MC method and postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Group A	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing group education with coaching from trainer. • Provide practical experience in providing counselling with coaching from trainer. • Provide practical experience in providing assessment with coaching from trainer. • Provide practical experience in providing informed consent with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through group education, counselling and assessment of clients scheduled for male circumcision.</p>	<p>Learning Guides for Education and Counselling and Assessment</p> <p>Checklists for Education and Counselling and Assessment</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p> <p>Clinical facilities</p> <p>Support staff</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 18: Day 9 PM			
180 minutes Group B	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing one MC method with coaching from trainer. • Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through one male circumcision method and postoperative care of clients scheduled for male circumcision.</p>	<p>Learning Guides for MC method and Postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Group A	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Provide practical experience in providing group education with coaching from trainer. • Provide practical experience in providing counselling with coaching from trainer. • Provide practical experience in providing assessment with coaching from trainer. • Provide practical experience in providing informed consent with coaching from trainer. 	<p>Clinical Practice: Trainer will guide participants through group education, counselling and assessment of clients scheduled for male circumcision.</p>	<p>Learning Guides for Education and Counselling and Assessment</p> <p>Checklists for Education and Counselling and Assessment</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p> <p>Clinical facilities</p> <p>Support staff</p>
30 minutes	Summary	Summarize clinical activities within the clinical site	<p>Flipchart</p> <p>Markers</p> <p>Learning guides</p>

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 19: Day 10 AM			
180 minutes Participants as required for competency development	<p>Clinical/Male Circumcision (One Method) and Postoperative Care</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Provide practical experience in providing one MC method with coaching from trainer. ● Provide practical experience in providing postoperative care with coaching from trainer. 	<p>Clinical Practice: Trainer will guide selected participants needing extra supportive supervision on MC surgical method prior to end of course.</p>	<p>Learning Guides for MC method and Postoperative care</p> <p>Checklists for MC method and postoperative care</p> <p>Clinical facilities</p> <p>Support staff</p>
180 minutes Participants as required for competency development	<p>Clinical/Group Education, Counselling and Assessment</p> <p>Objectives:</p> <ul style="list-style-type: none"> ● Provide practical experience in providing group education with coaching from trainer. ● Provide practical experience in providing counselling with coaching from trainer. ● Provide practical experience in providing assessment with coaching from trainer. ● Provide practical experience in providing informed consent with coaching from trainer. 	<p>Clinical Practice: Trainer will guide selected participants needing extra supportive supervision on education, counselling or client assessment prior to end of course.</p>	<p>Learning Guides for Education and Counselling and Assessment</p> <p>Checklists for Education and Counselling and Assessment</p> <p>Client education materials</p> <p>Flipchart</p> <p>Markers</p> <p>Clinical facilities</p> <p>Support staff</p>
60 minutes	Lunch Break		

MODEL COURSE OUTLINE FOR MALE CIRCUMCISION AND REPRODUCTIVE HEALTH (10 Days)

TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 20: Day 10 PM			
15 minutes	Course Evaluation	Participants complete course evaluation forms. Trainer facilitates verbal discussion to get additional feedback from participants and trainers on what worked well and suggestions for improvement.	Course evaluation form
15 minutes	Closing	Organizers officially close the workshop. If required, certificates of participation or qualification are provided.	Certificates (optional)

PARTICIPANTS DEPART

PRECOURSE QUESTIONNAIRE ANSWER KEY

USING THE INDIVIDUAL AND GROUP ASSESSMENT MATRIX

The **precourse questionnaire** is not intended to be a test but rather an assessment of what the participants, individually and as a group, know about the course topic. Participants, however, are often unaware of this and may become anxious and uncomfortable at the thought of being “tested” in front of their colleagues on the first day of a course. The clinical trainer should be sensitive to this attitude and administer the questionnaire in a neutral and non-threatening way as the following guide illustrates:

- Participants draw numbers to assure anonymity (e.g., from 1 to 12 if there are 12 participants in the course).
- Participants complete the precourse questionnaire.
- The clinical trainer gives the answers to each question.
- The clinical trainer passes around the individual and group assessment matrix for each participant to complete according to her/his number.
- The clinical trainer posts the completed matrix.
- The clinical trainer and participants discuss the results of the questionnaire as charted on the matrix and jointly decide how to allocate course time.

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA: INDIVIDUAL AND GROUP ASSESSMENT MATRIX

COURSE: _____ DATES: _____ TRAINER(S): _____

Question Number	CORRECT ANSWERS (Participants)																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
1																								BENEFITS AND RISKS OF MALE CIRCUMCISION
2																								
3																								
4																								
5																								
6																								LINKING MALE CIRCUMCISION TO OTHER MALE SEXUAL AND REPRODUCTIVE HEALTH SERVICES
7																								
8																								
9																								
10																								
11																								EDUCATING AND COUNSELLING CLIENTS, AND OBTAINING INFORMED CONSENT
12																								
13																								
14																								
15																								

Question Number	CORRECT ANSWERS (Participants)																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
16																								FACILITIES AND SUPPLIES, SCREENING OF PATIENTS, AND PREPARATIONS FOR SURGERY
17																								
18																								
19																								
20																								
21																								SURGICAL PROCEDURES FOR ADULTS AND ADOLESCENTS
22																								
23																								
24																								
25																								
26																								
27																								
28																								POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS
29																								
30																								
31																								
32																								

Question Number	CORRECT ANSWERS (Participants)																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22		
33																								PREVENTION OF INFECTION
34																								
35																								
36																								
37																								
38																								MANAGING A CIRCUMCISION SERVICE
39																								
40																								
41																								
42																								

PRECOURSE QUESTIONNAIRE ANSWER KEY

1. BENEFITS AND RISKS OF MALE CIRCUMCISION

- | | | |
|--|--------------|------------------|
| 1. Male circumcision is the removal of the glans of the penis. | FALSE | Page 1-1 |
| 2. The benefits of circumcision include prevention of phimosis. | TRUE | Page 1-2 |
| 3. Male circumcision has no effect on the prevalence of HIV infection. | FALSE | Pages 1-3 to 1-7 |
| 4. Ulcerative STIs facilitate the entry of HIV into target cells in the foreskin. | TRUE | Page 1-5 |
| 5. MOST men in sub-Saharan Africa will NOT willingly undergo safe and inexpensive male circumcision. | FALSE | Page 1-6 |

2. LINKING MALE CIRCUMCISION TO OTHER MALE SEXUAL AND REPRODUCTIVE HEALTH SERVICES

- | | | |
|--|--------------|-----------|
| 6. Male circumcision should be regarded as an entry point to male sexual and reproductive health services. | TRUE | Page 2-3 |
| 7. Men's role in reproductive health includes supporting the physical and emotional needs of women following abortion. | TRUE | Page 2-5 |
| 8. Balanitis is more common among boys and men who have been circumcised than among uncircumcised men. | FALSE | Page 2-8 |
| 9. Phimosis occurs when the foreskin is retracted and CANNOT be put back because of swelling. | FALSE | Page 2-9 |
| 10. One of the symptoms of urinary tract infection is a feeling of pain in the bladder or urethra even when not urinating. | TRUE | Page 2-11 |

3. EDUCATING AND COUNSELLING CLIENTS, AND OBTAINING INFORMED CONSENT

- | | | |
|--|--------------|-----------|
| 11. Group education is NOT necessary if individual counselling will be conducted. | FALSE | Page 3-1 |
| 12. Circumcised men are fully protected against HIV acquisition and transmission. | FALSE | Page 3-4 |
| 13. Counselling is NOT about taking responsibility for clients' actions and decisions. | TRUE | Page 3-5 |
| 14. Only clients who have appropriate decision-making capacity and legal status can give their informed consent to medical care. | TRUE | Page 3-10 |
| 15. Open questions are questions that require a one-word answer. | FALSE | Page 3-7 |

4. FACILITIES AND SUPPLIES, SCREENING OF PATIENTS, AND PREPARATIONS FOR SURGERY

- | | | |
|--|--------------|-----------|
| 16. Urethral discharge is a contraindication to male circumcision in the clinic. | TRUE | Page 4-5 |
| 17. Filariasis is an absolute contraindication to male circumcision in a clinic. | TRUE | Page 4-5 |
| 18. Shaving of the pubic hair is a necessary preoperative requirement for male circumcision. | FALSE | Page 4-7 |
| 19. A sterile gown is ALWAYS required when performing male circumcision in a clinic. | FALSE | Page 4-10 |

20. If necessary, adequate illumination can be provided by fluorescent lighting arranged over the operating table. **TRUE** Page 4-2

