Male Circumcision under Local Anaesthesia

Course Guide for Trainers: Self-Paced/Individual Learning

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TABLE OF CONTENTS

WELCOME

Welcome—to the adults/adolescents male circumcision (MC) under local anaesthesia training course. You have been selected to facilitate a very important training in an innovative and collaborative manner, which combines:

- Self-paced, individualized learning of the knowledge component of male circumcision for HIV prevention through the use of this printed Guide for Trainers:
  - This part of the training follows a half-day orientation and assessment of the participants' entry-level knowledge and skill. This orientation and assessment will help you to identify the learning needs of your participants and help them design their individual learning plan.
  - After you provide them with an initial orientation (see Overview of the course), the participants will go back to their facility to complete the practice exercises and read the reference manual, Guide for Participants, and the supplement to the reference manual within 2–4 weeks. Participants then come to a central location for skills development (see below).
- Skills development through classroom and clinical demonstration and coaching:
  - Knowledge assessment using the midcourse questionnaire
  - A classroom demonstration and coaching using anatomic models and simulation exercises
  - Clinic attachment with demonstration and coaching
  - Skills assessment

As a facilitator of learning, you will need to continually follow up the progress and assess the performance of participants.

HOW TO USE THIS GUIDE

The design of this version of the learning package for the Male Circumcision under Local Anaesthesia Training Course is based on an approach to individualized learning. This makes the use of the package more flexible and adaptable, while maintaining the same standards of training as the more traditional approach.

This package puts the responsibility, and tools, for learning much of the course content on the shoulders of the participants. By completing the self-learning component of the course and all of the guided exercises, they come to the second half of the course prepared to move much more quickly and directly into practical application and skills competency.

This approach allows participants to move at their own pace, with less disruption of services, while they complete the initial portion. It thus reduces the required time away from clinical duties for both participants and trainers.

Participant selection and preparation are the same as for any other MC course, requiring that the service site and management be prepared in advance so that the appropriate participants are selected and they are able to provide MC services as soon as they complete the training.

Participants need to have a thorough orientation to the course approach and materials, and expectations for completing the self-study portion, before beginning. Ideally, they should be able to access a trainer (by phone or e-mail) with any questions that might arise.

Once they complete the initial self-learning section, they will then work with a trainer, either individually or in a group, to complete the course. They will be tested on the content of the self-learning course, and then will work to learn the skills and attitudes to become competent MC service providers.

OVERVIEW

BEFORE STARTING THIS TRAINING COURSE

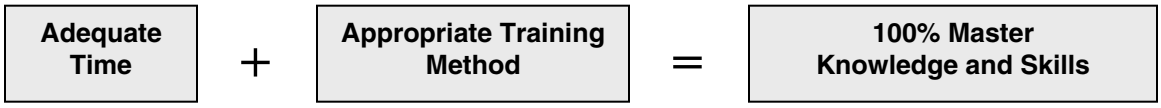
This *Male Circumcision under Local Anaesthesia* training course will be conducted in a way that is very different from traditional training courses. First of all, it is based on the assumption that people participate in training courses because they:

- 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 modelling
- Is competency-based
- Incorporates humanistic training techniques

Behaviour Modelling

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 modelling 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 checklist.
- After practice—This feedback session should take place immediately after practice. Using the checklist, the clinical trainer discusses the strengths of the participant's performance and also offers specific suggestions for improvement.

USING THE MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA INDIVIDUALIZED LEARNING PACKAGE

The focus of this course is on the participant. For example, the focus of the training activities presented in the course outline is on the participant. As the participant moves through a series of activities (e.g., reading information, observing the trainer, completing practice exercises, practicing clinical skills using role plays and anatomic models, working with patients), there are corresponding activities for the trainer. The focus, however, is always on the participant.

Essential to this course are three basic components. All of the training activities in which the participant, trainer and supervisor are involved relate to one or more of these components:

- Transfer and assessment of the essential knowledge related to male circumcision. This knowledge is found in the reference manual, *Manual for Male Circumcision under Local Anaesthesia,* and is reinforced through various practice exercises and by interaction with the trainer.
- Transfer and assessment of counselling and clinical skills using role plays and anatomic models and in clinical situations with clients. The skill demonstrations are provided by the trainer, and the participant will demonstrate that s/he can competently provide counselling, pre-operative history taking and screening, surgical circumcision and postoperative and follow-up care, management of complications and referrals for other RH services.
- Demonstration and practice are first conducted through role plays/simulations and use of models to achieve an acceptable level of competence and confidence in simulation.
- Next, learning progresses to work with clients, consisting of skill demonstrations, modelled by the trainer, and the participant practicing with coaching from the trainer and eventually demonstrating that she or he can competently perform the skill.

- Attitude transfer through practice exercises and behaviour modelling by the trainer and interaction with the patients.

The course is designed to be flexible, and the schedule can vary according to the specific situation and programme needs. Key to the success of this individualized, self-paced programme is the motivation of the participant and trainer. The participant must be willing to read, study, complete assignments and work independently while staying on a schedule, in order to complete training in a reasonable period of time. The participant also must be willing to observe the trainer and ask questions. The trainer must be willing to take the necessary time to mentor, teach and work closely with the participant, in addition to providing high-quality services, throughout the course.

THE INDIVIDUALIZED LEARNING PACKAGE

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

- Need-to-know information contained in the reference manual, ***Manual for Male Circumcision under Local Anaesthesia***, which presents information on the basics of male circumcision and reproductive health (RH), basic counselling skills and the recommended standard male circumcision procedures
- A ***Participant's Handbook*** containing a course schedule, precourse questionnaire and skills assessment checklist, individualized learning plan to be developed based on the precourse assessments, checklists, which break down the activity into its essential components, , and a series of practice exercises to guide the participant through the self-study portions of the course. The practice exercises are organized into modules, with each module corresponding to a chapter of the same number in the reference manual.
- A ***Trainer's Notebook*** containing all of the essential items found in the Participant's Handbook, along with a detailed course outline and the answer keys to the precourse questionnaire and practice exercises.
- ***Anatomic models*** for suturing and circumcision practice and counselling aids
- Videos
- Other materials

This individualized training approach for male circumcision stresses the importance of the cost-effective use of resources, application of relevant educational technologies and the use of more humane teaching techniques. The latter encompasses the use of anatomic models and simulations to

minimize patient risk and facilitate learning. Detailed (step-by-step) counselling and clinical skills checklists have been developed to help participants learn and measure their own progress. Finally, competency-based knowledge questionnaires and skills checklists are provided to assist the trainer and supervisor in evaluating a participant's performance objectively.

Trainers are encouraged to conduct training activities in a highly interactive fashion, asking questions and involving the participant as much as possible without disrupting services.

Because this is an individualized course, it is critical that the participant and trainer thoroughly read their respective guides before the participant begins this programme. It is also essential that the administrator understand the time required for the trainer and/or participant to carry out their respective activities, and supports the participant to enable him/her to complete the course in a timely manner.

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:

- At the beginning of the course, participants are oriented to the programme and their knowledge and basic skills are assessed using a Precourse Questionnaire and skill assessment to determine their individual learning needs and help develop an individual learning plan so they can focus their own learning.
- Participants are responsible for much of their own learning. They are guided through the acquisition of knowledge and initial attitudes in a flexible manner, in the individualized "self-study" portion of the course, following a suggested course outline and series of practice exercises.
- Progress in knowledge-based learning is measured during the course, through completion of the practice exercise and assessed using a **standardized written assessment** (Midcourse Questionnaire).
- Interaction with the trainer focuses on clarifying participants' individual learning, and on acquiring skills and attitudes necessary for quality services through simulations, demonstrations and coached practice in all of the essential aspects of providing the full package of male circumcision for HIV prevention services.
- Progress in participants' learning of recommended clinical procedures is documented using appropriate **checklists** for practice.
- A trainer using competency-based **skills checklists** assesses each participant's performance, and documents his/her achievement of skill competency.
- Successful completion of the course is based on **mastery of both the knowledge 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.

Supervisors, to adequately support newly trained providers, should have the requisite knowledge and skills to provide supportive supervision for MC services. 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 to be flexible, to accommodate a number of different situations found in programmes scaling up MC services.

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 (IP) 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 competency in 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

- Guided, individualized learning
- Case studies
- Guided observations

- Guided interviews
- Video
- Demonstration
- Coaching
- Role play
- Simulation
- Guided practice activities

Training Materials

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

- The reference manual, ***Manual for Male Circumcision under Local Anaesthesia***
- A **Participant's Handbook**
- A **Trainer's Notebook**
- **Anatomic models**
- Videos
- Other materials

Participant Selection Criteria

Participants for this course should be *clinicians* (doctors, clinical officers, nurses or midwives) who are, by national policy, allowed to conduct minor surgery 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
- Precourse skills assessment
- Midcourse knowledge questionnaire
- Checklists
- End of course evaluation

Course Duration

Due to the individualized nature of the course design, the duration of training may differ depending on the situation. There are two main components of the course, an individualized "self-study" component and a hands-on clinical component.

The recommended time required for the participant to complete the self-study portion of the course ranges from 2–4 weeks, which can be done in a concentrated fashion or spread out over time to minimize disruption off the participant's other duties.

The hands-on clinical portion of the course should take a minimum of 5 days for participants to reach competency. Depending on the number of participants in the clinical portion and the caseload at the training site, as well as the participant's ability to master the required skills and attitudes, this may need to be extended.

INDIVIDUALIZED LEARNING PLAN

INTRODUCTION

Individualized Learning Plan: Based on the results of the precourse questionnaire and precourse skills assessment, the participant and trainer should identify areas of strengths and weaknesses. This will help the participant to know where he/she should focus more energy during the individualized "self-study" portion of the course, and help the participant and trainer both prepare better for the hands-on skills component.

Complete the plan below, by marking with an X where you agree you are on each arrow.

For the clinical skills area, develop a plan together with your trainer, discussing your particular situation and resources available. For example, spend extra time observing well-trained counsellors, if they are available at or near your site; seek out a counselling course; practice basic suturing and tying skills on your own; or find a mentor at your site to help build your skills and confidence in basic suturing.

Individualized Learning Plan

KNOWLEDGE AREAS	RELATIVE STRENGTH	RELATIVE AREA OF FOCUS
Male Circumcision and HIV Infection	← Weak — Average — Strong →	← Complete Quickly — Spend More Time →
Linking Male Circumcision to Other Male Sexual and Reproductive Health Services	← Weak — Average — Strong →	← Complete Quickly — Spend More Time →
Client Education and Counselling for Adult and Adolescent Male Circumcision	← Weak — Average — Strong →	← Complete Quickly — Spend More Time →
Screening and Consent for Adult and Adolescent Male Circumcision And Preparations for Surgery	← Weak — Average — Strong →	← Complete Quickly — Spend More Time →
Surgical Procedures for Adults and Adolescents	← Weak — Average — Strong →	← Complete Quickly — Spend More Time →

KNOWLEDGE AREAS	RELATIVE STRENGTH	RELATIVE AREA OF FOCUS
Diathermy in Male Circumcision	Weak Average Strong	Complete Quickly — Spend More Time
Postoperative Care	Weak Average Strong	Complete Quickly — Spend More Time
Infection Prevention	Weak Average Strong	Complete Quickly — Spend More Time
Achieving Efficiency in Male Circumcision Services	Weak Average Strong	Complete Quickly — Spend More Time
Record Keeping, Monitoring, Evaluation and Supervision	Weak Average Strong	Complete Quickly — Spend More Time
Skill Assessment	**Relative Strength**	**Preparation Plan**
Counselling Skills	Weak Average Strong	
Basic Suturing Skills	Weak Average Strong	

PRACTICAL COURSE SCHEDULE

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
Orientation (30 min) General review of self-study programme (30 min) Midcourse Questionnaire (90 min) Review of exercises from Module 1 (30 min) Module 2 (45 min) Module 9 (45 min)	Group education clinical practice with coaching (120 min) Review Module 4 exercises (30 min) Demonstrate counselling and client screening on clients (30 min) Counselling and screening clinical practice with coaching (60 min)	Practice counselling and screening with clients (60 min) Demonstration on clients: MC procedure (60 min) Practice with clients and coaching: MC procedure (120 minutes)	Assess on critical skills: • Group education • Counselling • Screening (120 min) Demonstration on clients: MC postop care/follow-up (60 min) Practice with clients and coaching: MC postop care/follow-up (60 min)	Assessment of critical skills: MC procedure Postop/follow-up Reinforce and reassess as necessary (180 min) Review clinical training experience (60 min)
Review of exercise from Module 3 (30 min) Demonstration of counselling (15 min) Role play counselling (45 min) Review of exercises from Module 8 (30 min) Demonstration of key infection prevention stations (15 min) Practice on IP stations (45 min)	Review exercises from Module 5 (30 min) Demonstration of clinical procedure on model (30 min) Practice of clinical procedure on models (120 min)	Practice of clinical procedure with clients and coaching (120 min) Reinforce other skills, attitudes and knowledge as necessary Review exercises from Module 7 (60 min)	Continue practical for areas most in need of strengthening (180 min)	Plan for return to service and beginning to provide MC services (60 min) Complete course evaluation (30 min)

COURSE OUTLINE

MODULE	OBJECTIVE	EST. TIME	PARTICIPANT ACTIVITIES	TRAINER ACTIVITIES	TOOLS
PRACTICAL PORTION					
ORIENTATION, BEFORE THE SELF-STUDY COURSE					
Course Introduction	List the different elements of the learning package Describe how the course runs, including timing and communication Identify participant roles and responsibilities Develop an individual learning plan to focus learning	1/2 to 1 day (depending on the number of participants for the Precourse Skills Assessments)	In-person orientation by trainer (or on site by whoever is supporting site readiness)	Orient participants to course and materials	Written Course Introduction and Overview
			Read Course Overview and review course materials		
			Complete Precourse Questionnaire (PCQ)	Administer Precourse Questionnaire	PCQ/PCQ answer key
			Complete Precourse Skills Assessment	Conduct Precourse Skill Assessment	Model for suturing/tying; counselling role play
			Review PC Questionnaire and PC Skill Assessment for key learning gaps and develop individual learning plan	Grade PCQ & review key training gaps PC Skill Assessment; Review with participant	Individual learning plan
5-DAY PRACTICAL TRAINING (See Course Schedule)					
Module 1	Define male circumcision Discuss myths and misconceptions about male circumcision Describe the global evidence linking male circumcision with a reduction in HIV prevalence Describe the local evidence and relevance of male circumcision	30 minutes Morning Day 1	Meet with trainer to review Module	Review Module with participant	

