

PRECOURSE QUESTIONNAIRE ANSWER KEY

USING THE INDIVIDUAL AND GROUP ASSESSMENT MATRIX

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

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

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA: INDIVIDUAL AND GROUP ASSESSMENT MATRIX

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

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

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

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

PRECOURSE QUESTIONNAIRE ANSWER KEY

1. BENEFITS AND RISKS OF MALE CIRCUMCISION

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

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

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

3. EDUCATING AND COUNSELLING CLIENTS, AND OBTAINING INFORMED CONSENT

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

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

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

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

5. SURGICAL PROCEDURES FOR ADULTS AND ADOLESCENTS

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

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

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

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

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

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

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

7. POSTOPERATIVE CARE AND MANAGEMENT OF COMPLICATIONS

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

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

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

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

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

8. PREVENTION OF INFECTION

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

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

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

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

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

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

9. MANAGING A CIRCUMCISION SERVICE

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

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA

COURSE EXERCISES: TRAINER GUIDELINES

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

“Opposites Cards”

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

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

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

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

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

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

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

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

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

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

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

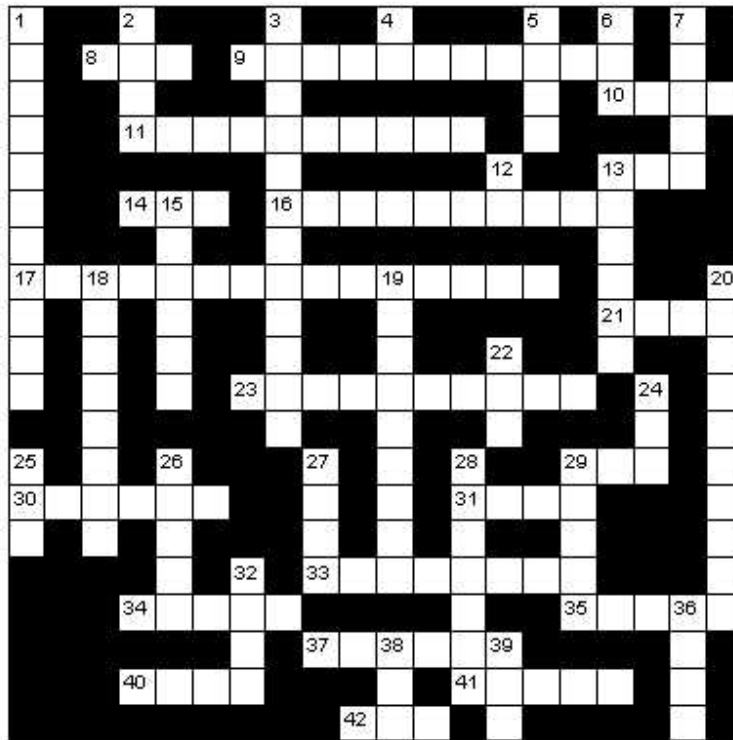
Exercise 8.2. Infection Prevention Clinical Skills Session	
Purpose	To reinforce sterile technique to be used during surgery.
Duration	120 minutes
Instructions	<ul style="list-style-type: none"> • Create the four stations outlined in the flowchart below in four separate areas in the classroom, complete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

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

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

OTHER COURSE ACTIVITIES: CROSSWORD PUZZLE

Male circumcision



Across

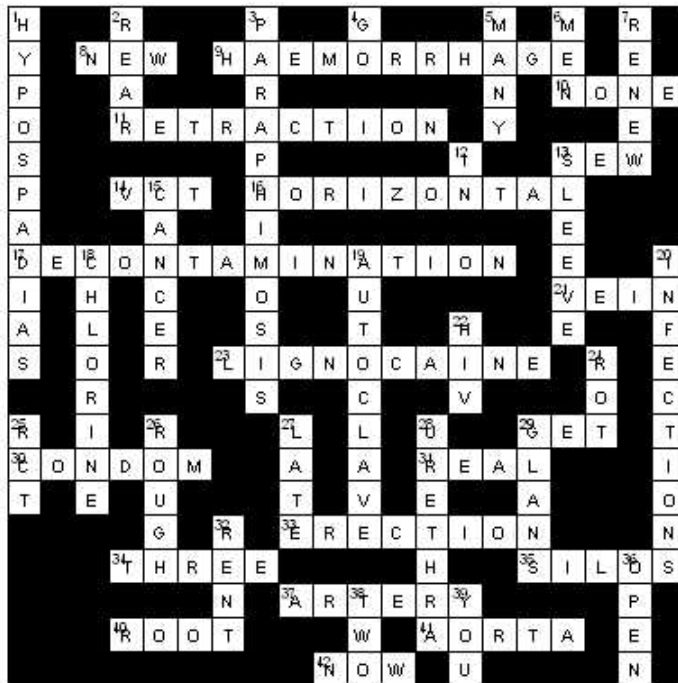
- | | |
|--|--|
| <p>8. Not done before</p> <p>9. Complication of circumcision</p> <p>10. Nil</p> <p>11. Practice of moving foreskin back to expose penile glans</p> <p>13. Repair a torn cloth</p> <p>14. Acronym for counseling and testing</p> <p>16. Type of mattress suture placed at the frenulum during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