5. SURGICAL PROCEDURES FOR ADULTS AND ADOLESCENTS

21. The preferred suture material for adult male circumcision is 3.0 or 4.0 chromic catgut. **TRUE** Page 5-4

22. Vertical mattress sutures are appropriate for repair of the frenulum. **FALSE** Page 5-5

23. Povidone iodine **MUST NOT** be used on the skin of the penis. **FALSE** Page 5-9

24. Local anaesthesia is provided through a dorsal penile nerve block and ring block. **TRUE** Page 5-10

25. The maximum volume of 1% plain lidocaine for a 70 kg young man is 21 ml. **TRUE** Page 5-11

26. The sleeve resection method of male circumcision is the **EASIEST** to perform. **FALSE** Page 5-16

27. A sterile, dry gauze **MUST** be placed over the suture line after male circumcision. **FALSE** Page 5-30

7. POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS

28. All patients undergoing male circumcision should be given oral and written post-operative instructions. **TRUE** Page 7-2

29. Sexual intercourse and masturbation should be avoided for 6 months after male circumcision. **FALSE** Page 7-2

30. The surgical dressing is **BEST** removed 24–48 hours after surgery. **TRUE** Page 7-2

31. To control excessive bleeding during MC, the surgeon **MUST** apply firm pressure with a swab and wait for 30 seconds. **FALSE** Page 7-7

32. Wound disruption in the first few days after MC may be caused by a haematoma formation. **TRUE** Page 7-7

8. PREVENTION OF INFECTION

33. The risk of acquiring HIV after being stuck by a needle is **HIGHER** than the risk of acquiring Hepatitis B. **FALSE** Page 8-2

34. Handwashing is the single **MOST** important procedure to limit the spread of infection. **TRUE** Page 8-3

35. Eyeware is recommended for providers performing male circumcision in the clinic. **TRUE** Page 8-9

36. Soiled instruments **MUST** be cleaned prior to decontamination. **FALSE** Page 8-11

37. High-level disinfection is the only acceptable alternative to sterilization. **TRUE** Page 8-12

Note: Chapter 6, Paediatric and Neonatal Circumcision, will be covered in separate training materials.

9. MANAGING A CIRCUMCISION SERVICE

- | | | |
|--|--------------|----------|
| 38. Monitoring is the routine assessment of information or indicators of ongoing activities. | TRUE | Page 9-2 |
| 39. The focus of support supervision is to find faults or errors in the system, and to identify and reprimand those responsible. | FALSE | Page 9-4 |
| 40. Interventions to improve performance MUST address the root causes of performance gaps. | TRUE | Page 9-7 |
| 41. It is the clinician's role to develop a functional monitoring system for male circumcision within the facility. | FALSE | Page 9-4 |
| 42. Desired performance should be realistic and based on common goals, the expectations of the community and the resources at your site. | TRUE | Page 9-6 |

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA

COURSE EXERCISES: TRAINER GUIDELINES

Exercise 1.1. Opposites Game	
Purpose	To introduce trainers and participants through an ice-breaking game.
Duration	15 minutes
Instructions	<ul style="list-style-type: none"> • Cut along the dotted lines in the figure on the next page to create “opposites cards.” If extras are needed, you can create your own “opposites cards” by cutting similarly shaped cards and writing neutral opposite pairs of words on them. (The words chosen must be neutral.) Those given are examples of words that will not offend or create discomfort during the exercise. • Collect half the number of “opposites card” pairs as there are participants in the game (example: 20 game participants = 10 pairs), place them in the bag and shake them. • Have each participant remove one card from the bag. • Tell the participants that it is their “mission” to find the person who has the card with the opposite word on it. (Example: the participant with the card that says “hot” must find the person with the card that says “cold.”) • Once the pair has found each other, instruct the participants to learn more about their partners (name, position) and ask them to share an experience from their localities about how men have or have not supported reproductive health programs, etc. • Ask for quiet and instruct each participant to introduce his/her partner to the group.
Debriefing	Collect all of the cards in the bag.

“Opposites Cards”

HOT	COLD
DAY	NIGHT
BEFORE	AFTER
HIGH	LOW
OPEN	CLOSE
OLD	NEW
DOWN	UP

Exercise 1.2. Societal Myths: Brainstorming	
Purpose	To generate a list of the societal myths that may affect both providers and consumers of male circumcision.
Duration	20 minutes
Instructions	<p>A myth is a widely held false belief about a topic.</p> <ul style="list-style-type: none"> • Go around the room asking each participant in turn to state one myth regarding circumcision that is present in her/his community. • Rapidly continue until the topic has been exhausted. Persons should say “Pass” if they cannot think of an additional myth.
Debriefing	As a large group, discuss the effect that these myths could have on the implementation of male circumcision in the participant’s community.

Exercise 1.3. Cultural Issues: Group Discussion	
Purpose	To consider cultural factors affecting the practice of male circumcision.
Duration	20 minutes
Instructions	<p>Divide into small groups of four or five individuals. Ask to discuss the following issues:</p> <ul style="list-style-type: none"> • Consider how male circumcision has been viewed within your culture and how that view has changed as a result of evidence linking it to HIV prevention. • Discuss any cultural factors that must be considered in order to link male circumcision to other male reproductive health services. • Develop a list of stakeholders who will have to be involved in the formulation of a policy on male circumcision in order to enhance its acceptability in your community. <p>Each group should nominate one member to present a summary of the discussion to all course participants.</p>
Debriefing	Summarize common group themes and variations.

Exercise 2.1. Male Sexual and Reproductive Health Services: Debate	
Purpose	To analyze the appropriate role for families, peers, school, religious community and health care system in maintenance of male sexual and reproductive health.
Duration	30 minutes
Instructions	<ul style="list-style-type: none"> • Divide into two teams—A and B. • Ask team A to develop an argument in support of family, peers, school and religious community as primarily responsible for supporting male sexual and reproductive health care services. • Ask team B to develop an argument in support of the health care system (family planning, STI, HIV clinics) as primarily responsible for supporting male sexual and reproductive health care services. • A representative of each team should present the argument prepared by the team to the other side. • Each team should be encouraged to rebut the other team's argument.
Debriefing	Discuss the importance of community and health care system partnership and steps that are necessary to produce such a partnership.

Exercise 3.1. Integration with Traditional Circumcision Events	
Purpose	To consider the benefits of integrating traditional practices surrounding male circumcision.
Duration	20 minutes
Instructions	<p>As a small group of four or five individuals, discuss the coordination of a group circumcision event with traditional circumcisers in the community:</p> <ul style="list-style-type: none"> • Discuss the value that the traditional circumciser brings to the community. • How would you explain the value of medical circumcision to the traditional circumciser? • List the essential components of the group circumcision event and discuss which components are most appropriate for the traditional circumciser and which are most appropriate for the health care provider. • Nominate one member of your group to present a summary of your discussion to all workshop participants.
Debriefing	Summarize incentives and barriers to integrating traditional practices. Highlight key points.

Exercise 3.2. Male Circumcision Clinical Skills Sessions	
Purpose	To reinforce clinical skills in group education, individual sexual reproductive health counselling, preoperative assessment and postoperative assessment.
Duration	120 minutes
Instructions	<ul style="list-style-type: none"> • Create the four stations outlined in the flowchart below in four separate areas in the classroom, each with its own scenario. • Divide into four small teams of three to five participants. • Place one trainer at each station. • Instruct the participants to respond according to the scenario at their station. • Following the first session, instruct the teams to move to the next station according to the flowchart below. <div style="text-align: center; border: 1px solid black; padding: 10px; margin: 10px 0;"> <pre> graph TD A[Group Education Station] --> B[Individual SRH Counselling Station] B --> C[Pre-operative Assessment Station] C --> D[Post-operative Assessment Station] D --> A </pre> </div> <ul style="list-style-type: none"> • Repeat this process until the participants have completed a session at each station.
Debriefing	As a large group, discuss the role counselling plays in male circumcision.

Exercise 4.1. Recognition of Circumcision Equipment	
Purpose	To correctly identify essential equipment needed in order to safely provide male circumcision.
Duration	20 minutes
Instructions	<ul style="list-style-type: none"> • Divide into small teams of four or five individuals. • Give each team a bag containing equipment required and not required for standard male circumcision. (Note: Do not include sharps) • Instruct each team to separate the essential equipment from the non-essential equipment. Instructor says “go” and gives each group 3 minutes.
Debriefing	<ul style="list-style-type: none"> • Instructor reviews the purpose of each item of essential equipment with the entire group. • Each team gets one point for each essential piece of equipment and subtracts one point for each non-essential piece of equipment selected. The team with the most points is the winner.