MODULE	OBJECTIVE	EST. TIME	PARTICIPANT ACTIVITIES	TRAINER ACTIVITIES	TOOLS
Module 2	List sexual and reproductive health services that can be linked to male circumcision Identify barriers to male reproductive health services Describe approaches for meeting the sexual and reproductive health needs of men	45 minutes Morning Day 1	Meet with trainer to review Module	Review Module with participant	
Module 3	Define education and counselling Educate clients and parents/guardians about male circumcision Describe basic facts about counselling Describe the importance of confidentiality in male circumcision Describe the informed consent process List relevant skills needed for talking with reproductive health clients List key points to cover in counselling male circumcision clients Counsel clients and parents/guardians about male circumcision	90 minutes Afternoon Day 1	Meet with trainer to review Module	Review Module with participant	
			Arrange for trainer to demonstrate proper counselling and education	Demonstrate proper education and counselling/role plays	Checklist for Education; Checklist for Counselling
		Morning clinic Days 2–3	Practice education and counselling for MC with trainer supervision	Coach participant on education and counselling for MC	Checklist for Education; Checklist for Counselling
		Morning Day 4		Assess participant on education and counselling with the checklist	Checklist for Education; Checklist for Counselling

MODULE	OBJECTIVE	EST. TIME	PARTICIPANT ACTIVITIES	TRAINER ACTIVITIES	TOOLS
Module 4	Describe the essential components of a history and exam for MC List contraindications for male circumcision Obtain a detailed history from the client requesting male circumcision services Perform a general exam and male genital examination for MC Describe preoperative preparations for adult male circumcision List equipment and supplies required for standard male circumcision	120 minutes Morning Day 2	Meet with trainer to review Module	Review Module with participant	
			Arrange to observe trainer conducting history and examination	Demonstrate proper history taking and examination	Checklist for Screening of Patients and Preparation for Male Circumcision
			Practice conducting history & examination under trainer supervision	Coach participant on conducting history & examination	Checklist for Screening of Patients/Preparation for MC and Client record forms
		Morning Day 4		Assess history taking with the checklist	Checklist for Screening of Patients/Preparation for MC
		30 minutes Afternoon Day 2	Practice setting up instruments for MC procedure (Practice Exercise 4.6)	Observe/coach participants on setting up for MC procedure	Practice Exercise 4.6; MC and extra instruments
Module 5	Describe required surgical skills for safe male circumcision Describe local anaesthesia procedures for male circumcision Describe three adult male circumcision procedures Perform one or all three adult male circumcision procedures *Where Diathermy is Included:* Describe monopolar and bipolar diathermy List the benefits and risks of using diathermy List the "dos" and "don'ts" of using diathermy Demonstrate the safe application of diathermy in MC	120 minutes Afternoon Day 2	Meet with trainer to review Module	Review Module with participant	
			Arrange for trainer to demonstrate the standardized MC procedure	Demonstrate standardized MC procedure	Checklist for selected MC procedure; MC models, instruments, demo. materials
			Return demonstration and practice on models	Coach participant on models	Checklist for selected MC procedure; MC models, instruments, practice materials
		Clinical Practice Days 3–5	Once competent on models, arrange for trainer to demonstrate on clients	Demonstrate MC on client	Checklist for selected MC procedure
			Arrange to begin supervised practice on clients	Observe/coach participants performing MC on clients	Checklist for selected MC procedure
		Morning Day 5		Assess MC skills with the checklist	Checklist for selected MC procedure

MODULE	OBJECTIVE	EST. TIME	PARTICIPANT ACTIVITIES	TRAINER ACTIVITIES	TOOLS
Module 7	Describe patient monitoring and recovery care after male circumcision Review postoperative discharge instructions Describe essential tasks during routine and emergency follow-up visits Describe potential complications of MC and their management Demonstrate appropriate recognition and decision-making for complications Perform postoperative monitoring, counselling and discharge	60 minutes Afternoon Day 2	Meet with trainer to review Module	Review Module with participant	
			Arrange to observe trainer conducting postop (immediate and follow-up)	Demonstrate proper postoperative and follow-up care	Checklist for MC Procedures : section on Postoperative Care and Learning Guide for 48-Hour Postoperative Review
		Clinical Practice Days 3–5	Practice conducting postop (immediate and follow-up)	Coach participant on postoperative and follow-up care	Checklist for MC Procedures : Section on Postoperative Care and Checklist for 48-Hour Postoperative Review
		Morning Day 5		Asses postop care (part of the procedure checklist) and follow-up with checklist	Checklists for MC Procedures and 48-Hour Postoperative Review
Module 8	Describe the basic concepts of infection prevention List key components of Standard Precautions Discuss the importance of, and steps for, hand hygiene Discuss the types of personal protective	90 min Afternoon Day 1	Meet with trainer to review Module	Review Module with participant	
			Arrange for trainer to demonstrate key IP skills	Demonstrate key IP skills at skills stations	IP demonstration station set-up
			Practice key IP skills	Supervise/coach participants in practice at stations	IP demonstration station set-up

MODULE	OBJECTIVE	EST. TIME	PARTICIPANT ACTIVITIES	TRAINER ACTIVITIES	TOOLS
	equipment Discuss how to safely handle hypodermic needles and syringes Describe the three steps involved in proper processing of instruments, gloves and other items Discuss how to safely handle and dispose of health care waste Describe concepts of post-exposure prophylaxis (PEP) Demonstrate appropriate IP procedures in the context of providing MC services	Days 2–5		Supervise coach participants on IP aspects of all clinical practice sessions	
Module 9	Describe the importance of record keeping, monitoring and evaluation in male RH services Demonstrate proper record keeping and use of forms and registers Describe the performance improvement cycle Outline the process of supportive supervision Explain the components/ models to improving a MC services Discuss the rationale for adopting efficient models of providing MC services Discuss the principles of Models to Increase Volumes and Efficiency (MOVE) Demonstrate the set-up and running of an efficient MC clinic	45 minutes Morning Day 1	Meet with trainer to review Module	Review Module with participant	
			Complete Practice Exercise 9.5: Efficiency Exercise	Conduct Efficiency Exercise (Practice Exercise 9.5) with participants	
		Days 2–5	Practice key management skills	Supervise/coach participants on relevant management aspects of all clinical practice sessions	

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, circle "True" or "False" for each question.

CHAPTER 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 sexually transmitted infections (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

CHAPTER 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

CHAPTER 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

CHAPTER 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

CHAPTER 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

CHAPTER 7: POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS

28. All patients undergoing male circumcision should be given oral and written postoperative 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

CHAPTER 8: PREVENTION OF INFECTION

CHAPTER 9: MANAGING A CIRCUMCISION SERVICE

SUPPLEMENT: DIATHERMY AND SERVICE EFFICIENCY

49. Mandatory HIV testing before MC helps to eliminate the time wasted in counseling and hence improves efficiency.
50. The difference between task sharing and task shifting is that the first is exclusively between doctors while the latter is exclusively for nurses.

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

PRECOURSE QUESTIONNAIRE ANSWER KEY

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
18	TRUE	**FALSE**	43	**TRUE**	FALSE
19	TRUE	**FALSE**	44	**TRUE**	FALSE
20	**TRUE**	FALSE	45	TRUE	**FALSE**
21	**TRUE**	FALSE	46	**TRUE**	FALSE
22	TRUE	**FALSE**	47	**TRUE**	FALSE
23	TRUE	**FALSE**	48	TRUE	**FALSE**
24	**TRUE**	FALSE	49	TRUE	**FALSE**
25	**TRUE**	FALSE	50	TRUE	**FALSE**

PRECOURSE SKILLS ASSESSMENT

PART I: BASIC COUNSELLING SKILL

Activity Description: The first part of the precourse skill assessment is simply to assess the level of general counselling skills of the participants. The focus of the skills assessment is on general interpersonal communication and counselling skills; it is not on the technical content of any information provided.

The trainer should have a space set up similar to a real life counselling situation: a counselling room or station. The trainer should play the role of the client, and follow the scenario described below. The trainer should familiarize himself/herself with the general counselling skills outlined below, and as soon as the simulation is done, write down observations for each skill area to identify the participants' strengths and weaknesses.

Counselling Simulation: You are a client who has been experiencing pain when urinating for the past 2 weeks, and some smelly discharge. But you are shy to talk about it. You have had unprotected sexual intercourse with two different partners in the past month.

The participant needs to make you feel comfortable to get you to talk about your situation, listen attentively and non-judgementally. He/she should provide you with information about sexually transmitted infections (STIs) and treatment, including partner notification as well as prevention messages (*but remember, you are not concerned about the accuracy or inaccuracy of this information*! only the counselling skills) and the participant should encourage you to make a choice as to what you should do.

General Counselling Skills: Observations

SKILLS	STRENGTHS	WEAKNESSES
Welcoming		
Listening		
Being non-judgmental		
Providing information		

SKILLS	STRENGTHS	WEAKNESSES
Being supportive and attentive		
Allowing the patient to make his/her own choice		

PART II: BASIC SURGICAL SKILL

Actvity Description: The second part of the precourse skill assessment is simply to assess the level of competence and confidence of the participant with basic surgical skills involved in suturing.

Provide the basic equipment needed for basic suturing and knot tying, including any instruments, gloves, needles, suture material, etc. Using a simple model and/or even just fabric, ask the participant to demonstrate basic suturing and knot tying that would be expected of someone who has a minimum of minor surgical experience.

At a minimum, the participants should demonstrate:

- Simple mattress suture
- Square knot tying

Observe their skills and note the strengths and weaknesses below:

SKILLS	STRENGTHS	WEAKNESSES
Gloving		
Handling of instruments		
Basic suturing techniques		
Basic knot tying		
Apparent level of comfort/confidence		

PRACTICE EXERCISE: MODULE 1

PRACTICE EXERCISE #1.1: STUDY QUESTIONS
INTRODUCTION TO MALE CIRCUMCISION FOR HIV PREVENTION

Activity Description: This questionnaire will review basic information on male circumcision for HIV prevention that you will find in Chapter 1 of the reference manual. It also will help you look at the implications of this information for programmes and impact in your area.

Answer Question 1 **before** you read the chapter. Then, read Chapter 1 and answer the remaining questions about this training topic. Refer to the chapter, as well as your clinic records and colleagues, as necessary.

Questions:
Before You Read Chapter 1

1. Before you start this course, what do you know about male circumcision:
   a. How would you define male circumcision?

   b. What are the risks involved in male circumcision?

   c. What are the potential benefits of male circumcision?

Now Read Chapter 1

2. Now that you have read the chapter, would you change your answers to the same questions? If so, describe how you would answer them differently now:
   a. How would you define male circumcision?

   d. What are the risks involved in male circumcision?

   e. What are the potential benefits of male circumcision?

3. Describe, in brief, the epidemiological evidence that supports the conclusion that male circumcision reduces the risk of HIV acquisition.

4. What are some other potential health benefits of male circumcision?

5. What are two possible biological explanations why male circumcision may reduce the chances of acquiring HIV infection?
   a.

   b.

6. In the three randomized, controlled clinical trials of male circumcision conducted in Africa, what was the approximate percentage of risk reduction for HIV acquisition associated with male circumcision? (circle the best answer)
   a. 25–30%
   b. 50–60%
   c. 70–80%
   d. >90%

7. Out of 100 uncircumcised men who get infected with HIV, approximately how many might have avoided infection if all of them had been circumcised before HIV exposure? (circle the best answer)
   a. 25
   b. 50
   c. 75
   d. 90

8. In order to prevent HIV, when do you think the best age(s) would be for boys or men to be circumcised? (circle the best answer/answers—there can be more than one answer)
   a. In first few months from birth
   b. Before becoming sexually active
   c. In early adulthood
   d. After marriage
   e. At any age

   Why did you choose the answer(s) you did?

9. In countries where male circumcision is not common, and people have been asked whether they would be interested in male circumcision, what is the common range of acceptability that has been found?
   a. 10–20%
   b. 30–50%
   c. 45–80%
   d. 100%

PRACTICE EXERCISE #1.2
MYTHS AND MISCONCEPTIONS ABOUT MALE CIRCUMCISION

Activity Description: Investigate what the local level of understanding, myths and misconceptions are about male circumcision in your facility and community. Interview about five people—other health care workers, and some clients and/or community members—to learn what they know and think about male circumcision. Use the interview guide on the following page.

After you are finished interviewing your community, answer the following questions:

1. In your opinion, what is the general level of understanding about what male circumcision is?
   a. Very poor
   b. Average
   c. Pretty good

2. What are some of the common myths, misunderstandings or misconceptions about male circumcision?

Interview Guide: Introduce the topic: I am enrolled in a course on male circumcision, and I am interested to know what people around me know or think of male circumcision. Would you be willing to answer a few questions for me?

QUESTIONS	RESPONDENT 1	RESPONDENT 2	RESPONDENT 3	RESPONDENT 4	RESPONDENT 5
1. Have you heard of male circumcision before?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
a. Where have you heard about it					
b. What have you heard about it?					
2. Do you think that MC has some benefits?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
a. What are some of the benefits you are aware of?					
3. Do you think that MC has some risks?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
a. What are some of the risks you are aware of?					
4. Do you think that men, or parents of boys, should consider circumcision?					
5. (If you are interviewing a male)					
a. Are you circumcised?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
b. If no, would you be interested in getting circumcised?	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

PRACTICE EXERCISE #1.3
POTENTIAL BENEFITS OF MC FOR HIV PREVENTION

Activity Description: This exercise should help to identify what the potential benefits could be of scaling up male circumcision in your own area. Let's make a couple of assumptions:

- We will assume that nearly all HIV transmission is due to heterosexual intercourse.
- We will assume that the current prevalence of male circumcision is very low.
- We will use a conservative estimate of the degree of risk reduction from male circumcision, based on the data in Chapter 1 from the clinical trials, that there is at least a 50% risk reduction for acquisition of HIV.

Based on data, or your best estimate, what is the approximate HIV prevalence rate among men age 15–49 in your catchment population?

A _____ %

Out of 100 uncircumcised men, you would expect (100 x A _____ %) = B _____ of those 100 men to be infected with HIV through sexual transmission.

If those 100 men had all been circumcised before they became infected, you would expect the risk of HIV infection to be less than half, or a minimum of 50% reduction in HIV acquisition.

(B _____ x 50% **minimum** risk reduction) = C _____

This number, C _____, represents the minimum number of HIV infections among men in your area that could have been avoided by circumcising 100 HIV-uninfected men.

Plus, if they did not become infected, then their partners would also be protected as a secondary effect.

Example:

A = 16%	HIV prevalence among men 15–49
B = 16	Out of 100 uncircumcised men, the number whom you would expect to be infected with HIV (100 x 16% = 16)
C ≥ 8	**HIV infections prevented**, if those 100 men had been circumcised before being infected with HIV (16 x 50% = 8)

PRACTICE EXERCISE: MODULE 2

PRACTICE EXERCISE #2.1
LINKING MALE CIRCUMCISION TO OTHER MALE SEXUAL REPRODUCTIVE HEALTH (MSHR) SERVICES

Activity Description: This questionnaire will review information on male circumcision for HIV prevention and linkages to other male sexual and reproductive health services, which you will find in Chapter 2 of the reference manual. It also will help you look at the implications of this information for programmes and impact in your area.

Read Chapter 2 and answer the questions about this training topic. Refer to the chapter, as well as your clinic records and colleagues, as necessary.

