

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

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

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

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

USING THE LEARNING GUIDES

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

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

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

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

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

USING THE PRACTICE CHECKLISTS

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

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

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

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

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

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

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

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

N/O: Not Observed

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

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

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

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

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

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

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

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

N/O: Not Observed

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

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

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

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

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

LEARNING GUIDE FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

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

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

N/O: Not Observed

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

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

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

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

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

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

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

N/O: Not Observed

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

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

LEARNING GUIDE FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

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

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

LEARNING GUIDE FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE

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

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

N/O: Not Observed

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

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

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

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

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

LEARNING GUIDE FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

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

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

N/O: Not Observed

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

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

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

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

LEARNING GUIDE FOR 48-HOUR POSTOPERATIVE REVIEW

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

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

N/O: Not Observed

LEARNING GUIDE FOR 48-HOUR POSTOPERATIVE REVIEW				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed materials: <ul style="list-style-type: none"> • Examination gloves • Antiseptic solution • Normal saline • Cotton ball swabs • Pair of stitch scissors 				
2. Greet the patient and/or parent(s) respectfully and with kindness.				
3. Review the patient's records (date of surgery, any complications during or after surgery).				
4. Ask the patient or parent(s) if he has had any problems since the procedure was done. If so, where did he go and what was done?				
5. Ask the patient if the dressing on the penis is still intact.				
6. Ask the patient for permission to examine the surgical area.				
7. Help the patient to lie down on the couch.				
8. Wash your hands with soap and water and dry with a clean, dry towel.				
9. Put examination gloves on both hands.				
10. Examine the penis for: <ul style="list-style-type: none"> • Bleeding • Wound discharge • Wound disruption 				
11. Gently remove strapping and gauze dressing.				
12. Apply saline to Sofratulle dressing and gently remove.				
13. Inspect suture line for bleeding, discharge or wound disruption.				
14. Clean with antiseptic solution and leave to dry.				
15. Dispose of contaminated wastes and gloves in covered, leakproof container.				
16. Immerse gloved hands in 0.5% chlorine solution, remove gloves gently and dispose of in covered, leakproof container.				
17. Wash your hands with soap and water and dry with a clean, dry towel.				

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

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

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

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				
5. Use easy to understand language and check understanding.				
6. Encourage the patient to ask questions and voice concerns, and listen to what he has to say.				
7. Demonstrate empathy.				
8. Tell the patient/caretakers/parents what male RH services are available in the clinic.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
MALE CIRCUMCISION				
9. Ask a volunteer to tell you what he already knows about male circumcision.				
10. Give positive feedback to the volunteer on any correct information provided and fills in the gaps: <ul style="list-style-type: none"> • What is male circumcision? • Benefits of male circumcision • Risks of male circumcision • Relationship between male circumcision and HIV infection • Pain relief options for male circumcision • Postoperative care after male circumcision • How and where to contact health care workers after male circumcision 				
11. Ask for any questions and address any concerns that the patients/parents may have.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

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

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

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

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

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

PRACTICE CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

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

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

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

PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

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

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

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

PRACTICE CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE

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

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

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

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

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

PRACTICE CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

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

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

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

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

PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

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

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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: <ul style="list-style-type: none"> • Bleeding • Wound discharge • Wound disruption 				
11. Gently remove strapping and gauze dressing.				
12. Apply saline to Sofratulle dressing and gently remove.				
13. Inspect suture line for bleeding, discharge or wound disruption.				
14. Clean with antiseptic solution and leave to dry.				
15. Dispose of contaminated wastes and gloves in covered leakproof container.				
16. Wash your hands with soap and water and dry with a clean, dry towel.				
17. Tell the patient about examination findings and repeat postoperative care instructions (including abstinence for 4–6 weeks).				
18. Ask the patient if he has any questions and answer them.				
19. Give the patient a date for his next appointment.				
20. Complete patient record form.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA COURSE EVALUATION FORM

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

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

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

ADDITIONAL COMMENTS

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

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