Exercise 5.1. Calculating Maximum Dose of Local Anaesthesia	
Purpose	To correctly determine the maximum dose of local anaesthesia.
Duration	15 minutes
Instructions	<p>Ask each participant to work individually to calculate the maximum dose of anaesthesia (in ml) for the following clients undergoing male circumcision:</p> <ul style="list-style-type: none"> • A 10-year-old boy weighing 35 kg receives 1% lidocaine (10mg/ml). <p>KEY $3\text{MG} \times 35\text{KG} = 105\text{MG}$ 10MG/1ML 105MG/10ML 10.5MG MAX DOSE</p> <ul style="list-style-type: none"> • A 23-year-old man weighing 80 kg receives 2% lidocaine (20mg/ml) <p>KEY $3\text{MG} \times 80\text{KG} = 240\text{MG}$ 20MG/1ML 240MG/20ML 12MG MAX DOSE</p>
Debriefing	Using a flipchart, ask a volunteer to present each result and the calculations associated with it. Reinforce correct concepts and correct common errors as necessary.

Exercise 5.2. Male Reproductive Anatomy: Anatomy Race	
Purpose	To demonstrate understanding of male reproductive anatomy.
Duration	20 minutes
Activities	<ul style="list-style-type: none"> • Divide into small teams of four or five individuals. • Prepare a blank flipchart or flipchart paper taped to the walls for each group. • Give each group a bag containing a paper cut-out of each component of the male reproductive system; e.g., bladder, prostate, penis, glans, foreskin, urethra, etc. • Instruct groups that their “mission” is to assemble the male reproductive system using the articles in their bags. • Instructor says “go.” First group to finish correctly is the winner.
Debriefing	Review male anatomy and its relationship to standard male circumcision.

Exercise 7.1. Promoting Postoperative Abstinence	
Purpose	To promote postoperative abstinence until the wound is completely healed.
Duration	20 minutes
Instructions	<p>As a small group of four or five individuals, discuss the following issues:</p> <ul style="list-style-type: none"> • Consider how male circumcision affects sexuality from the male perspective. • Consider how male circumcision affects sexuality from the female partner’s perspective. • What cultural factors may affect a man’s (or couple’s) decision on timing of sexual intercourse after male circumcision? • Describe some of the underlying issues that may be related to a man’s (or couple’s) decision to resume sexual intercourse prior to healing. • In addition to providing clear and accurate information, what other counselling activities might be taken to ensure abstinence until the wound is completely healed? <p>Nominate an individual to present key points from the discussion.</p>
Debriefing	Summarize key points made by each groups.

Exercise 8.1. Infection Prevention Case Study	
Purpose	To recognize IP standards related to male circumcision and take appropriate corrective actions when best practices are not followed.
Duration	20 minutes
Instructions	<p>As a small group of four or five individuals, you will be given a case study related to male circumcision</p> <ul style="list-style-type: none"> • Have all infection prevention standards been met by the service providers involved in this case? • What strategies/protocols would you suggest in order to meet infection prevention standards appropriate for MC services? • Discuss how you would follow up with the clinic administrators and service providers in order to ensure that standards remained in place. <p>Nominate an individual to present key points from the discussion.</p>
Debriefing	Summarize key points made by each groups.

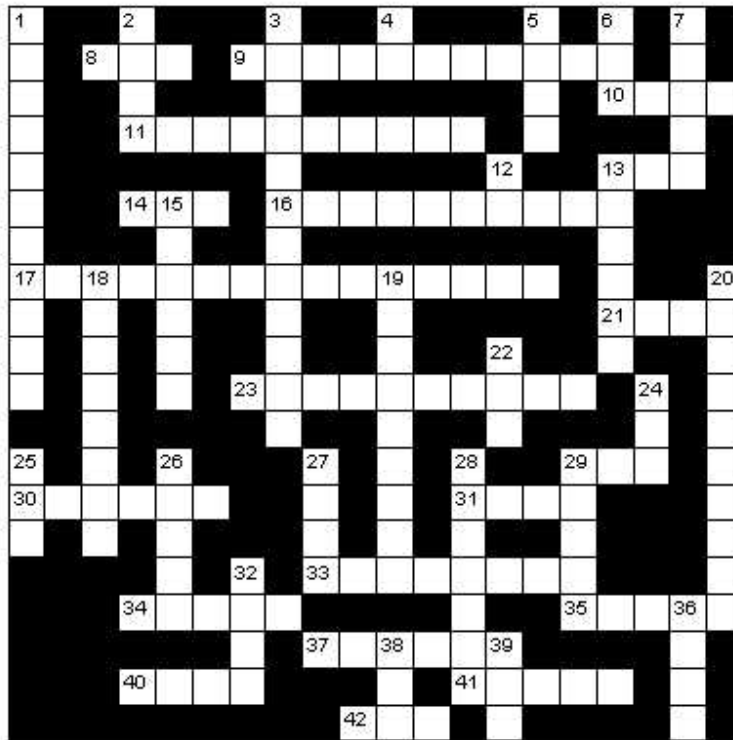
Exercise 8.2. Infection Prevention Clinical Skills Session	
Purpose	To reinforce sterile technique to be used during surgery.
Duration	120 minutes
Instructions	<ul style="list-style-type: none"> • Create the four stations outlined in the flowchart below in four separate areas in the classroom, complete with all materials and job aids necessary for each skill. • Divide into small teams of three to five participants. • Place one trainer at the appropriate station. • Demonstrate proper technique for sterilization by simulating the conditions (using pictures of sinks instead of actual running water. etc.). • Following the first session, instruct the teams to move to the next station according to the flowchart below: <div style="text-align: center; border: 1px solid black; padding: 10px; margin: 10px 0;"> <pre> graph TD A[Hand-washing Station] --> B[Safe Sharps Station] B --> C[Gowning and Gloving Station] C --> D[Surgical Scrub Station] D --> A </pre> </div> <ul style="list-style-type: none"> • Repeat this process until the participants have completed a session at each station.
Debriefing	Review the infection prevention standards and relate them to male circumcision.

Exercise 9.1. Developing and Maintaining Performance Standards	
Purpose	To apply monitoring and evaluation principles in order to develop male circumcision performance standards, assess performance and improve performance as necessary.
Duration	20 minutes
Instructions	<p>As a small group of four or five individuals, consider the following issues related to developing and maintaining performance standards related to male circumcision.</p> <ul style="list-style-type: none"> • Articulate one measurable performance standard that you would recommend related to MC. (Please do not use the standards presented in the manual.) • Describe both the formal and informal systems that you would put in place to measure gaps in performance. • Describe the steps that you would take if performance gaps were identified. • Would the steps to improve performance vary based on location or provider cadre? Explain why or why not. <p>Nominate an individual to present key points from the discussion.</p>
Debriefing	Summarize the strategies presented by each group highlighting similarities and differences.

Exercise 9.2. Analyzing Forms for “Good Data” Collection	
Purpose	To analyze MC records for ability to provide “good data.”
Duration	30 minutes
Instructions	<p>Divide into three small groups of four or five individuals:</p> <ul style="list-style-type: none"> • Distribute one of the following forms to each group: <ul style="list-style-type: none"> ○ Stock control card ○ Clinic register ○ Client record form • Ask groups to analyze the quality of the data being collected on each form using principles for collecting “good data” described in the reference manual. • Ask groups to suggest improvements to each of the forms. <p>Nominate an individual to present key points from the discussion.</p>
Debriefing	Summarize the strengths, limitations and suggested improvements to the forms that have been analyzed.

OTHER COURSE ACTIVITIES: CROSSWORD PUZZLE

Male circumcision



Across

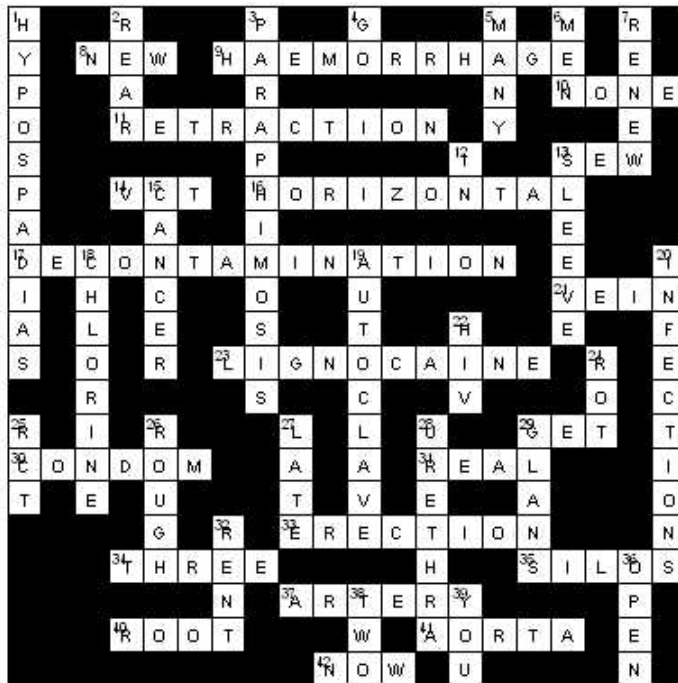
- | | |
|--|--|
| <p>8. Not done before</p> <p>9. Complication of circumcision</p> <p>10. Nil</p> <p>11. Practice of moving foreskin back to expose penile glans</p> <p>13. Repair a torn cloth</p> <p>14. Acronym for counseling and testing</p> <p>16. Type of mattress suture placed at the frenulum during male circumcision</p> <p>17. Name for process of soaking used instruments in chlorine solution</p> <p>21. A blood vessel carrying blood to the heart</p> <p>23. Anaesthetic solution</p> <p>29. Obtain</p> <p>30. Male family planning method</p> <p>31. Actual</p> | <p>33. stiffening of the penis before intercourse</p> <p>34. Maximum number of mg. of lignocaine per kilogram body weight</p> <p>35. Storage structure for agricultural produce</p> <p>37. Type of blood vessel carrying blood from the heart</p> <p>40. Base</p> <p>41. Largest artery in the body</p> <p>42. Immediate</p> |
|--|--|