Questions:

1. Identify and outline the issues that have an impact on the provision of MSRH in your community:
   a. social, cultural,

   b. geo-demographic,

   c. political-economic, and

   d. health system

2. Suggest ways of improving the provision of appropriate MSRH services in your own community, given the barriers.

3. Describe and distinguish between each of the following:
   a. Balinitis

   b. Phimosis

   c. Paraphimosis

4. Describe how male circumcision services can be an entry point for men for other health needs.

5. Describe how other types of services can be entry points for men to encourage/refer them for male circumcision services.

    a. List the most important services where you think information about and referrals for male circumcision should be integrated.

6. What different types of male sexual and reproductive health services do you think should be linked with male circumcision services, in the same service or through referrals?

SERVICES PROVIDED IN THE SAME CLINIC ALONG WITH SAFE MALE CIRCUMCISION	SERVICES PROVIDED THROUGH REFERRALS TO OTHER POINTS OF SERVICE/SERVICES

PRACTICE EXERCISE #2.2
LINKING MALE CIRCUMCISION TO OTHER MALE SEXUAL REPRODUCTIVE HEALTH (MSRH) SERVICES

Activity Description: Review the different types of male sexual and reproductive health services available at your service site and at other satellite sites in the community. Identify services that are lacking, and find out where those may be available elsewhere in the community. (Discuss with your site management, district management and other colleagues.)

Questions:

1. Identify and outline the different health care service points in your facility and community that are/can be entry point for MSRH and MC services.

2. State ways by which effective linkages and integration of MSRH and MC services can be implemented at your facility and in your community.

3. What challenges would be met in effecting such linkages, and how can the challenges be avoided?

Notes to the Trainer:

- Participants must list service points such as SRH education sessions, gender-based violence education sessions, Alcohol and substance dependence classes, family planning clinics, STI screening services, HIV testing and counselling, infertility evaluation clinics, management of other male RH problems, etc., as entry points.
- The participants must also explain how linkages between MC services and existing systems can be created. These existing services include teachers/schools, peer education programmes, community-based organizations, faith-based organizations, community health workers, STI clinics, family planning services, youth-friendly services, etc.
- Challenges in implementing integration should be specific to the participants' community, with examples around health systems issues, referral pathways, provision of training, socio-cultural issues, human resource capacity, etc.

PRACTICE EXERCISE #2.3
COMMUNITY STAKEHOLDERS AND ROLES

Activity Description: Map specific key stakeholders in the community served by your facility, and their roles. (Discuss with your site management, district management, other colleagues and community members.)

Questions:

1. Identify the specific stakeholders that have a role in the implementation of MC services in your community, including families, schools, religious community, traditional leaders, political figures and health care providers/managers. (Identify them by name wherever possible.)

2. Outline the potential roles and responsibilities of each of the stakeholders listed above in the provision of MC services in your community.

Notes to the Trainer:

- Participants must specify the stakeholders in their community and explain how these stakeholders are/will be involved in the implementation of MC services, paying particular attention to whether these stakeholders are perceived as helping the implementation of the services or are seen as stumbling blocks in the provision of MC services.

PRACTICE EXERCISE: MODULE 3

PRACTICE EXERCISE #3.1
EDUCATION AND COUNSELLING CLIENTS, INFORMED CONSENT

Activity Description: This questionnaire will review basic information on education and counselling for male circumcision for HIV prevention, including issues pertaining to informed consent, which you will find in Chapter 3 of the reference manual. It also will help you look at the implications of this information for programmes and impact in your area.

Read Chapter 3 and answer the questions about this training topic. Refer to the chapter, as well as your clinic records and colleagues, as necessary.

Questions:

1. Briefly describe the difference between education and counselling.

2. List at least five key messages that should be addressed during a male circumcision education session.

3. List the basic counselling skills outlined in the reference manual.

4. Describe the goal and elements of informed consent.

5. What is the importance of confidentiality?

Notes to the Trainer:

1. Briefly describe the difference between education and counselling.
   Education *is provision of specific information from someone with the aim of imparting knowledge and bringing about change in behaviour/attitude. The flow of information is often unidirectional.*
   Counselling*, on the hand, is a process in which individual communication is used to help people examine personal issues, make decisions and make plans for taking action.*

2. List at least five key messages that should be addressed during a male circumcision education session:
   - *Definition of MC*
   - *Benefits and risk of MC*
   - *How the surgical procedure is performed*
   - *What happens after MC*
   - *Knowing the HIV status*
   - *Relationship between STIs and HIV*
   - *Importance of avoiding HIV infection and risk reduction*
   - *Gender-based violence*

3. List the basic counselling skills outlined in the reference manual:
   Active listening, empathizing, questioning, focusing, affirming, probing, clarifying, correcting misperceptions, summarizing

4. Describe the goal and elements of informed consent:
   The goal is to ensure that clients and parents understand the surgical procedure and are given the opportunity to make use of other sexual and reproductive health services.

   The elements are: provision of full information in plain language, assessment of patients' understanding of the information, assessment of the capacity of the patients to make necessary decisions and assurance that the patient has the freedom to choose whether or not to be circumcised, without coercion or manipulation.

5. What is the importance of confidentiality?
   - *Clients will feel more comfortable about sharing personal information with counsellors and being tested for STIs or HIV if they know that this information will remain confidential.*
   - *It creates an atmosphere of trust and encourages clients to discuss other sexual and reproductive health needs.*

PRACTICE EXERCISE #3.2: CASE STUDIES
EDUCATION AND COUNSELLING CLIENTS, INFORMED CONSENT

Activity Description: Read through the case studies below and answer the questions for each one. Refer to the chapter, as well as your clinic records and colleagues, as necessary.

Case Study 3.2.1:

John is a 16-year-old boy. He has heard about male circumcision at school during a sex education class. He approached his mother and told her that he wants to be circumcised and she agrees. His father is illiterate and is against John having the male circumcision at a hospital or clinic. He prefers to go for traditional circumcision because his brother died 3 years ago at a hospital after an operation. You have, however, managed to get the family together for a counselling session.

1. What challenges are you likely to encounter during the counselling session?

2. Recap the nine basic counselling skills required by a counsellor as summarized in the Participant's Handbook.

3. Which of these counselling skills would you apply in John's case? Justify each of them.

Case Study 3.2.2:

You are leading an MC group education session; several participants advise you that they are not aware of the benefits of male circumcision. There are concerns about the period of healing and the potential it has on their sexual relations.

1. List the advantages of group education.

2. List the benefits and risks of male circumcision. How would you advise your participants regarding these risks?

3. What message(s) would you tell your participants regarding healing after circumcision?

Case Study 3.3.3:

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."

1. How would you as a counsellor address Peter's misconceptions?

2. What are the steps that you will take until Peter has the circumcision?

Notes to the Trainer:

Case Study-3.3.1

John is a 16-yea-old boy. He has heard about male circumcision at school during a sex education class. He approached his mother and told her that he wants to be circumcised and she agrees. His father is illiterate and is against John having the male circumcision at a hospital or clinic. He prefers to go for traditional circumcision because his brother died 3 years ago at a hospital after an operation. You have, however, managed to get the family together for a counselling session.

1. What challenges are you likely to encounter during the counselling session?
   a. *Issues of consent: since John is 16 years old and is a minor, so must have a parent or guardian give consent for his operation*
   b. *Misconception by the father about medical circumcision*

2. Recap the nine basic counselling skills required by a counsellor as summarized in the Participant's Handbook.
   Active listening, empathizing, questioning, focusing, affirming, probing, clarifying, correcting misperceptions, summarizing

3. Which of these counselling skills would you apply in John's case? Justify each of them.
   Correcting misperceptions: because the father thinks that medical circumcision end up in death because of his experience in past
   Probing: need to know the circumstances that brought about his brother's death so that you can CLARIFY the misconception

Case Study-3.3.2

You are leading an MC group education session; several participants advise you that they are not aware of the benefits of male circumcision. There are concerns about the period of healing and the potential it has on their sexual relations.

1. List the advantages of group education
   Allows client to be given information before an individual counselling, shortens the counselling session for busy sites, allows counsellors to work more with clients on specific issues regarding MC and SRH

2. List the benefits and risks of male circumcision. How would you advise your participants regarding these risks?
   - *Reduction of contracting of HIV*
   - *Reduction of UTIs (male infants)*
   - *Reduction of ulcerative STIs and genital warts*
   - *Protection against cancer of the penis*
   - *Eliminates the risk of getting balanities, phimosis and paraphimosis*
   - *Improved hygiene of the genital area*
   - *Reduction of cervical cancer*

3. What message(s) would you tell your participants regarding healing after circumcision?
   - *Follow up within 48 hours and 7 days to check for adverse events and potential challenges with healing*
   - *Complete healing takes place after 6 weeks*
   - *Should abstain for the first 6 weeks after circumcision*
   - *ABC messages: Use of condom for at least 6 months*

Case Study-3.3.3

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."

1. How would you as a counsellor address Peter's misconceptions?
   - *Explain to Peter that circumcision is not going to heal his pain or condition.*
   - *Explain to Peter the possible cause of the pain and discharge he experienced.*

2. What are the steps that you will take until Peter has the circumcision?
   - *Explain to Peter that his condition need to be investigated and treated before circumcision*
   - *The need to have a follow-up after treatment*
   - *The need to have HIV counselling and testing*
   - *And depending on the treatment outcome, to decide if, when and where the circumcision is performed*

PRACTICE EXERCISE: MODULE 4

PRACTICE EXERCISE #4.1: STUDY QUESTIONS FACILITIES AND SUPPLIES, SCREENING PATIENTS, AND PREPARATION FOR SURGERY

Activity Description: This questionnaire will review basic information on the facilities and supplies required, and the important aspects of client screening and preparation for male circumcision for HIV prevention, which you will find in Chapter 4 of the reference manual. It also will help you look at the implications of this information for programmes and impact in your area.

Read Chapter 4 and answer the questions about this training topic. Refer to the chapter, as well as your clinic records and colleagues, as necessary.

Questions:

1. What is the goal of assessing the client before circumcision?

2. Which important steps does assessment consist of?

3. Who is responsible for client screening prior to MC?

4. Why it is necessary to defer surgery until an STI has been treated?

5. What are the importance reasons for checking the surgical instruments regularly?

6. Is it okay to evaluate only the penis, alone, during screening for MC? Why?

7. What is the relevance of past medical history in client screening for MC?

8. How are, or are not, the following related to MC?
   - Erectile dysfunction

   - Infertility

   - Family planning

   - HIV seropositive (HIV infection)

9. Tick the appropriate indication for male circumcision at a clinic setting for each of the following medical conditions.

CONDITION	INDICATION FOR MC	RELATIVE CONTRAINDICATION FOR MC	ABSOLUTE CONTRAINDICATION FOR MC
Paraphimosis			
Hypospadias			
Penile cancer			
Urethral discharge			
Inguinal hernia			
Philariasis			
Phimosis			
Balanitis			
UTI			
Genital ulcer			
Genital warts			
Bleeding disorder			
Severe anaemia			
Varicocele			

Notes for the trainer – key points the participant should cover in his/her responses:

1. What is the goal of assessing the client before circumcision?
   To ascertain the client's fitness to undergo MC under local anaesthesia.
   To detect contraindications and or conditions that may need treatment or referral.

2. Which important steps does assessment consist of?
   Assessment usually includes history taking, physical examination and sometimes laboratory testing.

3. Who is responsible for client screening prior to MC?
   A nurse counsellor or any other clinician personally assigned to screening duty.
   The MC provider must confirm that the client's information is correct before starting to perform surgical MC.

4. Why is it necessary to defer surgery until an STI has been treated?
   It is important to treat an STI before MC because an STI can affect the fresh wound, causing an infection.
   It gives the client the benefit of STI treatment before MC and final discharge.
   STI-infected clients are at risk of contracting other infections, including HIV. Counselling for behaviour change is important for this group.

5. What are the importance reasons for checking the surgical instruments regularly?
   In the decontamination process, instruments can become corroded, which sometimes causes them to malfunction. It is important that all equipment is checked and confirmed to be functional before it is packed and sterilized.

6. Is it okay to evaluate only the penis, alone, during screening for MC? Why?
   NO.
   A thorough evaluation is important. A simple penile evaluation can miss many important conditions, including scrotum and inguinal conditions that may interfere with the healing process.

7. What is the relevance of past medical history in client screening for MC?
   A complete medical history is very important as it can point out some medical condition that may need special attention prior to performing the surgical procedure. Examples of such conditions are diabetes, keloid-forming tendencies and bleeding disorders.

PRACTICE EXERCISE #4.2: MC CLIENT ASSESSMENT CHECKLIST FACILITIES AND SUPPLIES, SCREENING OF PATIENTS, AND PREPARATION FOR SURGERY

Activity Description: Read Chapter 4 and review the *Checklist for Client Assessment for Male Circumcision and Male Reproductive Health*, which provides a step-by-step guide for history taking and screening of MC clients.

Note any questions or observations below, for discussion with your trainer the next time you meet.

Observations:
A.

B.

C.

PRACTICE EXERCISE #4.3: MC CLIENT RECORD FACILITIES AND SUPPLIES, SCREENING OF PATIENTS, AND PREPARATION FOR SURGERY

Activity Description: Read through the case study below. Use the information to complete a client record for each one. If any key information is missing, list specifically what information is missing.

Case 4.3

Instructions: Please fill in as much Information as you can in the client record provided. Make note of any information that is missing, below.

Jayson Kalinga is a 15-year-old boy who lives in Mtwivila. He was told by his friends at School that MC services are now available at Ngome Health Centre. He asked his mother if he could go and his mother said it was okay.

The morning of 16/5/2010, Jayson was accompanied by his mother to the Health Centre. At the centre, Jayson was assigned the client Identification number MC 11/2010. In the waiting area, they found other young boys also waiting for the service. They were then called into a room where all the boys and the parents who were there were given group education by Shella Rashidi. They were given information about male circumcision and given a chance to ask any questions they had. Jayson and his mother then went to the individual counselling room where they found Mensia Mbwelwa. During counselling, Jeyson denied to be sexually active. Then, they were both offered to have an HIV test. They both agreed to test; they were HIV-negative and received post-test counselling. After that, Mensia took a history and did a physical examination on Jayson and found no physical abnormality. This would be Jayson's first surgery. Mensia asked a lot of questions, ruling out any serious illness in the past. Jayson's blood pressure was 120/80 mmHg and pulse rate 78beats/minute. His weight was 54 kg. With both parties satisfied, Jayson and his mother then signed consent for the procedure. After 2 hours of waiting, Jayson's time came, and he was introduced to Dr. Kibasa and Sister Janice, who administered local anaesthesia and later performed MC using the forceps guided method. The procedure started at 10.00 and 30 minutes later they had completed the MC on Jayson. Jayson was given paracetamol and allowed to rest for 30 minutes. On discharge home, Jayson was given instruction to come back after 2 days.