Down

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

CROSSWORD PUZZLE ANSWER KEY

Male circumcision



Down

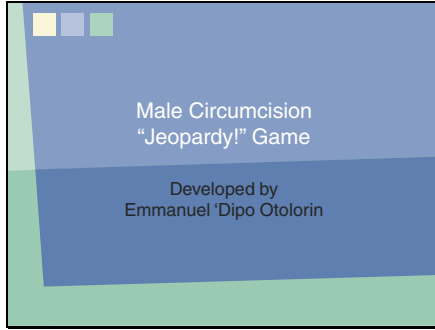
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Across

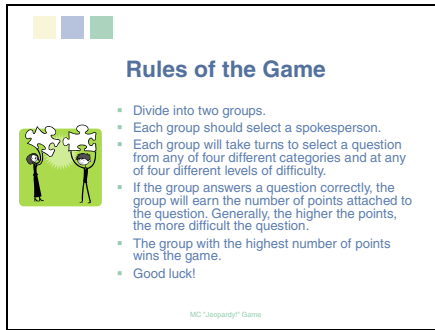
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|---|---|
| <ol style="list-style-type: none"> 8. Not done before 9. Complication of circumcision 10. Nil 11. Practice of moving foreskin back to expose penile glans 13. Repair a torn cloth 14. Acronym for counseling and testing 16. Type of mattress suture placed at the frenulum during male circumcision 17. Name for process of soaking used instruments in chlorine solution 21. A blood vessel carrying blood to the heart 23. Anaesthetic solution 29. Obtain 30. Male family planning method 31. Actual | <ol style="list-style-type: none"> 33. stiffening of the penis before intercourse 34. Maximum number of mg. of lignocaine per kilogram body weight 35. Storage structure for agricultural produce 37. Type of blood vessel carrying blood from the heart 40. Base 41. Largest artery in the body 42. Immediate |
|---|---|

MALE CIRCUMCISION “JEOPARDY!” GAME

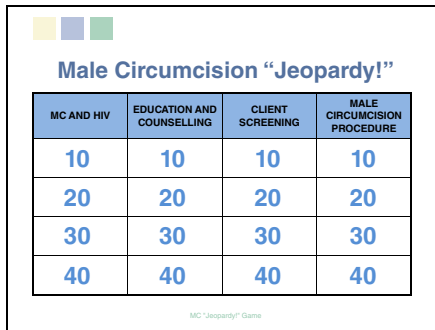
Slide 1




Slide 2



Slide 3



Slide 4




True or False?

The benefits of circumcision include prevention of phimosis.

MC "Jeopardy!" Game

Slide 5




True or False?


The benefits of circumcision include prevention of phimosis.

Answer: **TRUE**

MC "Jeopardy!" Game



Slide 6




What level of protection does male circumcision provide against HIV?


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

MC "Jeopardy!" Game


Slide 7



What level of protection does male circumcision provide against HIV?

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


MC "Jeopardy!" Game 

Slide 8



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

MC "Jeopardy!" Game 


Slide 9


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

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

MC "Jeopardy!" Game 

Slide 10




True or False?

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

MC "Jeopardy!" Game

Slide 11




True or False?


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

Answer: **FALSE**

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

MC "Jeopardy!" Game 

Slide 12




True or False?

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

MC "Jeopardy!" Game

Slide 13




True or False?


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

Answer: **FALSE**

MC "Jeopardy!" Game




Slide 14



Give two examples of an open question

MC "Jeopardy!" Game


Slide 15




Give two examples of an open question

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

MC "Jeopardy!" Game



Slide 16



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

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

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

MC "Jeopardy" Game


Slide 17


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


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

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

Answer: **Clarifying**

MC "Jeopardy" Game 

Slide 18


List at least five skills required for MC and HIV counselling

MC "Jeopardy" Game

Slide 19




List at least five skills required for MC and HIV counselling

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

MC "Jeopardy" Game 

Slide 20




True or False?

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

MC "Jeopardy" Game


Slide 21



True or False?


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

Answer: **TRUE**

MC "Jeopardy" Game 

Slide 22

Answer Both Questions




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

MC "Jeopardy" Game

Slide 23

Answer Both Questions



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

MC "Jeopardy" Game

Slide 24

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

MC "Jeopardy" Game

Slide 25


■ ■ ■

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

Examples:

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

MC "Jeopardy" Game




Slide 26

■ ■ ■

Answer Both Questions

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




MC "Jeopardy" Game

Slide 27


■ ■ ■

Answer Both Questions


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



MC "Jeopardy" Game



Slide 28




True or False?