Down

1. Condition where the urethral opening is below the tip of the penis
2. Back
3. Inability to return a retracted foreskin to its normal position
4. Leave
5. Numerous
6. Adult boys
7. Make fresh
12. Within
13. A method of performing male circumcision
15. Malignancy
18. Antiseptic fluid
19. Equipment for sterilizing used instruments
20. Caused by germs
22. Acronym for a viral infection
24. Decompose
25. Acronym for a scientific method of obtaining evidence of causal relationships
26. Opposite of smooth
27. Opposite of early
28. Tube through which urine passes out
29. Tip of penis
32. Hire
36. Opposite of close
38. Number of dorsal nerves
39. Opposite of "Me"

CROSSWORD PUZZLE ANSWER KEY

Male circumcision



Across

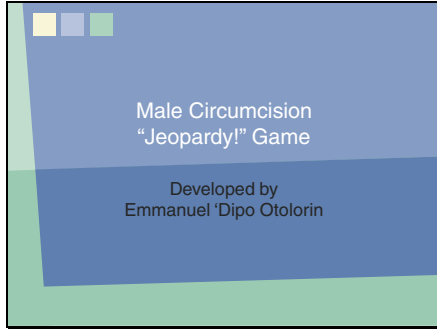
- | | |
|--|--|
| <p>8. Not done before</p> <p>9. Complication of circumcision</p> <p>10. Nil</p> <p>11. Practice of moving foreskin back to expose penile glans</p> <p>13. Repair a torn cloth</p> <p>14. Acronym for counseling and testing</p> <p>16. Type of mattress suture placed at the frenulum during male circumcision</p> <p>17. Name for process of soaking used instruments in chlorine solution</p> <p>21. A blood vessel carrying blood to the heart</p> <p>23. Anaesthetic solution</p> <p>29. Obtain</p> <p>30. Male family planning method</p> <p>31. Actual</p> | <p>33. stiffening of the penis before intercourse</p> <p>34. Maximum number of mg. of lignocaine per kilogram body weight</p> <p>35. Storage structure for agricultural produce</p> <p>37. Type of blood vessel carrying blood from the heart</p> <p>40. Base</p> <p>41. Largest artery in the body</p> <p>42. Immediate</p> |
|--|--|

Down

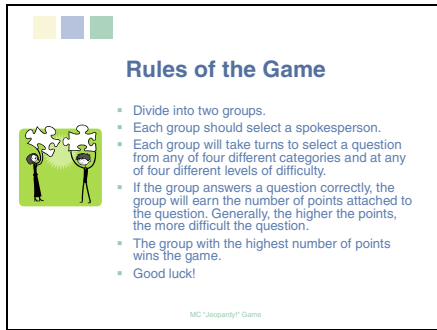
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MALE CIRCUMCISION “JEOPARDY!” GAME

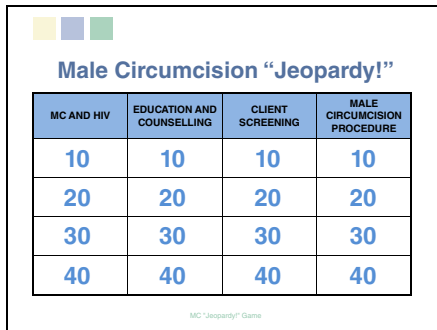
Slide 1




Slide 2



Slide 3



Slide 4




True or False?

The benefits of circumcision include prevention of phimosis.

MC "Jeopardy!" Game

Slide 5




True or False?


The benefits of circumcision include prevention of phimosis.

Answer: **TRUE**

MC "Jeopardy!" Game



Slide 6




What level of protection does male circumcision provide against HIV?


1. 10%
2. 30%
3. 60%
4. 90%

MC "Jeopardy!" Game


Slide 7



What level of protection does male circumcision provide against HIV?

1. 10%
2. 30%
3. **60%**
4. 90%


MC "Jeopardy!" Game 

Slide 8



Name the principal investigators in the three randomized control trials (RCTs) on HIV and male circumcision

MC "Jeopardy!" Game 


Slide 9


Name the principal investigators in the three randomized control trials (RCTs) on HIV and male circumcision

1. Dr. Bertran Auvert, Orange Farm, South Africa
2. Dr. Robert Bailey, Kisumu Project, Kenya
3. Dr. Ron Gray, Rakai Project, Uganda

MC "Jeopardy!" Game 

Slide 10




True or False?

According to the three randomized controlled trials, male circumcision protects women from acquiring HIV infection.

MC "Jeopardy!" Game

Slide 11




True or False?


According to the three randomized controlled trials, male circumcision protects women from acquiring HIV infection.

Answer: **FALSE**

However:
A study in Uganda has suggested lower rates of male-to-female HIV transmission if the man was circumcised.
In the long term, decreasing male prevalence of HIV will also decrease female prevalence.

MC "Jeopardy!" Game 

Slide 12




True or False?

Counselling is a process of taking responsibility for clients' actions or decisions

MC "Jeopardy!" Game

Slide 13




True or False?


Counselling is a process of taking responsibility for clients' actions or decisions

Answer: **FALSE**

MC "Jeopardy!" Game




Slide 14



Give two examples of an open question

MC "Jeopardy!" Game


Slide 15




Give two examples of an open question

- Examples:
 - What will you tell your colleagues about the male circumcision course you attended?
 - How do you feel about the services we provide in this facility?
 - How is the state of your health?

MC "Jeopardy!" Game



Slide 16



What counselling skill is the service provider using in this dialogue?

Client: My partner gave me gonorrhoea. I am afraid of getting HIV; but I am also afraid that if I ask him to use condoms, he'll leave me.

Counsellor: Help me understand this. You are afraid you might get HIV from your partner, but are also afraid he'll leave you if you ask him to use condoms.

MC "Jeopardy" Game


Slide 17


What counselling skill is the service provider using in this dialogue?


Client: My partner gave me gonorrhoea. I am afraid of getting HIV; but I am also afraid that if I ask him to use condoms, he'll leave me.

Counsellor: Help me understand this. You are afraid you might get HIV from your partner, but are also afraid he'll leave you if you ask him to use condoms.

Answer: **Clarifying**

MC "Jeopardy" Game 

Slide 18


List at least five skills required for MC and HIV counselling

MC "Jeopardy" Game

Slide 19




List at least five skills required for MC and HIV counselling

1. Empathizing
2. Active listening
3. Open questioning
4. Probing
5. Focusing
6. Affirming
7. Clarifying
8. Correcting false information
9. Summarizing

MC "Jeopardy" Game 

Slide 20




True or False?

HYPOSPADIAS is an absolute contraindication to male circumcision in a district health facility

MC "Jeopardy" Game


Slide 21



True or False?


HYPOSPADIAS is an absolute contraindication to male circumcision in a district health facility

Answer: **TRUE**

MC "Jeopardy" Game 

Slide 22

Answer Both Questions




1. What is the diagnosis in this picture?
2. What method of circumcision will you recommend for this patient?

MC "Jeopardy" Game

Slide 23

Answer Both Questions



1. What is the diagnosis in this picture?
PARAPHIMOSIS
2. What method of circumcision will you recommend for this patient?
SLEEVE RESECTION METHOD

MC "Jeopardy" Game

Slide 24

List two important things to be done before entering the operating area

MC "Jeopardy" Game

Slide 25

List two important things to be done before entering the operating area

Examples:


- Remove all jewellery
- Ensure nails are trimmed or filed
- Do not use artificial nails or nail polish
- Wash hands and arms up to the elbow with a non-medicated soap
- Make sure that hands and subungual areas are not visibly soiled

MC "Jeopardy!" Game

Slide 26

Answer Both Questions

1. What is this?
2. Is this an **ABSOLUTE** contraindication to male circumcision?




MC "Jeopardy!" Game

Slide 27


Answer Both Questions

1. What is this?
Penile viral warts (condyloma acuminata)
2. Is this an **ABSOLUTE** contraindication to male circumcision?
NO, it is a RELATIVE contraindication



MC "Jeopardy!" Game

Slide 28




True or False?