List any missing information that you need to complete the client record:

SAMPLE CLIENT RECORD FORM FOR ADULTS AND ADOLESCENTS: CASE 4.3.1

GENERAL INFORMATION

1. **Name:** _____**Jayson Kalinga**_____
2. **Address:** _____**Mtwivira**_____
3. **Date of visit:** ☐☐/☐☐/☐☐ (Day / Month / Year)
4. **Client's ID number:** ☐☐☐☐☐☐☐
5. **Hospital ID number:** ☐☐☐☐☐☐☐ if different from above
6. **Date of birth:** ☐☐/☐☐/☐☐ (Day / Month / Year) **Age:** _____years
7. **Client is referred by:** ☐ **1:** self/parent; **2**: family planning clinic; **3**: voluntary testing and counselling centre; **4**: urology clinic; **5**: outpatient department; **6**: nongovernmental organization; **7**: other (specify) _____
8. **Marital status:** ☐ **1:** single; **2**: married; **3**: divorced/separated; **4**: other (specify) _____
9. **Tribe/ethnicity:** _____
10. **Religion:** ☐ **1:** Buddhist**; 2:** Christian**; 3:** Hindu; **4:** Jewish**; 5:** Moslem**; 6:** other (specify) _____
11. **Primary indication for circumcision:** ☐ **1**: for partial protection against HIV; **2**: social/religious; **3**: personal hygiene; **4**: phimosis; **5**: paraphimosis; **6**: erectile pain; **7**: recurrent balanitis; **8**: preputial neoplasm; **9**: other (specify) _____
12. **Is client sexually active?** Yes ☐ No ☐
13. **Previous contraceptive use:** ☐ **1**: none; **2**: condoms; **3**: vasectomy; **4**: other (specify)_____
14. **HIV test**
    a. HIV test recommended?: Yes ☐ No ☐
    b. HIV test performed? Yes ☐ No ☐
    c. Post-test counselling given? Yes ☐ No ☐

MEDICAL HISTORY

15. Does the client have a history of any of the following?

a. Haemophilia or bleeding disorders: Yes ☐ No ☐

b. Diabetes: Yes ☐ No ☐

16. Is the client currently being treated for any of the following?

a. Anaemia Yes ☐ No ☐

b. Diabetes: Yes ☐ No ☐

c. AIDS: Yes ☐ No ☐

d. Other (specify)_____ Yes ☐ No ☐

17. Does the client have any known allergy to medications? Yes ☐ No ☐

If yes, specify:_____

18. Has the client had a surgical operation? Yes ☐ No ☐

If yes, specify nature, date and any complications:

_____

19. Does the client have any of the following complaints?

a. Urethral discharge: Yes ☐ No ☐

b. Genital sore (ulcer): Yes ☐ No ☐

c. Pain on erection: Yes ☐ No ☐

d. Swelling of the scrotum: Yes ☐ No ☐

e. Pain on urination: Yes ☐ No ☐

f. Difficulty in retracting foreskin: Yes ☐ No ☐

g. Concerns about erection or sexual function: Yes ☐ No ☐

h. Other (specify)_____ Yes ☐ No ☐

PHYSICAL EXAMINATION OF GENITALS

20. Any significant abnormality on general genital examination (e.g., hypospadias, epispadias)?

Yes ☐ No ☐ If yes, specify_____

21. Examination of penis:

☐ Normal ☐ Abnormal (e.g., phimosis, paraphimosis, discharge, genital warts, genital ulcer disease) specify_____

SUITABILITY FOR CIRCUMCISION PROCEDURE

22. Has client given informed consent for circumcision? Yes ☐ No ☐

23. Is client suitable for circumcision at the clinic? Yes ☐ No ☐

24. Is client in good general health? Yes ☐ No ☐

If client is not in good general health, circumcision should be delayed until he has recovered. If client shows signs of immunodeficiency (e.g., severe unexplained weight loss, unexplained recurrent opportunistic infections, requires bed rest for at least half the day), client should be referred to a higher level of care and an HIV test should be performed to verify that he does not have HIV infection.

CIRCUMCISION PROCEDURE

25. Type of anaesthesia: ☐ Local (penile nerve block with lidocaine)

☐ General

☐ Other (specify)_____

26. Type of circumcision procedure:

☐ Dorsal slit method ☐ Forceps guided method

☐ Sleeve method ☐ Other method (e.g., appliance), specify_____

27. Date of operation: ☐☐ / ☐☐ / ☐☐

Day Month Year

28. Surgeon:_____ **Nurse:** _____

29. Start time:_____ **End time:**_____ **Duration:**_____ **minutes**

30. Postoperative medications: _____

31. Complications: ☐ None ☐ Yes (fill in Male Circumcision Adverse Events form)

PRACTICE EXERCISE #4.4: CASE STUDIES FACILITIES AND SUPPLIES, SCREENING OF PATIENTS, AND PREPARATION FOR SURGERY

Activity Description: Read through the case studies below and answer the questions for each one. Refer to the chapter in the reference manual, as well as your clinic records and colleagues, as necessary.

Case Study 4.4.1

Amani comes to the MC clinic seeking a male circumcision. In individual counselling, Amani gives the history of recurrent itching in the scrotum area. In further counselling, Amani also presents a history of having a swelling of his penis after having unprotected sex, which later recovered without his taking any medication. The male circumcision provider conducting a preoperative physical assessment in the clinic has difficulty retracting the foreskin and examining the head of the penis.

1. What steps should the MC provider take?
   a. Refer Amani to a urology clinic
   b. Screen Amani for STI and HIV
   c. Immediately schedule Amani for emergency circumcision.

2. What is likely to be Amani's diagnosis?
   a. Chronic gonorrhoea
   b. Phimosis
   c. Smegma
   d. Untreated syphilis

3. 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. Obtain informed consent and schedule male circumcision in the clinic.

Case Study 4.4.2

Tom is 37; he is a farmer and comes to the clinic requesting male circumcision. Tom is married with five children but currently he is separated from his family. In counselling, Tom does not give any specific motive for wanting a circumcision at this time, as in his culture they don't traditionally circumcise. Tom is anxious but reluctant to undergo physical examination by a female provider.

Tom has a scrotal swelling, which is filled with fluid. Tom says that his scrotum has been swelling gradually but painlessly over 2 years. The swelling does not affect his sexual life but gradually it is becoming uncomfortable to walk and that is why he came for MC. His penis is not oedematous, with the foreskin loosely hanging.

1. How would you best help Tom?

2. What are the linkages to other reproductive health services?

3. Will Tom benefit from MC?

Case Study 4.4.3:

Visual Spot Diagnosis

1. Based on the picture, what is the likely diagnosis?

2. How would you treat this client?

3. Is this client a good candidate for MC?

Case Study 4.4.4:

Visual Spot Diagnosis

1. Based on the picture, what is the likely diagnosis?

2. Is this a contraindication for MC?

3. What other SRH services can you link this client to?

Case Study 4.2.5:

Visual Spot Diagnosis

1. Based on the picture, what is the likely diagnosis?

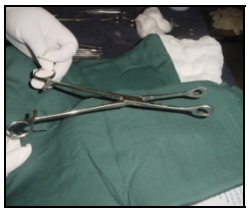
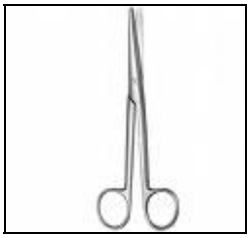
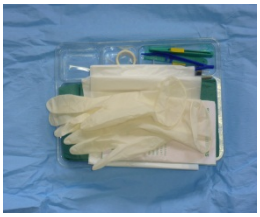
2. What services would you recommend for this client?

PRACTICE EXERCISE #4.5: MC INSTRUMENTS FACILITIES AND SUPPLIES, SCREENING OF PATIENTS, AND PREPARATION FOR SURGERY

Activity Description: Review any *Checklist for MC Procedures*, in particular Steps 1–8 of the "Getting Ready" section. Review the instruments required to perform safe male circumcision, and complete the exercises below.

Activity

Match the different MC surgical instruments pictured below to their function:

C		**A**	**Artery forceps**
A		**B**	**Disposable MC kit**
E		**C**	**Sponge forceps**
D		**D**	**Pick-up forceps**
B		**E**	**Tissue scissors**

PRACTICE EXERCISE: MODULE 5

PRACTICE EXERCISE #5.1: STUDY QUESTIONS
SURGICAL PROCEDURES FOR ADULTS AND ADOLESCENTS

Activity Description: This questionnaire will review basic information on the standard male circumcision surgical procedures for adults and adolescents, which you will find in Chapter 5 of the reference manual.

Read Chapter 5 and answer the questions about this training topic. Refer to the chapter as necessary.

Questions:

1. List four key techniques of haemostatis for male circumcision, and briefly describe each one.
   a.

   b.

   c.

   d.

2. When preparing the skin with povidine iodine, where do you start and how do you move?

3. Complete the table below, and calculate the maximum dose of lidocaine to use for clients of the following body weights:

Client weight	0.5% lidocaine	1.0% lidocaine	2.0% lidocaine
45 kg			
55 kg			
75 kg			

4. How much time does it usually take for the anaesthesia to take effect?
   a. How do you check to see whether the anaesthesia has taken effect?

   b. What should you do if, after checking the anaesthesia' s effect, there is residual sensation?

5. What might happen if the dressing is applied too tightly after the procedure is finished?

6. What is the maximum period of time before the dressing should be changed?

Notes for the Trainer:

1. List four key techniques of haemostatis for male circumcision, and briefly describe each one.
   - **Compression, temporary occlusion, tying/under-running, diathermy**

2. When preparing the skin with povidine iodine, where do you start and how do you move?
   - **Begin at the glans, then the shaft, and move outward to the periphery.**

3. Complete the table below, and calculate the maximum dose of lidocaine to use for clients of the following body weights:

Client weight	0.5% lidocaine	1.0% lidocaine	2.0% lidocaine
45 kg	**27 ml**	**13.5 ml**	**6.75 ml**
55 kg	**33 ml**	**16.5 ml**	**8.25 ml**
75 kg	**45 ml**	**22.5 ml**	**11.25 ml**

4. How much time does it usually take for the anaesthesia to take effect?
   3–5 minutes after the anaesthesia has been injected.

   a. How do you check to see whether the anaesthesia has taken effect?
      Make sure that 3–5 minutes have passed, using a clock.
      Gently pinch the foreskin with artery forceps.
   b. What should you do if, after checking the anaesthesia's effect, there is residual sensation?
      Wait another 2–3 minutes and retest.
      If still sensitive, apply additional anaesthetic (but do not exceed the maximum dose).

5. What might happen if the dressing is applied too tightly after the procedure is finished?
   - **It could restrict the blood supply and cause necrosis.**

6. What is the maximum period of time before the dressing should be changed?
   - **48 hours (2 days).**

PRACTICE EXERCISE #5.2: REVIEW PROCEDURES SURGICAL PROCEDURES FOR ADULTS AND ADOLESCENTS

Activity Description: Please review the appropriate male circumcision surgical procedure(s) in Chapter 5, and the associated checklists, which contain step-by-step breakdowns of these procedures.

If your trainer has provided you with a video or DVD of the standardized male circumcision procedure, watch the procedure and follow along with the lchecklist. (If not, just review the checklist(s) as appropriate, and your trainer will demonstrate the standardized MC procedure for you during the practical sessions.)

Note any observations or questions that you have here, so you can review them with your trainer when you next meet.

Observations:
A.

B.

C.

PRACTICE EXERCISE #5.3: DIATHERMY
SURGICAL PROCEDURES FOR ADULTS AND ADOLESCENTS

Activity Description: Please read the addendum on diathermy and answer the questions below.

Questions:

1. True or False:
   a. Current generated by a diathermy machine produces intense muscle and nerve activation, resulting in painful muscular contractions and shock.

      T/F_____

      Why _____

   b. Normal alternating current when passed through a diathermy machine is converted to high-frequency alternating current (HFAC) ranging from 300 kHz to 3 MHz.

      T/F _____

      Why _____

   c. HFAC has minimal or no effects on muscles and nerves.

      T/F _____

      Why _____

   d. Heating effect is inversely proportion to area of contact with electrode.

      T/F _____

      Why _____

   e. In application of diathermy, the patient's body is isolated from the electrical circuit.

      T/F _____

      Why _____

   f. Burns commonly occur as a result of power failures.

2. Define the following surgical effects and their role in male circumcision surgery:
   a. Cutting

   b. Fulguration

   c. Coagulation

3. Match and mark the right surgical circuit with the statements:

	Monopolar	**Bipolar**
Example: Dispersive plates are used	✓	
Current passes from the diathermy machine to active electrode, through the body to the dispersive (indifferent) electrode	✓	
Burns are a complication	✓	
Increased HIV transmission is the consequence of using		
Is used in male circumcision	✓	✓
Should used only by competent members of the operative team	✓	✓
Should be inspected and safety features tested before each use	✓	✓
Current path is confined to tissue grasped between forceps tines		✓
Its use significantly reduces procedure time (male circumcision)	✓	✓

PRACTICE EXERCISE: MODULE 7

PRACTICE EXERCISE #7.1
POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS

Activity Description: This questionnaire will review basic information on male circumcision postoperative care, which you will find in Chapter 7 of the reference manual.

Answer Part A before you read the chapter. Then, read Chapter 7 and answer the remaining questions in Part B about this training topic. Refer to the chapter, as well as your clinic records and colleagues, as necessary.

Before You Read Chapter 7

This exercise will help you assess your current knowledge about male circumcision postoperative care.

1. Is it necessary to monitor clients for at least 30 minutes immediately after male circumcision?

2. List the possible complications that may occur after male circumcision.

3. What must a provider ensure to possibly avoid or minimizing complications after male circumcision?

4. What essential clinical signs must a provider review before discharging a client who has just been circumcised?

After You Read Chapter 7

After reading Chapter 7, answer the following questions about the topic.

1. Why is it very important to monitor clients for at least 30 minutes immediately following male circumcision?

2. The following are vital issues to check/consider before discharging a client after male circumcision **EXCEPT**:
   a. Pulse
   b. Blood pressure
   c. Anaemia
   d. Pain
   e. Surgical dressing for oozing or bleeding

3. Which combination of signs should the client look out for that might signify potential complications following male circumcision?
   1. Increased bleeding
   2. Pus discharge from the wound
   3. (Severe) pain in the penis and genital area
   4. Inability to pass urine or severe pain while passing urine

   a. Only 1 and 4 are correct
   b. Only 2 and 3 are correct
   c. None of the above is correct
   d. Only 1, 2 and 3 are correct
   e. All the above are correct

4. In what ways might the provider ensure that the client has understood the postoperative instructions?

5. List the steps that the provider must follow while conducting a post operative review.

6. The following must be done during an emergency postoperative visit **EXCEPT**:
   a. Examine the client immediately, checking all areas related to the complaint
   b. Review the client's medical records, if available
   c. If circumcision was not performed at your facility, send the client to the facility where circumcision was performed for care.
   d. Ask the client about the sequence of events since the operation.
   e. Arrange to treat conditions that can be managed at your facility and refer to a higher centre for life-threatening conditions.

7. 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

8. 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 the genital area until the wound has completely healed.

9. 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

PRACTICE EXERCISE #7.2: POST-PROCEDURE CHECKLIST FACILITIES AND SUPPLIES, SCREENING PATIENTS, AND PREPARATION FOR SURGERY

Activity Description: Read and review the last steps of the checklists for the different MC procedures (Postoperative Care) and the *Checklist for 48-Hour Postoperative Review*, which provides a step-by-step guide for postoperative care of MC clients.

