



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) TRAINING

Post- Training Mentoring

NAME OF MENTEE: _____

NAME OF CLINICAL MENTOR: _____

SITE: _____

PROVINCE: _____

START DATE: _____



CLINICAL MENTORING AGREEMENT

To be completed by: Both Clinical Mentor and Mentee
Submitted to: Facility Manager

Instructions: Use this template to outline the mentoring relationship.

We agree on the following goals: _____

At the end of the mentoring period, we will evaluate progress and reach a learning conclusion. The relationship will then be considered complete. If we choose to continue our mentoring partnership we will negotiate a basis for continuation with redefined goals.

In the event that one of us believes it is no longer productive for us to continue or the learning is compromised, we will seek the intervention of the Facility Manager.

Name of Mentee: _____ Signature: _____ Date: _____

Name of Clinical Mentor: _____ Signature: _____ Date: _____



1. CHECKLIST PRE-OPERATION

PRACTICE CHECKLIST FOR CLIENT ASSESSMENT 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 CLIENT ASSESSMENT FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
HISTORY-TAKING				
PREPARATION				
1. Gather all necessary materials.				
2. Greet client with respect and offer a seat.				
3. Ask client if the caretaker or parent can stay during the discussion. Support client’s decision on this.				
4. Assure client of confidentiality of all information provided during the session.				
CLIENT IDENTIFICATION				
5. Ask the client about personal information (name, address, age, marital status, etc.).				
6. Ask the client (or his parents) why he has come to the clinic.				
MALE CIRCUMCISION				
7. Ask the client why he has come to the clinic.				



PRACTICE CHECKLIST FOR CLIENT ASSESSMENT FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
8. If in the clinic for male circumcision, check if he (or his parent) has given an informed consent.				
HISTORY OF SEXUALLY TRANSMITTED INFECTIONS				
9. Ask the client if he is sexually active.				
10. Ask if the client currently has any genitourinary symptoms.				
11. If he has any of the above, find out more about the complaint.				
PAST MEDICAL HISTORY				
12. Ask the client if he has ever been diagnosed and/or treated for an STI or other genital disease.				
13. Ask the client if he has ever been treated or is currently being treated for any medical illness.				
14. Ask the client if he has ever undergone any surgery in the past (especially genital surgery).				
REPRODUCTIVE AND CONTRACEPTIVE HISTORY				
15. Ask the client if he has ever fathered a child. If so, how many?				
16. Ask about the client's reproductive intentions.				
17. Ask the client if he has ever used any type of contraception. If so, which method did he use?				
DRUG HISTORY				
18. Ask the client if he is currently on any special medications (whether prescribed, over-the-counter or traditional).				
19. Ask the client if he has allergy to any known drug (including lignocaine injection or iodine).				
20. Ask the client if he has a history of substance abuse. If so what?				
PHYSICAL EXAMINATION				
GENERAL PHYSICAL EXAMINATION				
21. Explain to the client why a physical examination is necessary before male circumcision and ask the client to undress and prepare for the examination.				
22. Assist the client to lie on the examination couch and cover him with a drape.				



PRACTICE CHECKLIST FOR CLIENT ASSESSMENT FOR MALE CIRCUMCISION				
TASK/ACTIVITY	CASES			
23. Perform a focused general physical examination.				
24. Check the client's vital signs.				
25. Perform any other systemic examination as dictated by the client's history.				
GENITAL EXAMINATION				
26. Wash hands with soap and water and dry with a clean, dry towel.				
27. Put examination gloves on both hands.				
28. Examine the penis and look for any abnormalities.				
29. Examine the scrotum and check for any abnormalities.				
30. Thank the client for his cooperation.				
POST-EXAMINATION TASKS				
31. 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).				
32. Wash hands thoroughly with soap and water and dry with clean towel.				
33. Complete client's record form.				



2. CHECKLIST FOR DORSAL SLIT

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.

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PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed equipment.				
2. Greet client and/or parent(s) respectfully and with kindness.				
3. Describe your role in the male circumcision procedure.				
4. Ask the client or parent(s) if they have any questions they wish to ask about the procedure.				
5. Review the client's records (history, examination findings, laboratory report if any).				
6. Verify client's identity and check that informed consent was obtained.				



PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
7. Check that client 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 client to lie on his back in a comfortable position.				
10. Wash hands thoroughly and dry them with clean, dry towel.				
11. Put on examination gloves on both hands				
12. Perform a gentle examination of the external genitalia to exclude any undetected contraindications to the procedure.				
13. Put on a clean apron and pairs of sterile or high-level disinfected surgical gloves.				
14. Apply antiseptic solution (e.g., Betadine solution) two times to the genital area.				
15. Retract the foreskin and apply antiseptic solution, making sure that the inner surface and the glans are clean and the skin is dry.				
16. Apply a center "O" drape to the genital area and pull the penis through the "O" drape.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
ANAESTHESIA TASKS				
17. Perform a Dorsal Penile Nerve Block (DPNB) followed by Subcutaneous Ring Block (SQRB) using an appropriate predetermined quantity of local anesthetic.				
18. Check the anesthetic effect and top up as needed.				
19. Throughout procedure, talk to and reassure the client (verbal anaesthesia).				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
COMMON STEPS TO ALL SURGICAL METHODS				
20. Make a curved mark (1 cm proximal and parallel to the corona) to outline the planned surgical cut.				



PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
SKILL/ACTIVITY PERFORMED SATISFACTORILY				
SURGICAL PROCEDURE: DORSAL SLIT TECHNIQUE				
21. Hold the prepuce with two artery forceps at 3 and 9 o'clock positions,				
22. Place two artery forceps on the foreskin in the 11 o'clock and 1 o'clock positions. Check that the inside blades of the two artery forceps are lying between the glans and prepuce and have not been accidentally passed up the urethral meatus				
23. Using a pair of dissecting scissors, make a dorsal slit in the prepuce at the 12 o'clock to the previously marked incision line.				
24. Excise the prepuce along the previous mark.				
25. Expose the raw area, and compresses a gauze swab for 1–2 minutes				
26. Identify bleeders, and clamp and tie them. Suture and, if necessary, ligate them with 3/0 plain catgut.				
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 12 O'clock quarter.				
29. Insert simple stitches between the vertical mattress stitches to close the gaps (approximately a total of about 16 stitches).				
30. Clean the area 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 client 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.				



PRACTICE CHECKLIST FOR DORSAL SLIT MALE CIRCUMCISION PROCEDURE				
TASK/ACTIVITY	CASES			
35. Dispose of waste materials in covered leakproof container or plastic bag.				
36. Remove gloves by turning inside out and place them in a leak-proof container or plastic bag				
37. Wash hands thoroughly and dry them with clean, dry towel.				
POSTOPERATIVE CARE				
38. Observe the client's vital signs and record findings.				
39. Answer client's questions and concerns.				
40. Advise the client on postoperative care of the penis.				
41. When stable, discharge the client home on mild analgesics.				
42. Inform the client to come back for follow-up after 48 hours or anytime earlier should there be any complications.				
43. Complete operation notes and other client record forms.				
SKILL/ACTIVITY PERFORMED SATISFACTORILY				



4. CHECKLIST FOR 48HOUR POSTOPERATIVE REVIEW

PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

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PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

TASK/ACTIVITY	CASES			
GETTING READY				
1. Gather all needed materials.				
2. Greet the client and/or parent(s) respectfully and with kindness.				
3. Review the client’s records (date of surgery, any complications during or after surgery).				
4. Ask the client 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 client if the dressing on the penis is still intact.				
6. Ask the client for permission to examine the surgical area.				
7. Help the client to lie down on the couch.				
8. Wash your hands with soap and water and dry with a clean, dry towel.				



PRACTICE CHECKLIST FOR 48-HOUR POSTOPERATIVE REVIEW

TASK/ACTIVITY	CASES			
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 client about examination findings and repeat postoperative care instructions (including abstinence for 4–6 weeks).				
18. Ask the client if he has any questions and answer them.				
19. Give the client a date for his next appointment.				
20. Complete patient record form.				



VOLUNTARY MEDICAL MALE CIRCUMCISION POST TRAINING MENTORING

RECOMMENDATION

At the end of the mentoring period, I hereby certify that

_____ (Name of Mentee) is

Competent

Not Yet Competent

ADDITIONAL COMMENTS

Name of Mentor _____ Signature _____ Date _____

Name of Mentee _____ Signature _____ Date _____