Povidone iodine **MUST NOT** be used on the skin of the penis

MC "Jeopardy!" Game

Slide 29




True or False?


Povidone iodine **MUST NOT** be used on the skin of the penis

Answer: **FALSE**

MC "Jeopardy!" Game



Slide 30




The maximum volume of 1% plain lidocaine for a 60 kg young man is:


1. 10 mls
2. 14 mls
3. 18 mls
4. 21 mls

MC "Jeopardy!" Game


Slide 31



The maximum volume of 1% plain lidocaine for a 60 kg young man is:

1. 10 mls
2. 14 mls
3. **18 mls**
4. 21 mls


MC "Jeopardy!" Game 

Slide 32



Name three types of suturing techniques required in a male circumcision procedure

MC "Jeopardy!" Game 


Slide 33


Name three types of suturing techniques required in a male circumcision procedure

1. **Simple interrupted sutures**
2. **Vertical mattress sutures**
3. **Horizontal mattress suture**


MC "Jeopardy!" Game 

Slide 34


List two complications that may occur during male circumcision and describe how to prevent them


MC "Jeopardy" Game

Slide 35


List two complications that may occur during male circumcision and describe how to prevent them

Examples:

- Excessive bleeding (Meticulous attention to haemostasis—compression, suture ligation, under-running of vessels)
- Accidental injury due to:
 - Excessive adhesions (preoperative assessment)
 - Poor surgical technique
- Anaphylactic reaction to local anaesthetic drug

MC "Jeopardy" Game 

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA MIDCOURSE QUESTIONNAIRE

USING THE QUESTIONNAIRE

This knowledge assessment is designed to help the participants monitor their progress during the course. By the end of the course, **all** participants are expected to achieve a score of 80% or better. This passing score has been established using an evidence-based and criterion-referenced strategy involving expert review of each question.

The questionnaire should be given at the time in the course when all subject areas have been presented. A score of 80% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 80% on their first attempt, the clinical trainer should review the results with the participant individually and guide her/him on using the reference manual to learn the required information. Participants scoring less than 80% can retake the questionnaire at any time during the remainder of the course.

Repeat testing should be done **only** after the participant has had sufficient time to study the reference manual and an opportunity to discuss areas of weakness with a trainer.

MIDCOURSE QUESTIONNAIRE

Instructions: Select the single best answer to each question and write the letter in the blank next to the corresponding number on the attached answer sheet.

1. Which of the following statements regarding male circumcision (MC) is TRUE?
 - A. MC **increases** the risk of urinary tract infections in children.
 - B. MC **decreases** the risk of **all** sexually transmitted infections.
 - C. MC **decreases** the risk of penile cancer in men.

2. Which of the following statements regarding the risks associated with male circumcision is TRUE?
 - A. Complications that arise generally occur during or soon after the surgery.
 - B. Complications during and soon after THE surgery are common.
 - C. **Most** complications that occur are serious in nature.

3. There is **clear** scientific evidence suggesting that male circumcision:
 - A. Protects men from heterosexually transmitted HIV.
 - B. Protects women from heterosexually transmitted HIV.
 - C. Places women at long-term risk of heterosexually transmitted HIV.

4. A physician discusses the important role that a father can play in supporting his daughter's right to health care and education during a male circumcision group education session. Which of the following statements regarding this activity is TRUE?
 - A. The information is inappropriate.
 - B. The information is appropriate but not an important part of male circumcision counselling.
 - C. The information is both appropriate and important.

5. A male circumcision provider conducting a preoperative physical assessment in the clinic is unable to retract the foreskin and examine the head of the penis. Which of the following actions is **most** appropriate?
 - A. Treat client with antibiotics and reevaluate in 1 week.
 - B. Refer client to a higher level of care for further assessment and treatment.
 - C. Circumcise client immediately to avoid phimosis.

6. Which of the following is a **main message** that clients **must** receive during a male circumcision group education session?
 - A. Effective sexual and reproductive health care must be aimed primarily at women.
 - B. Information regarding an individual's circumcision status must sometimes be shared in order to protect the public.
 - C. It is important that men not perpetrate gender-based violence.

7. Effective counselling involves:
- A. Telling a client what to do.
 - B. Helping a client to make a decision.
 - C. Taking responsibility for a client's decision.
8. Which of the following is **not** an **essential** element of informed consent?
- A. Provision of information using plain, easy-to-understand language.
 - B. Assessment of the ability of the client to understand the information provided.
 - C. Congratulating or complimenting clients on the positive actions taken.
9. A health care provider is counselling a 17-year-old boy scheduled for male circumcision. Even though the parents have consented, the boy states that he does not want to have the procedure. Provided that the legal age of consent is 18 years old, which of the following actions by the service provider is **most** appropriate?
- A. Do not perform male circumcision unless the boy gives verbal agreement.
 - B. Perform male circumcision because the parents are legally responsible.
 - C. Explain to the boy that his parents are responsible and encourage him to respect their decision.
10. Which of the following questions is **not** a necessary component of a focused medical history prior to male circumcision?
- A. Current general health
 - B. Complete family history
 - C. Allergies to medicines
11. The following findings are noted by a service provider upon conducting a physical examination prior to male circumcision:
- Foreskin loosely covering the head of the penis
A urinary opening located at the tip of the penis
No evidence of inflammation or scarring
Scrotum containing both testicles
- Which of the following actions is **most** appropriate, given these findings?
- A. Obtain informed consent and schedule male circumcision in clinic.
 - B. Refer for male circumcision at a higher level of the health care system.
 - C. Refer to a surgeon for more complete genital assessment.
12. Which of the following is an **absolute contraindication** to clinic-based male circumcision?
- A. Chronic paraphimosis
 - B. Phimosis
 - C. Penile warts

13. A service provider performing male circumcision is having difficulty occluding a bleeding vessel using haemostatic artery forceps. Upon close examination of the instrument, s/he notes that the blades are bent. Which of the following statements is **most** correct?
- A. The provider should be more gentle with equipment to ensure that it lasts.
 - B. All instruments should have been examined on a regular basis and the bent haemostatic artery forceps replaced prior to the surgery.
 - C. Surgical equipment wears with age and these haemostatic artery forceps should be replaced soon after this procedure.
14. Which of the following statements pertaining to diathermy and clinic-based male circumcision is **most** correct?
- A. Diathermy is essential to stopping surgical bleeding and is a male circumcision core competency.
 - B. All male circumcision providers should be proficient at stopping bleeding without diathermy.
 - C. Bipolar diathermy can result in extensive coagulation at the base of the penis, leading to the loss of the whole penis.
15. The preferred suture for male circumcision is:
- A. 3-0 or 4-0 chromic gut suture mounted on a taper cut, round bodied or reverse cutting needle.
 - B. 1-0 or 2-0 vicryl suture mounted on a round bodied, taper cut needle.
 - C. 3-0 or 4-0 vicryl suture mounted on a premium point, conventional cutting needle.
16. Which of the following types of stitch is usually placed in the 6 o'clock position (frenulum)?
- A. Simple interrupted suture
 - B. Vertical mattress suture
 - C. Horizontal mattress suture
17. A young man weighs 60 kilograms on the day of surgery. Which of the following is the **maximum** safe dose of lidocaine?
- A. 150 milligrams
 - B. 180 milligrams
 - C. 200 milligrams.
18. Following male circumcision, a man should be advised to avoid sexual intercourse for **at least**:
- A. 2–3 weeks
 - B. 4–6 weeks
 - C. 3–6 months