Note any questions or observations below, for discussion with your trainer the next time you meet.

Observations:
A.

B.

C.

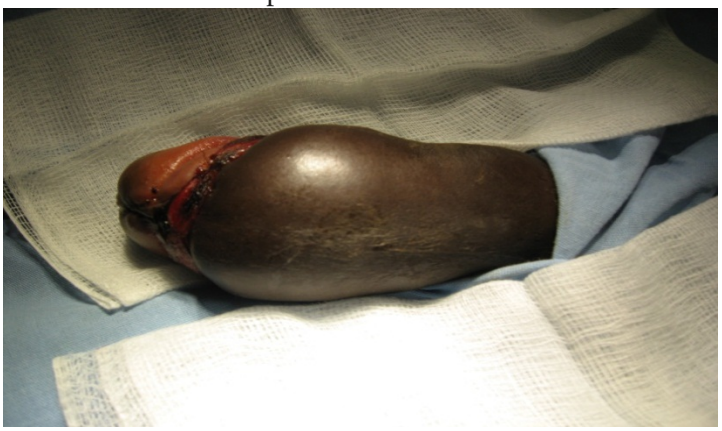
PRACTICE EXERCISE #7.3: CASE STUDIES
POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS

Activity Description: These case studies will review important conditions that might happen after a client has been circumcised. Information about some conditions can be found in Chapter 7 of the manual, and for other information, you might review with your colleagues and the trainer. These case studies will help you understand management of these conditions. After reading Chapter 7 and completing Practice Exercise 7.1, read the case study and answer the questions that follow. Refer to the chapter, as well as your clinic records and colleagues, as necessary.

Case Study 7.2.1

Scubby, a 22-year-old man presents to Rivertrees clinic desiring to be circumcised. He consents for both HTC and male circumcision, tests negative for HIV, and is found to have no general medical and penile condition to preclude safe male circumcision today. Scubby is circumcised, and discharged in good general condition, but returns to the clinic 6 hours later complaining of pain, penile swelling and bleeding.

Pictured below is his penis.



1. What are the possible causes for this condition?

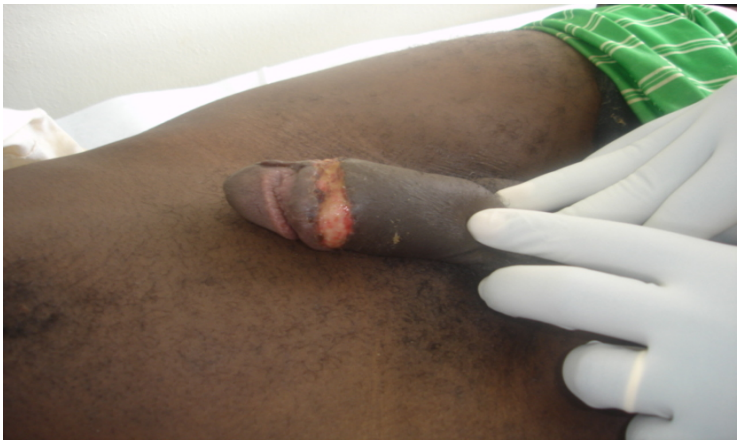
2. Give reasons that some of the possible causes you listed might not be the actual cause:

3. What is the most likely definitive diagnosis?

4. How do you manage this complication?

Case Study 7.2.2

Foxweedy was circumcised 7 days ago. Today he comes to the clinic complaining of fever, increasing penile pain and a purulent discharge from the wound. The picture below shows the appearance of Foxweedy's penis that day.



1. What complication do you see in the pictured above?

2. How do you manage this complication?

Case Study 7.2.3

Six months after being circumcised, Dibango comes back to the clinic.

He claims that his foreskin has "grown back"!

Below is a picture of his penis at this 6 month visit.

1. Describe the appearance of Dibango's penis.

2. How could the provider have prevented this from happening?

3. How do you manage this condition?

Case Study 7.2.4

Zonto had a successful circumcision and was discharged in good general condition. Six hours later, he developed an urge to urinate. Although he was able to pass urine, he realized that he needed to strain in order to pass urine, something that he didn't have to do before being circumcised. While he was urinating, he noticed that his penis was swollen distal to the dressing ONLY; later he developed numbness and a tingling sensation involving the glans penis, which gradually turned into a continuous dull pain.

The following morning, he noticed a bullbous lesion covering almost the entire glans penis. He pierced/punctured the lesion, but the pain only increased. He therefore decided to come to the clinic. Pictured below is how Zonto's penis looked.

1. List what could have caused this problem. What is the most likely cause?

2. Could this problem have been avoided?

3. If the answer in b, above is yes or no, give reason/s why.

PRACTICE EXERCISE: MODULE 8

PRACTICE EXERCISE #8.1: STUDY QUESTIONS INFECTION PREVENTION

Activity Description: This questionnaire will review basic information on infection prevention, which you will find in Chapter 8 of the reference manual.

Questions: In the space provided, print a capital T if the statement is **true** or a capital F if the statement is **False.**

	True/False
1. The risk of acquiring HBV after being stuck with a needle used for a patient who is HBV-positive is higher than the risk of acquiring HCV or HIV from a needle-stick injury.	T
2. The risk of acquiring HIV after being stuck with a needle used for a patient who is HIV-positive is more than 60%.	F
3. If tap water is contaminated, handwashing with plain soap will effectively remove soil and debris and reduce the number of transient microorganism on hands.	F
4. The antiseptic of choice for use in male circumcision is tincture of iodine.	F
5. Before placing a disposable (single-use) needle and syringe in a puncture-proof container or box, you should first carefully recap the needle.	F
6. Decontamination of surgical instruments by soaking in 0.5% chlorine solution for 10 minutes prior to cleaning kills or inactivates most microorganisms, including HBV, HCV and HIV.	T
7. Washing surgical instruments with detergent and clean water until visibly clean and then thoroughly rinsing them is not necessary if the instruments have been decontaminated by soaking in 0.5% chlorine solution.	F
8. All puncture-proof sharps containers must be more than ¾ full before finally being disposed of.	T
9. It is absolutely not necessary to secure dumping pits or disposal sites as long as decontamination procedures are strictly followed.	F
10. Cardboard boxes can safely be used for storage of sterile items.	F
11. Placing waste in plastic or galvanized metal containers with tightly fitting covers is recommended in waste management.	T
12. Colour-coding to differentiate receptacles for infectious and non-infectious waste is often a waste of scarce resources.	F

PRACTICE EXERCISE #8.2: OBSERVATIONS INFECTION PREVENTION

Activity Description: Using the IP standards assessment tool, observe infection prevention practices in all of the key areas of your facility. Please note that you are only to observe, and avoid comments or attempts at correcting anything you do not agree with. In the event that you are unable to see all of the key activities, make arrangements to return to the facility at the earliest opportunity.

1. Note your major observations, identify gaps and provide suggestions for corrective measures to discuss with the trainer when you next meet.

2. This information will also be used for the quality improvement exercise when you cover Module 9.

Observations:

Gaps:

MALE CIRCUMCISION TRAINING COURSE
INFECTION PREVENTION STANDARDS

Name of Facility: _____

District/Province: _____

Date of Assessment: _____

Participant's Name: _____

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
IP-01 There are guidelines for IP practices.	Observe the following:			
	01	Traffic flow and activity patterns		
	02	Occupational health programme including:		
		• Work exclusion recommendations		
		• Post-exposure recommendations		
	03	Personal protective equipment and attire		
	04	Hand-hygiene		
	05	Processing of instruments and other articles, including: decontamination and cleaning		
	06	Storage of clean, sterile and high-level disinfected (HLD) instruments and other items		
	07	Housekeeping, including cleaning schedule		
IP-01a The clinic has available running water.	Observe the following:			
	01	Functioning taps and basins.		
	02	There is a sink with running water for handwashing in the labour room.		
	03	Buckets with fitted taps.		
	04	Alternatives to storage facilities of water.		
IP-02 The concentration and use of antiseptics are according to the standards.	Observe the following:			
	01	The antiseptic concentration is correct:		
		• Iodine preparations (1% to 3%), e.g., Lugol's, **or**		
		• Iodophors (usually not diluted), e.g., Betadine®		
	02	Antiseptics are prepared in small, reusable containers for daily use.		
	03	The reusable containers are thoroughly washed with soap and water, rinsed with clean water and dried before refilling.		
	04	Reusable containers are labelled with date each time they are refilled.		
	05	Gauze or cotton wool **is not stored** in containers with antiseptics.		
	06	Instruments and other items **are not stored** in containers with antiseptics.		
	07	Pick-up forceps **are not stored** in containers with antiseptics.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
IP-03 Personal protective equipment and attire are worn during risky procedures according to the standards.	Observe that the provider wears:			
	01	Clean scrub suit		
	02	Clean surgical cap or hood		
	03	Shoes that have enclosed toes and heels and that provide protection from fluids and dropped items		
	04	Clean rubber or plastic apron		
	05	Protective eyewear		
	06	Face masks covering mouth and nose or face shield		
IP-04 The process of cleaning rooms between and after procedures is performed according to the standards.	Observe in the procedure room:			
	01	Housekeeping personnel wear utility gloves and other personal protective equipment during cleaning.		
	02	All waste is collected and removed from the room in closed, leak-proof containers.		
	03	Puncture-resistant containers are closed and removed when ¾ full.		
	04	Containers with 0.5% chlorine solution with instruments are removed from the room.		
	05	Soiled linen is removed in closed, leak-proof containers		
	06	Small body fluid spills are contained and cleaned with a disinfectant cleaning solution.		
	07	Large body fluid spills are flooded with 0.5% chlorine solution, solution is mopped up, and then surface is cleaned with detergent and water.		
	08	All horizontal surfaces that have come in immediate contact with a patient or body fluids are cleaned with a disinfectant cleaning solution.		
	09	The procedure bed is cleaned, and all surfaces and mattress pads are wiped with a disinfectant-soaked, lint-free cloth.		
	10	Instrument trolleys, baby scales and resuscitation equipment are decontaminated with a cloth dampened with 0.5% chlorine solution and rinsed with clean water.		
	11	Antiseptics **are not** used as disinfectants (e.g., Hibitane, Savlon, etc).		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
	12	Each mop-head is placed in the laundry container after use.		
	13	Two buckets are used:		
		• One with the disinfectant cleaning solution		
		• One with clean water for rinsing		
	14	After the room is cleaned, gloves are removed and hands are washed.		
IP-05 The preparation of a disinfectant cleaning solution is performed according to the standards.	Verify if the disinfectant cleaning solution is prepared as follows:			
	01	A 0.5% chlorine solution is prepared		
	02	Detergent (does not contain an acid, ammonia or ammonium) is added to the 0.5% chlorine solution until a mild soapy cleaning solution is made.		
IP-06 The cleaning equipment is decontaminated, cleaned and dried before reuse or storage according to the standards.	Observe if the mops, buckets, brushes and cleaning cloths are:			
	01	Decontaminated by soaking for 10 minutes in 0.5% chlorine solution or other approved disinfectant, after use.		
	02	Washed in detergent and water after use.		
	03	Rinsed in clean water.		
	04	Dried completely before reuse or storage.		
Instrument Processing: Decontamination, Cleaning, Sterilization and High-Level Disinfection (HLD)				
IP-07 The decontamination of instruments and other articles (immediately after use and before cleaning) is performed according to the standards.	Observe if:			
	01	The concentration of chlorine solution is 0.5%:		
		• **Liquid chlorine:** if using JIK (3.5%), 1 part bleach for 6 parts water, **or**		
		• **Powder chlorine:** if using calcium hypochlorite (35%), 14 grams bleach powder for 1 litre water		
	02	A new chlorine solution is prepared at the beginning of each day or sooner, as needed.		
	03	Instruments and other items are soaked in the 0.5% chlorine solution for 10 minutes.		
	04	Clean containers with clean 0.5% chlorine solution are used for each surgical procedure, and changed after it.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
	05	After 10 minutes, instruments and other items are removed from the chlorine solution and rinsed with clean water or cleaned immediately.		
IP-08 The process of cleaning instruments and other items is performed according to the standards.	Observe if the person cleaning the instruments complies with the following steps and recommendations:			
	01	Wears:		
		• Utility gloves		
		• Head cover		
		• Mask and eyewear protection or face shield		
		• Plastic apron		
		• Covered shoes		
	02	Utilizes:		
		• Soft brush		
		• Detergent		
		• Running water		
	03	Scrubs instruments and other items under the surface of water completely removing all blood and other foreign matter.		
	04	Disassembles instruments and other items with multiples parts and clean in the grooves, teeth and joints with a brush.		
	05	Rinses the instruments and other items thoroughly with clean water.		
	06	Allows instruments and other items to air-dry, or dries with a clean towel.		
	07	Washes hands after removing gloves.		
IP-09 The process of packaging items to be sterilized is performed according to the standards.	Observe during the packaging process if:			
	01	The instruments are clean and dry.		
	If packaging items to be sterilized through steam sterilization (autoclave):			
	02	Cloth items have been laundered, dried and have no holes.		
	03	All jointed instruments are opened or in unlocked position.		
	04	All instruments are disassembled.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
	05	The types of materials used for wrapping are:		
		• Cloth wraps, muslin (140 thread count): double wrapping using two double-thickness wraps (four layers in all), **or**		
		• Jean cloth (160 thread count): double-thickness per wrapper, **or**		
		• Barrier cloth (272–288 thread count): one thickness but two wraps, **or**		
		• Paper (Kraft or other): double wrapping. It is **not reused.**		
		• Canvas or other waterproof material is **never used** for wrapping.		
	06	Packages are not tied tightly.		
	AND/OR **If packaging items to be sterilized through dry-heat**:			
	07	The types of materials used are:		
		• Cloth wraps, muslin (140 thread count): double wrapping using two double-thickness wraps (four layers in all), **or**		
		• Metal containers with lids		
IP-10 The process of loading the sterilizer is performed according to the standards.	Observe during the loading process:			
	If using steam sterilization (autoclave):			
	01	There is at least 7–8 cm (3 inches) of space between the packages and the walls.		
	02	Packs (linen, gloves) rest on their edges, in loose contact with each other.		
	03	Bottles, solid metal and glass containers with dry materials are placed on their sides with lids held loosely in place.		
	04	Canisters, utensils and treatment trays (if a solid tray) are on their sides.		
	05	Instrument trays (mesh or perforated bottom only) are placed flat on shelves.		
	06	Packs are not oversized. Maximum dimensions: 30 x 30 x 50 cm (12 x 12 x 20 inches) or 5 kg (12 pounds).		
	07	The sterilizer is not overloaded: the packs and containers are not compressed.		
	08	Solutions are sterilized by themselves.		
	09	Gloves are sterilized by themselves and are placed in the upper shelves.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
	AND/OR **If using dry-heat sterilization**:			
	10	There is at least 7–8 cm (3 inches) of space between the packages and the walls.		
	11	The sterilizer is not overloaded: the packs and containers are not compressed.		
IP-11 The sterilization process is performed according to the standards.	Observe during the sterilizing cycle if the standard conditions listed below are followed:			
	If steam sterilization (autoclave):			
	01	20 minutes for unwrapped items or 30 minutes for wrapped items at 121 ºC (250 ºF) in a gravity-displacement sterilizer, **and/or**		
	02	4 minutes at 132 ºC (270 ºF), in a pre-vacuum sterilizer, **and/or**		
	03	Other, depending on the type of item, whether it is wrapped or unwrapped and the type of sterilizer (according to the manufacturer's instructions).		
	AND/OR **If dry-heat sterilization**:			
	04	170 ºC (340 ºF) for 1 hour after achieving the desired temperature (total cycle between 2–2.5 hours), **and/or**		
	05	160 ºC (320 ºF) for 2 hours after achieving the desired temperature (total cycle between 3–3.5 hours).		
	AND/OR **If chemical sterilization**:			
	06	Disassembled instruments are totally immersed in glutaraldehyde (concentration according to manufacturer's instructions) for 10 hours in a container with lid.		
	07	There is a label on the container indicating the starting time of sterilization.		
	08	There is a label on the container indicating the date of reconstitution, and the solution is used within 14 days.		
	09	After 10 hours, instruments are removed with sterile gloves or forceps and rinsed with sterile water, dried and placed in a sterile container.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
IP-12 The process of unloading the sterilizer is performed according to the standards.	Observe during the unloading process:			
	If using steam sterilization (autoclave):			
	01	The door is open 12–14 cm (5–6 inches) after the sterilizing cycle has been completed, and the chamber pressure gauge reaches “0”.		
	02	30 minutes are allowed before unloading the sterilizer, for packs and instruments to dry.		
	03	If a loading cart is used, the cart is removed from the sterilizer and placed away from open window or fan until it is cool.		
	04	If no cart is used, packs are laid out on a surface padded with paper or fabric, away from open windows or a fan until they are cool.		
	05	Unnecessary handling of the packs is avoided.		
	06	When packs have cooled to room temperature, they are dispensed or placed into a sterile storage area.		
	If using dry-heat sterilization:			
	01	Packs are laid out on a surface padded with paper or fabric, away from open windows or a fan until they are cool.		
	02	Packs have cooled to ambient room temperature before handling.		
	03	Unnecessary handling of the packs is avoided.		
	04	When packs have cooled to room temperature, they are dispensed or placed into a sterile storage area.		
IP-13 There is a system to monitor the effectiveness of the sterilization.	Verify in the charts and record books:			
	Steam sterilization (autoclave):			
	01	There is a recording chart with time, temperature and pressure for each load.		
	02	The chart or log is completed and reviewed after each load.		
	03	Bowie Dick Test is performed.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
	AND/OR **Dry-heat sterilization**:			
	04	There is a recording chart with time and temperature for each load.		
	05	The chart or log is completed and reviewed after each load.		
	Correcting sterilization failure:			
	06	If monitoring indicates a failure in sterilization, the following corrective measures were taken and registered:		
		• The equipment is immediately checked to make sure it has been used correctly.		
		• If the correct use of the unit has been documented and monitoring still indicates a failure, the use of the unit is discontinued and the unit is serviced.		
		• Any instrument or other item that has been processed in the unit is reprocessed properly.		
IP-14 The high-level disinfection (HLD) process is performed according to the standards.	Observe during the HLD cycle if the standard conditions listed below are followed:			
	If boiling:			
	01	Cleaned, disassembled instruments are totally immersed in water.		
	02	Lid is closed.		
	03	Instruments are boiled for 20 minutes starting from the time a rolling boil begins.		
	04	No additional instruments are added after timing begins.		
	05	After 20 minutes, instruments are removed with high-level disinfected or sterile forceps or gloves, dried and stored in high-level disinfected containers.		
	AND/OR **If chemical:**			
	06	Glutaraldehyde (concentration according to manufacturer's instructions) or 0.1% chlorine solution (prepared with boiled or sterile water).		
	07	Cleaned, disassembled instruments are immersed in solution for 20 minutes in a container with a lid.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
	08	There is a label on the container indicating the starting time of HLD.		
	09	There is a label on the container indicating the date of reconstitution, and it is within 14 days if using glutaraldehyde or within 24 hours, if using chlorine solution.		
	10	After 20 minutes, instruments are removed with high-level disinfected or sterile forceps or gloves, rinsed with sterile or boiled water, dried and stored in high-level disinfected containers.		
IP-15 The storage process of sterile or high-level disinfected items is performed according to the standards.	Observe if:			
	01	Clean supplies **are not** stored with sterile or high-level disinfected items.		
	02	Unwrapped items are used immediately and **are not** stored.		
	03	Sterile or high-level disinfected packs and/or containers have expiration dates on them.		
	04	There is a rotation and an inventory system to control the use of sterile or high-level disinfected items.		
	05	The packs are free of tears, dampness, excessive dust and gross oil (there is an event-related shelf-life practice, regardless to the expiration date).		
Health Care Waste Management				
IP-16 The hospital promotes practices for waste disposal according to the standards.	Observe if:			
	01	There are sufficient dustbins outside of the hospital (in the grounds) for general waste to avoid littering.		
	02	The grounds (outside of the hospital) are clean.		
	03	The final disposal sites are appropriate: pit and incinerator.		
	04	The disposal sites are well-secured (fenced) and away from the traffic.		
	05	Disposal sites are well-sited (avoid residential areas)		
	06	There are appropriate personnel to manage the sites.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
IP-17 The IP practices during handling waste are performed according to the standards.	Observe during the visit:			
	Observe in the rooms if:			
	Medical waste (e.g., cotton wool, gauze, etc):			
	01	All medical waste (e.g., gauze, cotton wool, dressing, etc) is disposed in a container with a leak-proof bag.		
	02	Colour-coding:		
		• Yellow (bins and bin liners) hazardous waste		
		• Black (bins and bin liners) domestic or non-hazardous waste.		
	Sharps:			
	03	Sharps are placed in a puncture-resistant container (heavy cardboard box, empty plastic container, metal container with small opening).		
	04	Syringes and needles are decontaminated by flushing three times with 0.5% chlorine solution and immediately placed assembled in a puncture-resistant container, without recapping or breaking the needles.		
	05	Containers are closed and collected when ¾ full. Sharps containers are not reused.		
	06	All hazardous wastes including sharp boxes are incinerated or finally disposed of appropriately.		
	07	Housekeeping personnel wear personal protective equipment when handling medical waste:		
		• Utility gloves		
		• Gumboots		
		• Plastic aprons		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
	08	Medical waste is transported to the interim storage area or for disposal in adequate closed containers:		
		• Sharps are in puncture-resistant containers (heavy cardboard box, hard plastic or can containers).		
		• Sharps containers are not emptied and reused.		
		• Other medical waste (e.g., used cotton rolls, gauze, dressing, etc.) is in leak-proof containers.		
	09	General waste is collected from all areas in adequate closed containers and transported to the interim storage area or for disposal.		
	10	Housekeeping personnel perform hand hygiene after handling waste and removing utility gloves:		
		• Wash hands with running water and soap for 10–15 seconds and dry with an individual clean towel, paper towel or allows hands to air-dry, **or**		
		• Rub hands with 3–5 ml of an alcohol-based solution until the hands are dry (if hands **are not** visibly soiled).		
IP-18 The system for interim storage is according to the standards.	Observe if:			
	01	The interim storage area is not accessible to general staff, patients/clients and visitors.		
	02	Containers are leak-proof and closed with tight lids.		
	03	There is no waste out of the containers.		
	Verify with the manager if:			
	04	There is a written plan for short-term storage: **not** more than 1 day, and cleaning of storage area and containers.		
	05	**No "patients/clients" vehicles** (e.g., ambulances) are used to transport waste.		
IP-19 The waste disposal system is according to the standards.	Verify if:			
	01	Waste is **on- or off-site**:		
		• Incinerated, **or**		
		• Buried, **or**		
		• Burned in a closed pit.		