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

MC "Jeopardy" Game

Slide 29




True or False?


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

Answer: **FALSE**

MC "Jeopardy" Game



Slide 30




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


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

MC "Jeopardy" Game


Slide 31



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

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


MC "Jeopardy!" Game 

Slide 32



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

MC "Jeopardy!" Game 


Slide 33


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

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


MC "Jeopardy!" Game 

Slide 34


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


MC "Jeopardy" Game

Slide 35


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

Examples:

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

MC "Jeopardy" Game 

MALE CIRCUMCISION UNDER LOCAL ANAESTHESIA MIDCOURSE QUESTIONNAIRE

USING THE QUESTIONNAIRE

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

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

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

MIDCOURSE QUESTIONNAIRE

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

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

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

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

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

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

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

7. Effective counselling involves:
- Telling a client what to do.
 - Helping a client to make a decision.
 - Taking responsibility for a client's decision.
8. Which of the following is **not** an **essential** element of informed consent?
- Provision of information using plain, easy-to-understand language.
 - Assessment of the ability of the client to understand the information provided.
 - 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?
- Do not perform male circumcision unless the boy gives verbal agreement.
 - Perform male circumcision because the parents are legally responsible.
 - 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?
- Current general health
 - Complete family history
 - Allergies to medicines
11. The following findings are noted by a service provider upon conducting a physical examination prior to male circumcision:
- Foreskin loosely covering the head of the penis
 A urinary opening located at the tip of the penis
 No evidence of inflammation or scarring
 Scrotum containing both testicles
- Which of the following actions is **most** appropriate, given these findings?
- Obtain informed consent and schedule male circumcision in clinic.
 - Refer for male circumcision at a higher level of the health care system.
 - Refer to a surgeon for more complete genital assessment.
12. Which of the following is an **absolute contraindication** to clinic-based male circumcision?
- Chronic paraphimosis
 - Phimosis
 - Penile warts

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

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

MIDCOURSE QUESTIONNAIRE ANSWER SHEET

Question Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

(continued on reverse)

21. _____

22. _____

23. _____

24. _____

25. _____

MIDCOURSE QUESTIONNAIRE ANSWER KEY

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

CORRECT ANSWER = C
CHAPTER 1-2

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

CORRECT ANSWER = A
CHAPTER 1-2

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

CORRECT ANSWER = A
CHAPTER 1-5

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

CORRECT ANSWER = C
CHAPTER 2-6

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

CORRECT ANSWER = B
CHAPTER 2-9

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

CORRECT ANSWER = C
CHAPTER 3-1

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

CORRECT ANSWER = B
CHAPTER 3-5

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

CORRECT ANSWER = C
CHAPTER 3-6

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

CORRECT ANSWER = A
CHAPTER 3-7

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

CORRECT ANSWER = B
CHAPTER 4-1

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

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

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

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

CORRECT ANSWER = A
CHAPTER 4-2

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

CORRECT ANSWER = A
CHAPTER 4-3

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

CORRECT ANSWER = B
CHAPTER 4-9

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

CORRECT ANSWER = B
CHAPTER 5-3

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

CORRECT ANSWER = A
CHAPTER 5-3

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

CORRECT ANSWER = C
CHAPTER 5-5

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

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

CORRECT ANSWER = B
CHAPTER 5-10

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

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

CORRECT ANSWER = B
CHAPTER 7-2

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

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

CORRECT ANSWER = A
CHAPTER 7-2

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

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

CORRECT ANSWER = A
CHAPTER 7-3

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

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

CORRECT ANSWER = C
CHAPTER 8-2

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

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

CORRECT ANSWER = B

CHAPTER 8-3

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

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

CORRECT ANSWER = A

CHAPTER 8-13

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

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

CORRECT ANSWER = C

CHAPTER 9-2

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

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

CORRECT ANSWER = C

CHAPTER 9-4

CHECKLISTS FOR MALE CIRCUMCISION

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

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

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

USING THE CHECKLISTS

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

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

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

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

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

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

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

CHECKLIST FOR GROUP EDUCATION ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

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

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

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

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

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

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

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

CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

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

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

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

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

CHECKLIST FOR INDIVIDUAL COUNSELLING ON MALE CIRCUMCISION AND MALE REPRODUCTIVE HEALTH

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

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

CHECKLIST FOR SCREENING OF PATIENTS AND PREPARATION FOR MALE CIRCUMCISION

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

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

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

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

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

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

CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE

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

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

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

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

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

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

CHECKLIST FOR FORCEPS GUIDED MALE CIRCUMCISION PROCEDURE

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

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

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

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

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

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

CHECKLIST FOR SLEEVE RESECTION MALE CIRCUMCISION PROCEDURE

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

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

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

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

CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

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

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

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