19. Which of the following postoperative discharge instructions is **most** important following male circumcision?
- A. Wear freshly laundered, loose-fitting underwear until the wound has healed.
 - B. Remove the dressing after 48 hours and reapply clean gauze to the wound.
 - C. Do not wash genital area until the wound has completely healed.
20. Assuming **no** complications occur and the dressing has been removed within 24–48 hours, a follow-up visit should occur within ___ days following male circumcision?
- A. 7
 - B. 14
 - C. 30
21. Which of the following is **not** one of the three main routes of infection?
- A. Airborne
 - B. Droplet
 - C. Indirect
22. Which of the following is recognized as the single most important and cost-effective method of eliminating disease-causing microorganisms?
- A. High-level disinfection
 - B. Handwashing
 - C. Appropriate handling of waste
23. Which of the following actions pertaining to safe disposal of infectious waste materials is **most** appropriate?
- A. Use a plastic container with a tight-fitting, color-coded cover.
 - B. Use care when recapping or reassembling needles and syringes.
 - C. **Never** burn waste containers because burning causes droplet infection.
24. Which of the following is **not** a valid purpose for evaluating a male circumcision program?
- A. To assess progress made at a particular point in time.
 - B. To provide reasons for success or failure.
 - C. To determine whether new goals are needed.
25. Which of the following is **not** associated with ensuring “good” data?
- A. Understanding the data
 - B. Recording the data the same way every time
 - C. Recording as much data as possible

MIDCOURSE QUESTIONNAIRE ANSWER SHEET

Question Number

1. _____

2. _____

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20. _____

(continued on reverse)

21. _____

22. _____

23. _____

24. _____

25. _____

MIDCOURSE QUESTIONNAIRE ANSWER KEY

1. Which of the following statements regarding male circumcision (MC) is TRUE?
- A. MC **increases** the risk of urinary tract infections in children.
 - B. MC **decreases** the risk of **all** sexually transmitted infections.
 - C. MC **decreases** the risk of penile cancer in men.

CORRECT ANSWER = C
CHAPTER 1-2

2. Which of the following statements regarding the risks associated with male circumcision is TRUE?
- A. Complications that arise generally occur during or soon after the surgery.
 - B. Complications during and soon after the surgery are common.
 - C. **Most** complications that occur are serious in nature.

CORRECT ANSWER = A
CHAPTER 1-2

3. There is **clear** scientific evidence suggesting that male circumcision:
- A. Protects men from heterosexually transmitted HIV.
 - B. Protects women from heterosexually transmitted HIV.
 - C. Places women at long-term risk of heterosexually transmitted HIV.

CORRECT ANSWER = A
CHAPTER 1-5

4. A physician discusses the important role that a father can play in supporting his daughter's right to health care and education during a male circumcision group education session. Which of the following statements regarding this activity is TRUE?
- A. The information is inappropriate.
 - B. The information is appropriate but not an important part of male circumcision counselling.
 - C. The information is both appropriate and important.

CORRECT ANSWER = C
CHAPTER 2-6

5. A male circumcision provider conducting a preoperative physical assessment in the clinic is unable to retract the foreskin and examine the head of the penis. Which of the following actions is **most** appropriate?
- A. Treat client with antibiotics and reevaluate in 1 week.
 - B. Refer client to a higher level of care for further assessment and treatment.
 - C. Circumcise client immediately to avoid phimosis.

CORRECT ANSWER = B
CHAPTER 2-9

6. Which of the following is a **main message** that clients **must** receive during a male circumcision group education session?
- A. Effective sexual and reproductive health care must be aimed primarily at women.
 - B. Information regarding an individual's circumcision status must sometimes be shared in order to protect the public.
 - C. It is important that men not perpetrate gender-based violence.

CORRECT ANSWER = C
CHAPTER 3-1

7. Effective counselling involves:
- A. Telling a client what to do.
 - B. Helping a client to make a decision.
 - C. Taking responsibility for a client's decision.

CORRECT ANSWER = B
CHAPTER 3-5

8. Which of the following is **not** an **essential** element of informed consent?
- A. Provision of information using plain, easy-to-understand language.
 - B. Assessment of the ability of the client to understand the information provided.
 - C. Congratulating or complimenting clients on the positive actions taken.

CORRECT ANSWER = C
CHAPTER 3-6

9. A health care provider is counselling a 17-year-old boy scheduled for male circumcision. Even though the parents have consented, the boy states that he does not want to have the procedure. Provided that the legal age of consent is 18 years old, which of the following actions by the service provider is **most** appropriate?
- A. Do not perform male circumcision unless the boy gives verbal agreement.
 - B. Perform male circumcision because the parents are legally responsible.
 - C. Explain to the boy that his parents are responsible and encourage him to respect their decision.

CORRECT ANSWER = A
CHAPTER 3-7

10. Which of the following questions is **not** a necessary component of a focused medical history prior to male circumcision?
- A. Current general health
 - B. Complete family history
 - C. Allergies to medicines

CORRECT ANSWER = B
CHAPTER 4-1

11. The following findings are noted by a service provider upon conducting a physical examination prior to male circumcision:

Foreskin loosely covering the head of the penis
A urinary opening located at the tip of the penis
No evidence of inflammation or scarring
Scrotum containing both testicles

Which of the following actions is **most** appropriate, given these findings?

- A. Obtain informed consent and schedule male circumcision in clinic.
- B. Refer for male circumcision at a higher level of the health care system.
- C. Refer to a surgeon for more complete genital assessment.

CORRECT ANSWER = A
CHAPTER 4-2

12. Which of the following is an **absolute contraindication** to clinic-based male circumcision?
- A. Chronic paraphimosis
 - B. Phimosis
 - C. Penile warts

CORRECT ANSWER = A
CHAPTER 4-3

13. A service provider performing male circumcision is having difficulty occluding a bleeding vessel using haemostatic artery forceps. Upon close examination of the instrument, s/he notes that the blades are bent. Which of the following statements is **most** correct?
- A. The provider should be more gentle with equipment to ensure that it lasts.
 - B. All instruments should have been examined on a regular basis and the bent haemostatic artery forceps replaced prior to the surgery.
 - C. Surgical equipment wears with age and these haemostatic artery forceps should be replaced soon after this procedure.

CORRECT ANSWER = B
CHAPTER 4-9

14. Which of the following statements pertaining to diathermy and clinic-based male circumcision is **most** correct?
- A. Diathermy is essential to stopping surgical bleeding and is a male circumcision core competency.
 - B. All male circumcision providers should be proficient at stopping bleeding without diathermy.
 - C. Bipolar diathermy can result in extensive coagulation at the base of the penis, leading to the loss of the whole penis.

CORRECT ANSWER = B
CHAPTER 5-3

15. The preferred suture for male circumcision is:
- A. 3-0 or 4-0 chromic gut suture mounted on a taper cut, round bodied or reverse cutting needle.
 - B. 1-0 or 2-0 vicryl suture mounted on a round bodied, taper cut needle.
 - C. 3-0 or 4-0 vicryl suture mounted on a premium point, conventional cutting needle.

CORRECT ANSWER = A
CHAPTER 5-3

16. Which of the following types of stitch is usually placed in the 6 o'clock position (frenulum)?
- A. Simple interrupted suture
 - B. Vertical mattress suture
 - C. Horizontal mattress suture

CORRECT ANSWER = C
CHAPTER 5-5

17. A young man weighs 60 kilograms on the day of surgery. Which of the following is the **maximum** safe dose of lidocaine?

- A. 150 milligrams
- B. 180 milligrams
- C. 200 milligrams.

CORRECT ANSWER = B
CHAPTER 5-10

18. Following male circumcision, a man should be advised to avoid sexual intercourse for **at least**:

- A. 2–3 weeks
- B. 4–6 weeks
- C. 3–6 months

CORRECT ANSWER = B
CHAPTER 7-2

19. Which of the following postoperative discharge instructions is **most** important following male circumcision?

- A. Wear freshly laundered, loose-fitting underwear until the wound has healed.
- B. Remove the dressing after 48 hours and reapply clean gauze to the wound.
- C. Do not wash genital area until the wound has completely healed.

CORRECT ANSWER = A
CHAPTER 7-2

20. Assuming **no** complications occur and the dressing has been removed within 24–48 hours, a follow-up visit should occur within ___ days following male circumcision?

- A. 7
- B. 14
- C. 30

CORRECT ANSWER = A
CHAPTER 7-3

21. Which of the following is **not** one of the three main routes of infection?

- A. Airborne
- B. Droplet
- C. Indirect

CORRECT ANSWER = C
CHAPTER 8-2

22. Which of the following is recognized as the single most important and cost-effective method of eliminating disease-causing microorganisms?

- A. High-level disinfection
- B. Handwashing
- C. Appropriate handling of waste

CORRECT ANSWER = B

CHAPTER 8-3

23. Which of the following actions pertaining to safe disposal of infectious waste materials is **most** appropriate?

- A. Use a plastic container with a tight-fitting, color-coded cover.
- B. Use care when recapping or reassembling needles and syringes.
- C. **Never** burn waste containers because burning causes droplet infection.

CORRECT ANSWER = A

CHAPTER 8-13

24. Which of the following is **not** a valid purpose for evaluating a male circumcision program?

- A. To assess progress made at a particular point in time.
- B. To provide reasons for success or failure.
- C. To determine whether new goals are needed.