INFECTION PREVENTION				
PERFORMANCE STANDARDS	**VERIFICATION CRITERIA**		**Y, N OR NA**	**COMMENTS**
	02	During incineration or burning, there are flames and not only smoke.		
	03	There is no waste lying around the grounds.		

TOTAL NUMBER OF CRITERIA	19
Total observed	
Total achieved	

PRACTICE EXERCISE #8.3: PEP STUDY QUESTIONS
INFECTION PREVENTION

Activity Description: This questionnaire will review basic information on post-exposure prophylaxis, which you will find in Chapter 8 of the reference manual.

Questions:

1. You are working in your MC facility and while drawing blood from a client for an HIV test, you accidentally stick yourself with the 18-gauge needle.
   a. What is your risk of acquiring HIV?

   b. In addition to testing for HIV, what else should you test for?

   c. When should you start taking PEP if it is indicated?

2. The nurse working with you injures herself with a lancet used for a finger-stick on an HIV-positive client seeking MC services.
   a. What is the appropriate first aid?

   b. Should she take PEP; why or why not?

   c. When should both of you be tested for HIV?

PRACTICE EXERCISE: MODULE 9

PRACTICE EXERCISE #9.1: STUDY QUESTIONS—REGISTERS MANAGING A CIRCUMCISION SERVICE

Activity Description: This questionnaire will review basic information on managing male circumcision for HIV prevention, which you will find in Chapter 9 of the reference manual. It also will help you look at the implications of this information for programmes and impact in your area.

Review one of the following facility registers, and respond to the questions below.

- Male circumcision facility register
- Male circumcision counselling and testing register
- Last month/quarter male circumcision service delivery report

OR (If MC service is not available in your facility)

- Any other service delivery register

Questions:

1. Analyze the quality of the data collected on each form using principles for collecting "good data" described in the reference manual.
   a. Completeness

   b. Clarity

   c. Consistency

   d. Relevance/Importance

2. List the gaps you observed in recording and reporting.

3. What can be done to improve the quality of data collected in your facility?

4. Does your facility have a target for the services that you register?

5. If the facility has targets set, are the data being used for decision-making and planning?

PRACTICE EXERCISE #9.2: PERFORMANCE IMPROVEMENT EXERCISE MANAGING A CIRCUMCISION SERVICE

Activity Description: Review the performance standards for male circumcision.

Review the performance standards for *Infection Prevention* which you completed in Module 8 (Practice Exercise 8.2). You already assessed the performance at your facility and noted the strengths and weaknesses.

Review your findings, note them below and review with your trainer next time you meet.

- Identify major gaps or causes.

- Suggest and prioritize interventions for the identified gaps.

- Prepare an action plan with the template in the performance standards document, which is given as part of your learning package.

PRACTICE EXERCISE #9.3: STUDY QUESTIONS—M&E MANAGING A CIRCUMCISION SERVICE

Activity Description: This questionnaire will review basic information on managing male circumcision for HIV prevention, which you will find in Chapter 9 of the reference manual. It also will help you look at the implications of this information for programmes and impact in your area.

1. What is the difference between monitoring and evaluation?

2. What is the purpose of evaluation?

3. Complete the table below comparing the traditional and supportive supervisor in terms of their goals, processes, focus, style and results achieved.

	TRADITIONAL SUPERVISION	SUPPORTIVE SUPERVISION
Goals		
Processes		
Focus		
Style		
Results achieved		

4. List the key steps in the Performance Improvement (PI) Framework.

5. How does the performance and quality improvement (PQI) process assist the manager and his MC team?

6. What are the illustrative indicators for a male circumcision service?

Notes for the trainer:

1. What is the difference between monitoring and evaluation?
   Monitoring *is a routine and scheduled assessment of information or indicators related to ongoing activities to track progress towards programme targets or performance standards and to identify aspects that are working according to plan and those that needs adjustments.*
   Evaluation *is measurement of how things have changed as a result of an implemented intervention.*

2. What is the purpose of evaluation?
   Assess progress made at a particular point in time
   Assess progress towards achievement of a set of objectives
   Identify reasons of successes and failures
   Provide basis for future planning

3. Complete the table below comparing the traditional and supportive supervisor in terms of their goals, processes, focus, style and results achieved.

	Traditional Supervision	Supportive Supervision
Goals	Inspection	To promote and maintain the delivery of high-quality health services
Processes	One time or interrupted visits	A continuous performance and quality improvement
Focus	Finding fault or errors and then sanctioning those responsible	Identifying gaps, developing collective mechanism to address the gaps
Style	Checking individual performances and putting forward punitive measures	Encouraging, inclusive and supportive interaction
Results achieved	Negative feeling and rarely results in improved health services	Transforms negative feelings of supervision into positive ones improved quality of services

4. List the key steps in the Performance Improvement (PI) Framework.
   a. *Consider institutional context in terms of their mission, goals, strategies, culture , client and community perspectives*
   b. *Get and maintain stakeholder agreement*
   c. *Define desired performance*
   d. *Describe actual performance*
   e. *Identify gap*
   f. *Find root causes*
   g. *Select interventions*
   h. *Implement interventions*
   i. *Monitor and evaluate of performance*

5. How does the performance and quality improvement (PQI) process assist the manager and his MC team?
   - *Encourages the manager and his/her team to set performance standards*
   - *Makes sure the standards are met*
   - *Helps them find out what is hindering or helping to achieve the desired performance*
   - *Identifies ways to improve performance and quality*
   - *Helps them implement the identified ways*
   - *Regularly monitors and evaluates how staff are performing against the standards set*

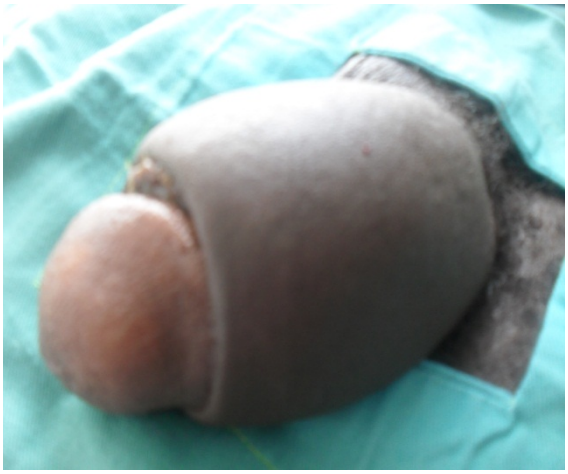
6. What are the illustrative indicators for a male circumcision service?
   - *Number of male clients circumcised*
   - *Rate of MC-related adverse events (AEs)*
   - *Number of MC clients counselled for HIV*
   - *Number of MC clients who received HIV testing*

PRACTICE EXERCISE #9.4: ADVERSE EVENT REPORTING FORMS MANAGING A CIRCUMCISION SERVICE

Activity Description: Identify the adverse events (AEs) in the following cases and fill out the Sample AE form attached (Refer to Appendix: 9:3 in the reference manual.)

Case 9.4.1

Dumi had a circumcision done at his local clinic. After 48 hours, he developed penile swelling and bleeding. A picture of his penis was taken and is shown below.



