Male Circumcision under Local Anaesthesia

Course Notebook for Trainers

World Health Organization

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MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA COURSE NOTEBOOK FOR TRAINERS

SECTION ONE: GUIDE FOR PARTICIPANTS

* Chapter 6: Paediatric and Neonatal Circumcision is not within the scope of this training.

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

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 **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Postoperative Care—Group A **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group B	**08:30–12:30** **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Post-operative Care—Group B **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group A	**08:30–12:30** **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Postoperative Care—Group A **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group B	**08:30–12:30** **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Postoperative Care—Group B **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group A	**08:30–12:30** **Overview** of day's scheduled activities (participant) **Clinical Practice**—Male Circumcision and Postoperative Care—As needed to ensure competency **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—as needed to ensure competency
LUNCH	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
13:30–17:00 **Clinical Practice**—Male Circumcision and Postoperative Care—Group A **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group B **Review** of day's activities	**13:30–17:00** **Clinical Practice**—Male Circumcision and Postoperative Care—Group B **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group A **Review** of day's activities	**13:30–17:00** **Clinical Practice**—Male Circumcision and Postoperative Care—Group A **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group B **Review** of day's activities	**13:30–17:00** **Clinical Practice**—Male Circumcision and Postoperative Care—Group B **Clinical Practice**—Group Education, Counselling and Preoperative Assessment—Group A **Review** of day's activities	**13:30–17:00** **Course Evaluation** **Closing**
Reading Assignment: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments	**Reading Assignment**: Review and practice as appropriate, based on assessments

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

7. POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS

8. PREVENTION OF INFECTION

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

9. MANAGING A CIRCUMCISION SERVICE

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	• 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	A myth is a widely held false belief about a topic. • 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	As a small group of four or five individuals, discuss the following issues: • 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	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: • 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	As a small group of three to five individuals: • 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	• 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	Calculate the maximum dose of anaesthesia (in ml) for the following clients undergoing male circumcision: • 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	• 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	As a small group of four or five individuals, discuss the following issues: • 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? Nominate an individual to present key points from the discussion.

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	As a small group of four or five individuals, you will be given a case study related to male circumcision: • 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. Nominate an individual to present key points from the discussion.

Exercise 8.2. Infection Prevention Clinical Skills Session	
Purpose	To reinforce sterile technique to be used during surgery.
Duration	120 minutes
Instructions	• 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	As a small group of four or five individuals, consider the following issues related to developing and maintaining performance standards related to male circumcision: • 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. Nominate an individual to present key points from the discussion.

Exercise 9.2. Analyzing Forms for "Good Data" Collection	
Purpose	To analyze MC records for ability to provide "good data."
Duration	30 minutes
Instructions	Divide into three small groups of four or five individuals: • Distribute one of the following forms to each group: – 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. Nominate an individual to present key points from the discussion.