CORRECT ANSWER = C

CHAPTER 9-2

25. Which of the following is **not** associated with ensuring “good” data?

- A. Understanding the data
- B. Recording the data the same way every time
- C. Recording as much data as possible

CORRECT ANSWER = C

CHAPTER 9-4

CHECKLISTS FOR MALE CIRCUMCISION

The Checklists for Male Circumcision Counselling and Clinical Skills contain the steps or tasks performed by the counsellor and clinician when providing MC services. These tools are related but not identical to the learning guides used to guide students toward the knowledge, attitudes and skills associated with these essential competencies. The components of the checklists correspond to the information presented in relevant chapters in the *Manual for Male Circumcision under Local Anaesthesia* developed by the World Health Organization, UNAIDS and Jhpiego.

These tools are designed to provide a comprehensive assessment of the following competencies associated with male circumcision under local anaesthesia.

- Group education on male circumcision and male reproductive health
- Checklist for individual counselling on male circumcision and reproductive health
- Client assessment for male circumcision
- Dorsal slit male circumcision procedure
- Forceps guided male circumcision procedure
- Sleeve resection male circumcision procedure
- 48-hour postoperative review

USING THE CHECKLISTS

The **checklists** for the different competencies are included in this notebook. These focus on **key steps** in the MC protocols. Each is related to a learning guide used by the participant during training.

The checklists focus only on the key measurable components of the competency. Checklists are designed to be used by the clinical trainer to evaluate the participant's performance at the end of the course. These checklists can also be used by the participant for self evaluation during the learning process. The rating scale used is described below:

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

Remember: It is the goal of training that **every** participant perform **every** task or activity correctly working in a simulated setting with anatomical models by the end of the course.

Service providers successfully completing the MC course will be eligible for continued competency development in the clinical setting under the supervision of clinical trainers.

CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
PREPARATION				
1. Prepare IEC materials				
2. Provide seats for all patients and the caretakers/parents who have come to the MC/male RH clinic.				
3. Greet the patient and caretakers/parents present and introduce yourself.				
4. Explain to the patients and caretakers/parents what you wish to talk about and encourage them to ask questions.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENERAL				
5. Use easy to understand language and check understanding.				
6. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
7. Demonstrate empathy.				
8. Tell the patient/caretakers/parents what male RH services are available in the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
9. Ask a volunteer to tell you what he already knows about male circumcision.				
10. Give positive feedback to the volunteer on any correct information provided and fills in the gaps: <ul style="list-style-type: none"> • What is male circumcision? • Benefits of male circumcision • Risks of male circumcision • Relationship between male circumcision and HIV infection • Pain relief options for male circumcision • Postoperative care after male circumcision • How and where to contact health care workers after male circumcision 				
11. Ask for any questions and address any concerns that the patients/parents may have.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
HIV DISEASE BASICS AND PREVENTION				
12. Ask a volunteer to tell you what he already knows about HIV/AIDS.				
13. Give positive feedback to the volunteer on any correct information provided and fill in the gaps.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
OTHER SEXUALLY TRANSMITTED INFECTIONS				
14. Ask a volunteer to tell others what he knows about other sexually transmitted infections (STIs).				
15. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: <ul style="list-style-type: none"> • Common STIs in the country • Symptoms and signs of the common STIs • How STIs can be prevented (including ABC message) 				
16. Tell the patients where they can receive services if they experience symptoms and signs of an STI.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
FAMILY PLANNING				
17. Ask the patients and caretakers to list the family planning methods they know.				
18. Facilitate a brainstorming session on the benefits of family planning to the individual patient, couples and the community.				
19. Tell the patient about a variety of male and female family planning methods that are available in the clinic.				
20. Briefly tell the patient about condoms (effectiveness, dual protection, etc.).				
21. Give instructions on condom use (storage, when and how to use, disposal, etc.).				
22. Demonstrate with a model how to use a condom.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
INFERTILITY EVALUATION				
23. Ask a volunteer to tell listeners what he knows about infertility.				
24. Give positive feedback to the volunteer on any correct information provided and fill in the gaps (including association with STIs and prevention).				
25. Ask for and answer any questions on infertility.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
ALCOHOL AND SUBSTANCE ABUSE				
26. Facilitate a brainstorming session on alcohol and substance abuse.				
27. Ask for and answer any questions on infertility.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
WOMEN'S REPRODUCTIVE HEALTH NEEDS				
28. Discuss the need for men to support women's reproductive health needs				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
CONCLUSION				
29. Ask the patients/parents for any questions they might have on MC and male RH and provide additional information as needed.				
30. Tell patients/parents where to go for the services that they require.				
31. Thank everyone for their attention.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

Place a “√” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

TASK/ACTIVITY	CASES			
PREPARATION				
1. Prepare IEC materials.				
2. Greet the patient and caretaker respectively and with kindness. Introduce yourself and ask for the name of the patient.				
3. Explain to the patient and the caretaker what is going to be done and encourages them to ask questions. Get permission before beginning and ask whether the caretaker should be present.				
4. Explain to the patient that the information he gives will be held confidential and will not be shared without his express permission.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENERAL				
5. Communicate effectively with the patient and caretaker(s)/parent(s).				
6. Honor confidentiality.				
7. Show sensitivity to social and cultural practices that may conflict with the plan of care.				
8. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
9. Show empathy.				
10. Ask the patient/parent what specific reproductive health service he is requesting.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
11. Ask the patient (or the parents, if the child is too young) to tell you what he already knows about male circumcision.				
12. Tell the patient/parents about male circumcision: <ul style="list-style-type: none"> • What MC is • Benefits and risks of MC • How it is done • Postoperative care and follow-up 				

CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	CASES			
13. Ask for any questions and address any concerns that the patient or his parents may have.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
HIV DISEASE BASICS AND PREVENTION				
14. Ask the patient or his parents to tell you what they already know about HIV and AIDS.				
15. Ask the patient or his parents if he has ever been tested for HIV.				
16. Update the patient and/or his parents about HIV and AIDS.				
17. Explore the patient's HIV risk behaviour.				
18. Works with the patient to develop a risk reduction plan for the risk behaviours identified above.				
19. Refer patient for HIV testing if he so wishes.				
20. Refer patient for care and support if he is known to be HIV-positive.				
21. If HIV-negative, counsel patient on how to remain negative (ABC message).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
OTHER SEXUALLY TRANSMITTED INFECTIONS (if the patient is already sexually active)				
22. Ask the patient what he knows about sexually transmitted infections (STIs).				
23. Update the patient about STIs, including how STIs can be prevented: <ul style="list-style-type: none"> • ABC message • Use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV 				
24. Ask the patient if he has ever been diagnosed or treated for an STI.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
FAMILY PLANNING (for sexually active patients)				
25. Ask the patient about his and his spouse's reproductive intentions.				
26. Ask the patient to tell you what he already knows about family planning methods.				
27. Tell the patient about male and female family planning methods that are available in the country.				
28. Assess condom usage, and demonstrate as needed.				
29. If patient wants to stop childbearing, initiate discussions on male sterilization (vasectomy) and refer him to the family planning clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PLAN OF CARE				
30. Discuss the timing of visits for the reproductive health service requested.				
31. Complete the patient's record forms.				
32. Give the patient an appointment for the service requested.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

TASK/ACTIVITY	CASES			
HISTORY-TAKING				
SCREENING				
1. Ask patient if the caretaker or parent can stay during the discussion. Support patient’s decision on this.				
2. Assure patient of confidentiality of all information provided during the session.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PATIENT IDENTIFICATION				
3. Ask the patient about personal information (name, address, age, marital status, etc.).				
4. Ask the patient (or his parents) why he has come to the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
INFORMED CONSENT				
5. If in the clinic for male circumcision, ensure that the patient (or his parent) has given an informed consent.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
HISTORY OF SEXUALLY TRANSMITTED INFECTIONS				
6. Ask the patient if he is sexually active.				
7. Ask if the patient currently has any genitourinary symptoms.				
8. If he has any of the above, find out more about the complaint.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PAST MEDICAL HISTORY				
9. Ask the patient if he has ever been diagnosed and/or treated for an STI or other genital disease.				
10. Ask the patient if he has ever been treated or is currently being treated for any medical illness.				

CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
11. Ask the patient if he has ever undergone any surgery in the past (especially genital surgery).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
REPRODUCTIVE AND CONTRACEPTIVE HISTORY				
12. Ask the patient if he has ever fathered a child. If so, how many?				
13. Ask about the patient's reproductive intentions.				
14. Ask the patient if he has ever used any type of contraception. If so, which method did he use?				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
DRUG HISTORY				
15. Ask the patient if he is currently on any special medications (whether prescribed, over-the-counter or traditional).				
16. Ask the patient if he has allergy to any known drug (including lignocaine injection or iodine).				
17. Ask the patient if he has a history of substance abuse. If so what?				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PHYSICAL EXAMINATION				
18. Explain to the patient why a physical examination is necessary before male circumcision and ask the patient to undress and prepare for the examination.				
19. Assist the patient to lie on the examination couch and cover him with a drape.				
20. Perform a focused general physical examination.				
21. Check the patient's vital signs.				
22. Perform any other systemic examination as dictated by the patient's history.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENITAL EXAMINATION				
23. Wash hands with soap and water and dry with a clean, dry towel.				
24. Put examination gloves on both hands.				
25. Examine the penis and look for any abnormalities.				
26. Examine the scrotum and check for any abnormalities.				
27. Thank the patient for his cooperation.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-EXAMINATION TASKS				
28. Immerse gloved hands in 0.5% chlorine solution, remove gloves and dispose of in waterproof disposal bin (or put in 0.5% chlorine solution for 10 minutes if re-using).				
29. Wash hands thoroughly with soap and water and dry with clean towel.				
30. Complete patient's record form.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION				
TASK/ACTIVITY		CASES		
PREOPERATIVE GUIDANCE FOR THE PATIENT				
31. Instruct the patient to do the following prior to arrival at the clinic for surgery: <ul style="list-style-type: none"> • Empty his bladder. • Clip the pubic hair if it will interfere with the procedure, or it can be done at the clinic. • Wash his genital area and penis with water and soap, retracting the foreskin and washing under it. 				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient’s records (history, examination findings, laboratory report if any).				
6. Verify patient’s identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center “O” drape to the genital area and pull the penis through the “O” drape. If there is no “O-drape”, apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
ANAESTHESIA TASKS				
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: DORSAL SLIT TECHNIQUE				
23. Using a pair surgical scissors, make a dorsal slit in the prepuce starting from the preputial orifice to the dorsal corona sulcus.				
24. Excise the prepuce with a surgical blade along the previous mark.				
25. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
26. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
27. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
28. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
29. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
30. Irrigate the area with normal saline and add other simple stitches as required.				
31. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
32. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
33. Dispose of contaminated needles and syringes in puncture-proof container.				
34. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
35. Dispose of waste materials in covered leakproof container or plastic bag.				

CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
36. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out: <ul style="list-style-type: none"> • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination. 				
37. Wash hands thoroughly and dry them with clean, dry towel.				
POSTOPERATIVE CARE				
38. Observe the patient's vital signs and record findings.				
39. Answer patient's questions and concerns.				
40. Advise the patient on postoperative care of the penis.				
41. When stable, discharge the patient home on mild analgesics.				
42. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
43. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient’s records (history, examination findings, laboratory report if any).				
6. Verify patient's identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center “O” drape to the genital area and pull the penis through the “O” drape. If there is no “O-drape”, apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
ANAESTHESIA TASKS				
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: FORCEPS GUIDED METHOD				
23. Excise the prepuce distal to the clamp using a surgical blade along the mark.				
24. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
25. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
26. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
27. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
28. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
29. Irrigate the area with normal saline and add other simple stitches as required.				
30. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
31. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
32. Dispose of contaminated needles and syringes in puncture-proof container.				
33. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
34. Dispose of waste materials in covered leakproof container or plastic bag.				
35. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out. <ul style="list-style-type: none"> • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination. 				

CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
36. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POSTOPERATIVE CARE				
37. Observe the patient's vital signs and record findings.				
38. Answer patient's questions and concerns.				
39. Advise the patient on postoperative care of the penis.				
40. When stable, discharge the patient home on mild analgesics.				
41. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
42. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed equipment.				
2. Greet patient and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the patient or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the patient’s records (history, examination findings, laboratory report if any).				
6. Verify patient's identity and check that informed consent was obtained.				
7. Check that patient has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
8. Prepare instrument tray and open sterile instrument pack without touching items.				
9. Ask the patient to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
12. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
13. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
14. Remove the outer pair of gloves.				
15. Apply a center “O” drape to the genital area and pull the penis through the “O” drape. If there is no “O-drape”, apply four smaller drapes to form a small square around the penis.				
16. Perform a gentle examination of the external genitalia.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
ANAESTHESIA TASKS				

CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
17. Perform a Subcutaneous Ring Block (SQRB) or Dorsal Penile Nerve Block (DPNB) using an appropriate predetermined quantity of 1% plain lidocaine and paying special attention to the ventral nerve.				
18. Check the anaesthetic effect of the nerve block and top up as needed.				
19. Throughout procedure, talk to and reassure the patient (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL PROCEDURES				
20. Hold the prepuce with artery forceps.				
21. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
22. Apply a straight artery forceps to crush the prepuce at 12 o'clock and remove after 1 minute.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: SLEEVE RESECTION METHOD				
23. Using a scalpel blade, make incisions along the two lines, taking care to cut through the skin to the subcutaneous tissue but not deeper. Ask the assistant to help retract the skin with a moist gauze swap as you make the incisions.				
24. Using a pair of dissecting scissors, join the two incisions.				
25. Hold the sleeve of foreskin under tension with two artery forceps and dissect it off the shaft of the penis, using a pair of dissecting forceps.				
26. Identify bleeders, and clamp, tie and/or under-run them.				
27. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
28. Using 3/0 or 4/0 chromic catgut on a taper-cut or round-body needle, make a U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
29. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o'clock positions and tag accordingly.				
30. Thereafter, close the gaps between the tagged stitches with two or more simple sutures (a total of approximately 16 stitches).				
31. Irrigate the area with normal saline and add other simple stitches as required.				
32. Dress the wound with Sofratulle/Vaseline gauze, then with a regular dressing bandage and a strapping.				
33. Advise the patient to rest for 30 minutes.				
34. Make a curved mark (1 cm proximal and parallel to the coronal sulcus) to outline the planned surgical cut.				
35. Clamp the prepuce along the mark with a Kocher clamp while retracting the glans, ensuring that the glans itself is not clamped.				
36. Excise the prepuce distal to the clamp using a surgical blade along the mark.				
37. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				

CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
38. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
39. Using 3/0 chromic catgut on a taper 4/8-circle needle, make an inverted U-shaped horizontal mattress stitch on the ventral side of the penis (frenulum) to join the skin at the "V" shaped cut. Tie and tag with a mosquito forceps.				
40. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
41. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
42. Irrigate the area with normal saline and add other simple stitches as required.				
43. Dress the wound with Sofratulle, followed by a regular dressing bandage and a strapping.				
44. Advise the patient to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
45. Dispose of contaminated needles and syringes in puncture-proof container.				
46. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
47. Dispose of waste materials in covered leakproof container or plastic bag.				
48. Immerse both gloves hands in 0.5% chlorine solution and remove gloves by turning inside out. <ul style="list-style-type: none"> • If disposing of gloves, place in leakproof container or plastic bag. • If reusing gloves (not recommended), submerge in chlorine solution for decontamination. 				
49. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POSTOPERATIVE CARE				
50. Observe the patient's vital signs and record findings.				
51. Answer patient's questions and concerns.				
52. Advise the patient on postoperative care of the penis.				
53. When stable, discharge the patient home on mild analgesics.				
54. Inform the patient to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
55. Complete operation notes and other patient record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step, task or skill not performed by participant during evaluation by trainer

CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed materials.				
2. Greet the patient and/or parent(s) respectfully and with kindness.				
3. Review the patient’s records (date of surgery, any complications during or after surgery).				
4. Ask the patient or parent(s) if he has had any problems since the procedure was done. If so, where did he go and what was done?				
5. Ask the patient if the dressing on the penis is still intact.				
6. Ask the patient for permission to examine the surgical area.				
7. Help the patient to lie down on the couch.				
8. Wash your hands with soap and water and dry with a clean, dry towel.				
9. Put examination gloves on both hands.				
10. Examine the penis for: <ul style="list-style-type: none"> • Bleeding • Wound discharge • Wound disruption 				
11. Gently remove strapping and gauze dressing.				
12. Apply saline to Sofratulle dressing and gently remove.				
13. Inspect suture line for bleeding, discharge or wound disruption.				
14. Clean with antiseptic solution and leave to dry.				
15. Dispose of contaminated wastes and gloves in covered leakproof container.				
16. Wash your hands with soap and water and dry with a clean, dry towel.				
17. Tell the patient about examination findings and repeat postoperative care instructions (including abstinence for 4–6 weeks).				
18. Ask the patient if he has any questions and answer them.				
19. Give the patient a date for his next appointment.				
20. Complete patient record form.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				