Please answer the following questions:

1. Describe the findings shown in the picture.

2. What are the possible causes of the appearance of the penis after circumcision?

3. How would you classify this finding (mild, moderate or severe)?

4. How would you manage this complication?

5. Fill in the attached Adverse Event Form. (See page 93.)

Possible Answers:

1. There is gross swelling of the distal penile shaft. There is also a relatively fresh circumcision wound.
2. Haematoma; infection with periurethral abscess.
3. Moderate to severe adverse event.
4. The haematoma will need surgical exploration and evacuation. If there are no specialist facilities at the centre, then refer as appropriate.

SAMPLE MALE CIRCUMCISION ADVERSE EVENT FORM

Client's name: _____

Date of visit: ☐☐ / ☐☐ / ☐☐
Day Month Year

Patient's ID Number: M C – ☐☐☐☐☐

Instructions: Check (✓) appropriate box for any adverse events

ADVERSE EVENT	DESCRIPTION	SEVERITY	✓
A. During surgery			
Pain	3 or 4 on pain scale	Mild	
	5 or 6 on pain scale	Moderate	
	7 on pain scale	Severe	
Excessive bleeding	More bleeding than usual, but easily controlled	Mild	
	Bleeding that requires pressure dressing to control	Moderate	
	Blood transfusion or transfer to another facility required	Severe	
Anaesthetic-related event	Palpitations, vaso-vagal reaction or emesis	Mild	
	Reaction to anaesthetic requiring medical treatment in clinic, but not transfer to another facility	Moderate	
	Anaphylaxis or other reaction requiring transfer to another facility	Severe	
Excessive skin removed	Adds time or material needs to the procedure, but does not result in any discernible adverse condition	Mild	
	Skin is tight, but additional operative work not necessary	Moderate	
	Requires re-operation or transfer to another facility to correct the problem	Severe	
Damage to the penis	Mild bruising or abrasion, not requiring treatment	Mild	
	Bruising or abrasion of the glans or shaft of the penis requiring pressure dressing or additional surgery to control	Moderate	
	Part or all of the glans or shaft of the penis severed	Severe	

Treatment provided: _____

Treatment outcome: Adverse event completely resolved ☐
Adverse event partially resolved ☐
Adverse event unchanged ☐

Was patient referred? Yes ☐ No ☐ If yes, to where _____

ADVERSE EVENT	DESCRIPTION	SEVERITY	✓
B. < 1 month after surgery			
Pain	3 or 4 on pain scale	Mild	
	5 or 6 on pain scale	Moderate	
	7 on pain scale	Severe	
Excessive bleeding	Dressing soaked through with blood at a routine follow-up visit	Mild	
	Bleeding that requires a special return to the clinic for medical attention	Moderate	
	Bleeding that requires surgical re-exploration	Severe	
Excessive skin removed	Client concerned, but there is no discernable abnormality	Mild	
	Skin is tight, but additional operative work not necessary	Moderate	
	Requires re-operation or transfer to another facility	Severe	
Insufficient skin removed	Foreskin partially covers the glans only when extended	Mild	
	Foreskin still partially covers the glans and re-operation is required	Moderate	
Swelling/haematoma	More swelling than usual, but no significant discomfort	Mild	
	Significant tenderness and discomfort, but surgical re-exploration not required	Moderate	
	Surgical re-exploration required	Severe	
Damage to the penis	Mild bruising or abrasion, not requiring treatment	Mild	
	Bruising or abrasion of the glans or shaft of the penis requiring pressure dressing or additional surgery	Moderate	
	Part or all of the glans or shaft of the penis severed	Severe	
Infection	Erythema more than 1 cm beyond incision line	Mild	
	Purulent discharge from the wound	Moderate	
	Cellulitis or wound necrosis	Severe	
Delayed wound healing	Healing takes longer than usual, but no extra treatment necessary	Mild	
	Additional non-operative treatment required	Moderate	
	Requires re-operation	Severe	
Appearance	Client concerned, but no discernible abnormality	Mild	
	Significant wound disruption or scarring, but does not require re-operation	Moderate	
	Requires re-operation	Severe	
Problems with urinating	Transient complaint that resolves without treatment	Mild	
	Requires a special return to the clinic, but no additional treatment required	Moderate	
	Requires referral to another facility for management	Severe	

ADVERSE EVENT	DESCRIPTION	SEVERITY	✓
C. ≥ 1 month after surgery			
Infection	Erythema more than 1 cm beyond incision line	Mild	
	Purulent discharge from the wound	Moderate	
	Cellulitis or wound necrosis	Severe	
Delayed wound healing	Healing takes longer than usual, but no extra treatment necessary	Mild	
	Additional non-operative treatment required	Moderate	
	Requires re-operation	Severe	
Appearance	Client concerned, but no discernible abnormality	Mild	
	Significant scarring or other cosmetic problem, but does not require re-operation	Moderate	
	Requires re-operation	Severe	
Excessive skin removed	Client concerned, but there is no discernible abnormality	Mild	
	Skin is tight, but additional operative work not necessary	Moderate	
	Requires re-operation or transfer to another facility	Severe	
Insufficient skin removed	Foreskin partially covers the glans only when extended	Mild	
	Foreskin still partially covers the glans and re-operation is required to correct	Moderate	
Torsion of penis	Torsion is observable, but does not cause pain or discomfort.	Mild	
	Causes mild pain or discomfort, but additional operative work not necessary	Moderate	
	Requires re-operation or transfer to another facility	Severe	
Erectile dysfunction	Client reports occasional inability to have an erection	Mild	
	Client reports frequent inability to have an erection	Moderate	
	Client reports complete or near complete inability to have an erection	Severe	
Psychobehavioural problems	Client reports mild dissatisfaction with the circumcision, but no significant psychobehavioural consequences	Mild	
	Client reports significant dissatisfaction with the circumcision, but no significant psychobehavioural consequences	Moderate	
	Significant depression or other psychological problems attributed by the client to the circumcision	Severe	

Treatment provided: _____

Was patient referred? Yes ☐ No ☐ If yes, to where _____

and when _____

Treatment outcome: Adverse event completely resolved ☐

Adverse event partially resolved ☐

Adverse event unchanged ☐

In your clinical judgement, was this adverse event:

MC-related ☐

Not MC-related ☐

Other comments:

Date: _____ Name of health care provider: _____

Case 9.4.2

In the case of Zonto, described in Case Study 7.2.4, the nurses found that he had a tight dressing, which caused obstruction of the urethra. Answer the questions below.

Questions

1. How can the condition be managed?

2. How severe is this adverse event?

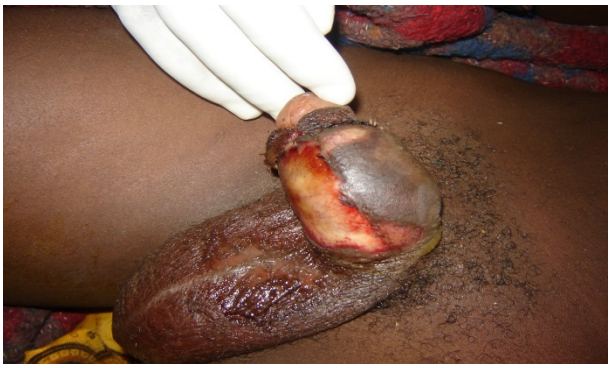
3. Fill in the Adverse Events Form provided below.

Possible Answers:

1. The problem was a blister, which developed because of a tight dressing. This might also be indicative of infection. Removal of the dressing and applying new dressings to the wound will resolve the condition. It may be necessary to give antibiotics as well.
2. Moderate as it can be managed at the centre.

Case 9.4.3

Njabulo, 25 years old, was given transport to the MC centre where his circumcision was done. He presented to the local clinic 7 days after circumcision. When asked why he had come to the clinic, he told the nurse that he had swelling of the penis. He also experienced episodes of hot and cold. He could not come to the clinic earlier because of transport problems.



Questions:

1. Describe the findings in the picture above.

2. What was Njabulo's diagnosis?

3. What was the severity of this adverse event?

4. How and where should Njabulo be managed?

5. How can this condition be avoided?

6. Fill out Njabulo's Adverse Event Report.

Possible Answers:

1. There is a septic discharging wound on the ventral aspect of the penis. There is also blistering on the superolateral aspect with early sign of skin discoloration (early gangrene).
2. Wound infection/Fournier's gangrene.
3. Severe.
4. He should be referred to a higher institution, admitted, debrided and put on appropriate broad-spectrum antibiotics.
5. Avoid with proper client screening for underlying causes, proper IP practices during surgery and wound care.

Case 9.4.4

Ibrahim had a circumcision 1 day before he returned to the clinic. Pictures of his condition were taken and one of them is shown below.

Questions:

What is your observation of the picture?

1. How could this condition have arisen?

2. What is the grading of this AE?

3. Fill out the AE Form provided for Ibrahim.

Possible Answers:

1. There is a gaping wound with a haematoma on the ventral aspect of the penis (wound dehiscence).
2. Trauma or excessive challenge of the circumcision wound (sexual intercourse, bathing); poor suturing technique.
3. Moderate, will require resuturing after evacuation of the haematoma at the centre under local anaesthesia.

PRACTICE EXERCISE #9.5: STUDY QUESTIONS—EFFICIENCY MANAGING A CIRCUMCISION SERVICE

Activity Description: Read the addendum to Chapter 9 on Efficiency in Male Circumcision Services and answer the questions below.

Questions:

1. Why do programmes need to consider being efficient?

2. What are the key considerations when improving the efficiency of male circumcision services?

3. What is/are the difference/s between task shifting and task sharing?

4. What are the components of commodities management that need to be considered in improving the efficiency of circumcision services?

5. What clinical management factors promote efficient circumcision service delivery?

PRACTICE EXERCISE 9:6: SETTING UP AN EFFICIENT SURGICAL SPACE AND MOTION (FOR USE DURING FACE-TO-FACE SESSION)

Objective

- To review the surgical setup and the task allocation amongst MC clinic staff.
- To practice working as a team by implementing Models to Increase Volume and Efficiency (MOVE).

Activities

- The participants will be divided into two groups:
  - First group: set up a station for traditional circumcision services using surgical bays *(set up floor plan annexed, traditional).*
  - Second group: set up stations for MOVE implementation *(supplies and floor plan annexed, MOVE).*
- Each group then starts practicing circumcision using models,
- Selected member of each group document their observation of the setup and simulated practice.
- The group finally sits together to assess:
  - The challenges and lessons of setting up a surgical bay.
  - The speed and flow of traffic from one circumcision to another circumcision.
  - The number of circumcisions performed during the practice time.
- A group representative shares the group's observations and findings relating to the actual setting up and running of a circumcision clinic.

Materials and Supplies Needed

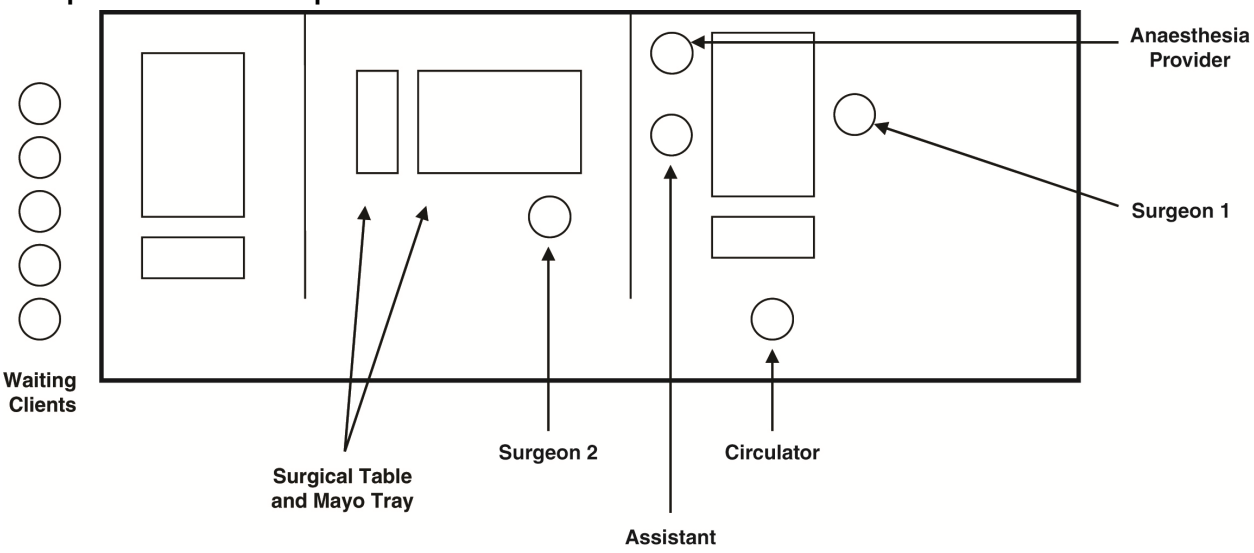
- Three tables and three chairs per group to be used as surgical tables
- Complete set of circumcision instruments and consumables (MC manual Appendix 4.2)
- Penis models >10 per group
- Drapes
- Infection prevention supplies:
  - Capes, masks, goggles, aprons, gowns, gloves, handrubs, water and soap, safety boxes, waste bins , bin liners

Time

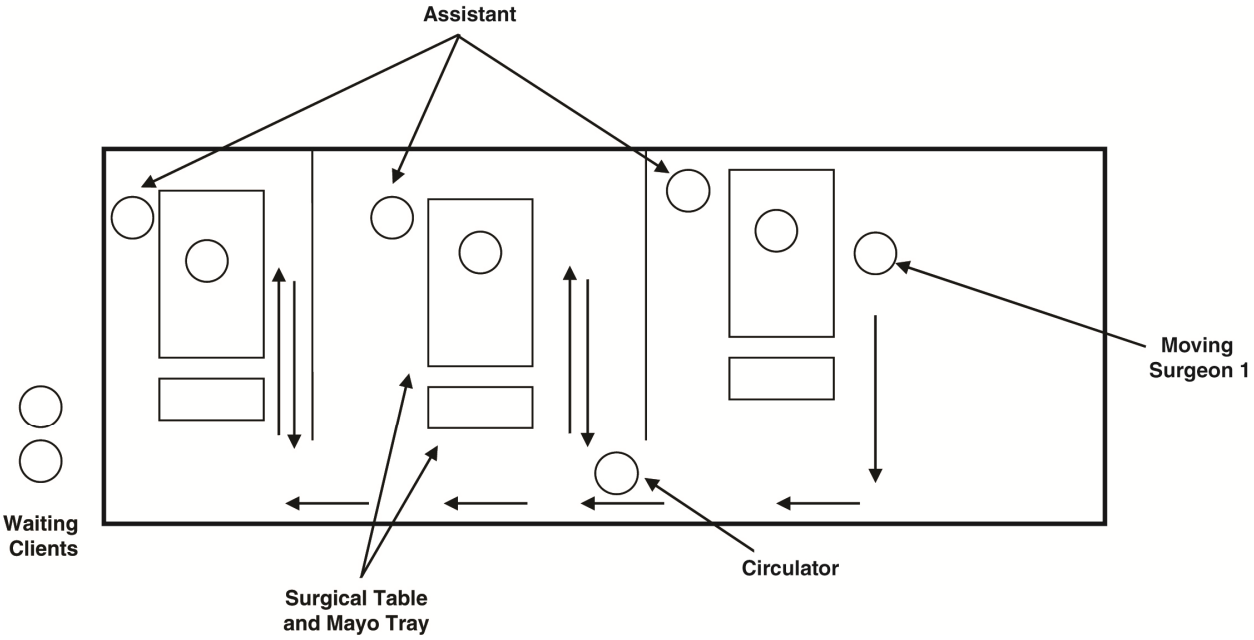
- 15 minutes for setup
- 20 minutes for circumcision service
- 15 minutes for discussion

Instruction: Trainer will help participants during the practice and address challenges. The trainer will also summarize the key considerations of implementing MOVE.

Group I Traditional Set up



Group II MOVE Setup



PRACTICE CHECKLISTS

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.

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 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				
1. Use easy to understand language and check understanding.				
2. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
3. Demonstrate empathy.				
4. Tell the patient/caretakers/parents what male RH services are available in the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
1. Ask a volunteer to tell you what he already knows about male circumcision.				
2. Give positive feedback to the volunteer on any correct information provided and fills in the gaps: • 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				

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
3. Ask for any questions and address any concerns that the patients/parents may have.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
HIV DISEASE BASICS AND PREVENTION				
1. Ask a volunteer to tell you what he already knows about HIV/AIDS.				
2. Give positive feedback to the volunteer on any correct information provided and fill in the gaps.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
OTHER SEXUALLY TRANSMITTED INFECTIONS				
1. Ask a volunteer to tell others what he knows about other sexually transmitted infections (STIs).				
2. Give positive feedback to the volunteer on any correct information provided and fill in the gaps on: • Common STIs in the country • Symptoms and signs of the common STIs • How STIs can be prevented (including ABC message)				
3. Tell the patients where they can receive services if they experience symptoms and signs of an STI.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
FAMILY PLANNING				
1. Ask the patients and caretakers to list the family planning methods they know.				
2. Facilitate a brainstorming session on the benefits of family planning to the individual patient, couples and the community.				
3. Tell the patient about a variety of male and female family planning methods that are available in the clinic.				
4. Briefly tell the patient about condoms (effectiveness, dual protection, etc.).				
5. Give instructions on condom use (storage, when and how to use, disposal, etc.).				
6. Demonstrate with a model how to use a condom.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
INFERTILITY EVALUATION				
1. Ask a volunteer to tell listeners what he knows about infertility.				
2. Give positive feedback to the volunteer on any correct information provided and fill in the gaps (including association with STIs and prevention).				
3. Ask for and answer any questions on infertility.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
ALCOHOL AND SUBSTANCE ABUSE				
1. Facilitate a brainstorming session on alcohol and substance abuse.				
2. Ask for and answer any questions on infertility.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH				
TASK/ACTIVITY	**CASES**			
WOMEN'S REPRODUCTIVE HEALTH NEEDS				
1. Discuss the need for men to support women's reproductive health needs				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
CONCLUSION				
1. Ask the patients/parents for any questions they might have on MC and male RH and provide additional information as needed.				
2. Tell patients/parents where to go for the services that they require.				
3. 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				
1. Communicate effectively with the patient and caretaker(s)/parent(s).				
2. Honor confidentiality.				
3. Show sensitivity to social and cultural practices that may conflict with the plan of care.				
4. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
5. Show empathy.				
6. Ask the patient/parent what specific reproductive health service he is requesting.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
1. Ask the patient (or the parents, if the child is too young) to tell you what he already knows about male circumcision.				
2. Tell the patient/parents about male circumcision: • 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**			
3. 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				
1. Ask the patient or his parents to tell you what they already know about HIV and AIDS.				
2. Ask the patient or his parents if he has ever been tested for HIV.				
3. Update the patient and/or his parents about HIV and AIDS.				
4. Explore the patient's HIV risk behaviour.				
5. Works with the patient to develop a risk reduction plan for the risk behaviours identified above.				
6. Refer patient for HIV testing if he so wishes.				
7. Refer patient for care and support if he is known to be HIV-positive.				
8. 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)				
1. Ask the patient what he knows about sexually transmitted infections (STIs).				
2. Update the patient about STIs, including how STIs can be prevented: • **ABC** message • Use of dual protection (condoms and other method of family planning) to avoid pregnancy and STIs/HIV				
3. Ask the patient if he has ever been diagnosed or treated for an STI.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
FAMILY PLANNING (for sexually active patients)				
1. Ask the patient about his and his spouse's reproductive intentions.				
2. Ask the patient to tell you what he already knows about family planning methods.				
3. Tell the patient about male and female family planning methods that are available in the country.				
4. Assess condom usage, and demonstrate as needed.				
5. 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				
1. Discuss the timing of visits for the reproductive health service requested.				
2. Complete the patient's record forms.				
3. 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				
1. Ask the patient about personal information (name, address, age, marital status, etc.).				
2. Ask the patient (or his parents) why he has come to the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
INFORMED CONSENT				
1. 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				
1. Ask the patient if he is sexually active.				
2. Ask if the patient currently has any genitourinary symptoms.				
3. If he has any of the above, find out more about the complaint.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PAST MEDICAL HISTORY				
1. Ask the patient if he has ever been diagnosed and/or treated for an STI or other genital disease.				
2. 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**			
3. Ask the patient if he has ever undergone any surgery in the past (especially genital surgery).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
REPRODUCTIVE AND CONTRACEPTIVE HISTORY				
1. Ask the patient if he has ever fathered a child. If so, how many?	.			
2. Ask about the patient's reproductive intentions.				
3. 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				
1. Ask the patient if he is currently on any special medications (whether prescribed, over-the-counter or traditional).				
2. Ask the patient if he has allergy to any known drug (including lignocaine injection or iodine).				
3. Ask the patient if he has a history of substance abuse. If so what?				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PHYSICAL EXAMINATION				
1. Explain to the patient why a physical examination is necessary before male circumcision and ask the patient to undress and prepare for the examination.				
2. Assist the patient to lie on the examination couch and cover him with a drape.				
3. Perform a focused general physical examination.				
4. Check the patient's vital signs.				
5. Perform any other systemic examination as dictated by the patient's history.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
GENITAL EXAMINATION				
1. Wash hands with soap and water and dry with a clean, dry towel.				
2. Put examination gloves on both hands.				
3. Examine the penis and look for any abnormalities.				
4. Examine the scrotum and check for any abnormalities.				
5. Thank the patient for his cooperation.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-EXAMINATION TASKS				
1. 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).				
2. Wash hands thoroughly with soap and water and dry with clean towel.				
3. 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				
1. Instruct the patient to do the following prior to arrival at the clinic for surgery: • 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 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 the client and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the client or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the client's records (history, examination findings, laboratory report if any).				
6. Verify the client's identity and check that informed consent was obtained.				
7. Check that the client has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
1. Prepare instrument tray and open sterile instrument pack without touching items.				
2. Ask the client to lie on his back in a comfortable position.				
3. Wash hands thoroughly and dry them with clean, dry towel.				
4. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
5. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
6. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
7. Remove the outer pair of gloves.				
8. 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.				
9. 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				
1. 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 dorsal penile nerve.				
2. Check the anaesthetic effect of the nerve block and top up as needed.				
3. Throughout procedure, talk to and reassure the client (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
1. Hold the prepuce with artery forceps under a slight tension.				
2. Make a curved mark (0.5–1 cm proximal and parallel to the corona) to outline the planned surgical cut: • Hold the inner and outer prepucial skin tightly when you apply the forceps so the inner foreskin does not slip.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: FORCEPS GUIDED METHOD				
1. Excise the prepuce distal to the clamp using a surgical blade along the mark.				
2. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut coagulate if using diathermy.				
3. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
4. 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. Tie and tag with a mosquito forceps.				
5. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
6. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
7. Irrigate the area with normal saline and add other simple stitches as required.				
8. Dress the wound with antimicrobial cream, followed by a regular dressing bandage and a strapping.				
9. Advise the client to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
1. Dispose of contaminated needles and syringes in puncture-proof container.				
2. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
3. Dispose of waste materials in covered leak-proof container or plastic bag.				
4. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
POSTOPERATIVE CARE				
1. Observe the client's vital signs and record findings.				
2. Answer the client's questions and concerns.				
3. Advise the client on postoperative care of the penis.				
4. When stable, discharge the client home on mild analgesics.				
5. Inform the client to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
6. Complete operation notes and other client record forms.				
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 the client and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the client or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the client's records (history, examination findings, laboratory report if any).				
6. Verify the client's identity and check that informed consent was obtained.				
7. Check that the client has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
1. Prepare instrument tray and open sterile instrument pack without touching items.				
2. Ask the client to lie on his back in a comfortable position.				
3. Wash hands thoroughly and dry them with clean, dry towel.				
4. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
5. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
6. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
7. Remove the outer pair of gloves.				
8. 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.				
9. 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				
1. 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 dorsal penile nerve.				
2. Check the anaesthetic effect of the nerve block and top up as needed.				
3. Throughout procedure, talk to and reassure the client (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
1. Hold the prepuce with artery forceps under slight tension.				
2. Make a curved mark (0.5–1 cm proximal and parallel to the corona) to outline the planned surgical cut: • Hold the inner and outer prepucial skin tightly when you apply the forceps so the inner foreskin does not slip.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: DORSAL SLIT TECHNIQUE				
1. Using a pair surgical scissors, make a dorsal slit in the prepuce starting from the preputial orifice to the dorsal corona sulcus.				
2. Excise the prepuce with a surgical blade/scissors along the previous mark.				
3. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut or coagulate if using diathermy.				
4. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
5. 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. Tie and tag with a mosquito forceps.				
6. Insert vertical mattress stitches at 12, 3 and 9 o'clock positions and tag the four quarters.				
7. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
8. Irrigate the area with normal saline and add other simple stitches as required.				
9. Dress the wound with microbial cream, followed by a regular dressing bandage and a strapping.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POST-PROCEDURE TASKS				
1. Dispose of contaminated needles and syringes in puncture-proof container.				
2. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
3. Dispose of waste materials in covered leak-proof container or plastic bag.				
4. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
POSTOPERATIVE CARE				
1. Observe the client's vital signs and record findings.				
2. Answer the client's questions and concerns.				
3. Advise the client on postoperative care of the penis.				
4. When stable, discharge the client home on mild analgesics.				
5. Inform the client to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
6. Complete operation notes and other client record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE 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

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
GETTING READY				
1. Gather all needed equipment.				
2. Greet the client and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the client or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the client's records (history, examination findings, laboratory report if any).				
6. Verify the client's identity and check that informed consent was obtained.				
7. Check that the client has recently washed and rinsed his genital areas.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
PREOPERATIVE TASKS				
1. Prepare instrument tray and open sterile instrument pack without touching items.				
2. Ask the client to lie on his back in a comfortable position.				
3. Wash hands thoroughly and dry them with clean, dry towel.				
4. Put on sterile gown and two pairs of sterile or high-level disinfected surgical gloves.				
5. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
6. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
7. Remove the outer pair of gloves.				
8. 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.				
9. 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				
1. 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 dorsal penile nerve.				
2. Check the anaesthetic effect of the nerve block and top up as needed.				
3. Throughout procedure, talk to and reassure the client (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
1. Hold the prepuce with artery forceps under a slight tension.				
2. Make a curved mark (0.5–1 cm proximal and parallel to the corona) to outline the planned surgical cut: • Hold the inner and outer prepucial skin tightly when you apply the forceps so the inner foreskin does not slip.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: SLEEVE RESECTION METHOD				
1. 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.				
2. Using a pair of dissecting scissors, join the two incisions.				
3. 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.				
4. Identify bleeders, and clamp, tie and/or under-run them.				
5. After ligating all the bleeders, irrigate the area with normal saline and then inspect for more bleeders. If identified, tie them.				
6. 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.				
7. Using the same chromic catgut, place vertical mattress stitches at 12, 3 and 9 o’clock positions and tag accordingly.				
8. Thereafter, close the gaps between the tagged stitches with two or more simple sutures.				
9. Irrigate the area with normal saline and add other simple stitches as required.				
10. Dress the wound with antimicrobial cream, then with a regular dressing bandage and a strapping.				
11. Advise the client to rest for 30 minutes.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	**CASES**			
POST-PROCEDURE TASKS				
1. Dispose of contaminated needles and syringes in puncture-proof container.				
2. Place soiled instruments in 0.5% chlorine solution for 10 minutes for decontamination.				
3. Dispose of waste materials in covered leak-proof container or plastic bag.				
4. Wash hands thoroughly and dry them with clean, dry towel.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
POSTOPERATIVE CARE				
1. Observe the client's vital signs and record findings.				
2. Answer the client's questions and concerns.				
3. Advise the client on postoperative care of the penis.				
4. When stable, discharge the client home on mild analgesics.				
5. Inform the client to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
6. Complete operation notes and other client record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

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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: • 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				

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

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

11. 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 gentler 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. 3 weeks
    b. 6 weeks
    c. 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, colour-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 programme?

    a. To assess progress made at a particular point in time.
    b. To provide reasons for success or failure.
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25. Which of the following is **not** associated with ensuring "good" data?

    a. Understanding the data
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26. The following are true about diathermy, except:

    a. Current generated by a diathermy machine produces intense muscle and nerve activation, resulting in painful muscular contractions and shock.
    b. Normal alternating current when passed through a diathermy machine is converted to high-frequency alternating current (HFAC) ranging from 300 kHz to 3 MHz.
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29. Which of the following is **not true** about monopolar diathermy?

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b. Ignition of flammable materials such as alcohol-based antiseptic solutions on the skin
c. Erectile dysfunction

31. Which of the following statements is **not** true?

a. Monopolar diathermy **should never** be used in male circumcision surgery.
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a. Only part of the procedure is shifted to a different cadre of staff
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34. The following can contribute to efficiency in male circumcision services **except**:

a. Use of pre-assembled kits
b. Task sharing
c. Mandatory HIV testing before male circumcision

35. Efficiency in male circumcision services can be achieved through:
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MIDCOURSE QUESTIONNAIRE ANSWER SHEET

Question Number

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2. _____
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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 self-study portion gave me the opportunity to follow my own pace of learning.	
4. The practice exercises in the self-learning workbook were clear and helpful.	
5. The observation of my own facility and my community before finalizing the course helped me to improve or change my attitudes towards male circumcision.	
6. Trainers and instructors supported me during the self-learning portion.	
7. 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.	
8. The practice sessions using models increased my confidence in learning to provide male circumcision with clients.	
9. There was sufficient time scheduled for practicing male circumcision using models.	
10. The models used to practice male circumcision were effective.	
11. The instructors helping me to practice male circumcision with clients were effective coaches.	
12. There was sufficient opportunity to practice male circumcision with clients.	
13. The training materials and job aids were effective.	
14. I feel confident in my ability to use infection prevention practices recommended for male circumcision.	
15. I feel confident in my ability to perform male circumcision.	
16. The questionnaires and checklists provided a fair assessment of the knowledge, attitudes and skills learned as a result of attending this course.	

ADDITIONAL COMMENTS

1. What would you modify in the delivery of this training course? Please explain.

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

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