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Men's Reproductive Health Curriculum

Trainer's Resource Book

to accompany

3 Management of Men's Reproductive Health Problems

ENGENDERHEALTH

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Swartz, D., and Harwood-Nuss, A. L. (*Common Miscellaneous Conditions of the Male and Female Genital Tract*)

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Introduction for the Trainer

Course Overview

Course Purpose

This trainer's resource book is designed to accompany the text *Management of Men's Reproductive Health Problems* for use in a training workshop aimed at helping service providers manage men's reproductive health problems or concerns. The course emphasizes the information required to achieve these goals, including ways to conduct a genital examination and ways to manage different reproductive health concerns that men may have.

Course Participants

This trainer's resource book contains instructions for training all levels of staff who may manage men's reproductive health problems or concerns. This includes doctors, medical officers, nurses, nurses' aides, midwives, and medical or surgical assistants. Therefore, this trainer's resource book contains instructions for training all levels of staff who may manage and treat men's reproductive health problems or concerns and can be used for trainings at the facility where the participants work (referred to as "on-site training") and for trainings at a site other than where the participants work (referred to as "off-site training"). (See "Selecting a Training Site: On-Site vs. Off-Site Training" on page xiii.)

All course participants should bring to this training the desire to learn about or update their knowledge regarding the management of men's reproductive health problems or concerns. Some of the language used in the training is technical; therefore, before conducting a training, the trainer should assess the participant's knowledge of and familiarity with medical terminology. The trainer should also make every effort to ensure that the participants understand the difficult terms during the training.

Throughout this text, the term *service providers* will be used to refer to the staff at a health care facility who manage men's reproductive health problems or concerns.

Trainers for This Course

This trainer's resource book has been designed for use by skilled, experienced trainers. While the book contains information to guide the training during a workshop and to assist the trainer in making decisions that will enhance the learning experience, it is assumed that the trainer understands adult learning concepts, employs a variety of training methods and techniques, and knows how to adapt materials to meet the participants' needs.

The trainer for this course must be aware of the standards and guidelines regarding certification, training follow-up, and ongoing supervision of the facility or institution sponsoring the training. While reviewing this trainer's resource book and the text in preparation for conducting this course, the trainer should keep these in mind.

Though the term *trainer* will be used throughout this trainer's resource book, it is useful to have two trainers for this course. The two trainers might split the responsibilities of training in a way that best meets the participants' needs and best utilizes the trainers' particular experience and areas of expertise. In addition, having two trainers is useful when teaching sensitive material and when conducting training activities in which both writing and facilitation/observation are required.

The Training Package

The training package consists of:

- Trainer's resource book to accompany *Management of Men's Reproductive Health Problems*
- *Management of Men's Reproductive Health Problems* (herein referred to as "the text")

Trainer's Resource Book

Format

This trainer's resource book provides guidance, suggestions, and training activities to be used to teach the content of the text in a management of men's reproductive health problems training workshop. The book is organized to correspond with the content provided in each chapter in the text.

The beginning of each chapter contains introductory information with essential details about:

- The purpose and objectives of the chapter
- The estimated time needed for the chapter's training
- Suggested training methods to use when presenting the content of the chapter
- Advance preparation (including any additional training supplies needed)

Thereafter, each chapter in this trainer's resource book is organized according to the topics presented in the text. Information is provided about the key points to be presented during each training session, content that the participants may have difficulty learning, and ways to present sensitive content. This trainer's resource book also includes the following elements to help trainers customize the training and enhance the learning process:

- **Training Activities.** These can be used as training tools, as time allows, or if the participants need additional reinforcement in a topic area. These activities enable the trainer to present material in a format other than lecture and to provide opportunities for the participants to analyze concepts and apply information presented in the chapters. These include large-group exercises, small-group exercises, individual exercises, discussion topics, role plays, and other activities. For each activity, information is provided about the advance preparation needed (if any) and instructions for conducting the activity. Training activities in this trainer's resource book are preceded by the symbol ◈.
- **Training Options.** These provide alternative ways to present the content of the chapter. Training options in this trainer's resource book are preceded by the symbol ❍.

- **Discussion Questions.** These may be used either as part of a training activity or to assist the trainer in facilitating a discussion as an alternative to another training method. Discussion questions in this trainer's resource book are preceded by the symbol **?**.

Training Tools

This trainer's resource book also includes the following tools the trainer can use to customize training:

Management of Men's Reproductive Health Problems Assessment Survey. The trainer can distribute this survey, which appears in Appendix A of this trainer's resource book, to the participating facilities well in advance of the training. This will give the trainer a better understanding of the history of the management of men's reproductive health concerns at the facility and enable him or her to adapt the training to the participants' needs. One or more staff members within the facility who have knowledge about the history of, current status of, and plans for management of men's reproductive health concerns should complete the survey. After the staff member(s) completes the survey, the trainer may interview an administrator, if desired, to clarify and expand key points.

While the survey is a good starting point for planning, the trainer is encouraged to speak directly with staff at the participants' facilities throughout the planning process. This will enable the trainer to get clarification on previous trainings and experiences of working with male clients.

Knowledge, Attitudes, and Practices (KAP) Survey. This survey, which appears in Appendix B of this trainer's resource book, is designed to be given at both the beginning and the end of the workshop. When the survey is given at the beginning of the workshop, the trainer can use the results to customize the training to best suit the participants' level of knowledge and experience. When the survey is given at both the beginning and the end of the workshop, the trainer can use the survey to gauge the participants' change in knowledge and attitudes over the course of the workshop. The trainer must make and distribute copies of the survey to the participants.

Participant Handouts. These are provided to assist the trainer in conducting training activities during the training workshop. When reviewing the training activities that he or she will be conducting during each chapter, the trainer should review the participant handouts to determine whether they can be copied and used as they are or whether they should be adapted to meet the needs and interests of the participants.

The trainer must make copies of the handouts that he or she will be using before the session. Alternatively, if the trainer cannot or does not wish to make copies of all the handouts, he or she may write the content of selected handouts on flipcharts. This option is more appropriate for some of the handouts than others. For example, the participants will need copies of handouts that instruct them to give written responses. When deciding which handouts to distribute, the trainer should bear in mind that the participants may find it useful to keep copies of handouts containing material that is not provided in the text. This will enable them to review the material after the training is over.

Text

Each participant will receive a copy of the text, which includes all essential course information. This minimizes the need for the participants to take notes during sessions and enables them to give their full attention to the course. Ideally, the participants should receive their copy of the text in advance of the course so that they can become familiar with the information before the course begins. The participants can also use the text as a reference resource after the training course is over.

Training Materials, Supplies, and Equipment

Along with the materials provided as part of this training package (the trainer's resource book and the text), the trainer should obtain training aids, such as flipcharts, masking tape, and colored markers, for use during the course. In addition, many of the training activities require the use of index cards or large or small pieces of paper.

How to Use These Materials

Training Design

This course has been designed to be flexible to accommodate different types of participants (doctors, nurses, etc.), different levels of participant experience, an on-site or off-site training location (see page xiii), and differing amounts of training time. The training package includes most of the essential training materials to facilitate this course (including sample agendas), but the trainer should prepare his or her own workshop agenda and lesson plans.

The trainer should thoroughly review the training package and consider these key factors when preparing the course:

- The course design will be affected by the types of participants (doctors, nurses, etc.), their role in managing men's reproductive health concerns, and their prior experience with managing men's reproductive health problems.
- The KAP Survey, which is given during the introductory session of the workshop (and again at the end of the workshop), can help the trainer identify the participants' training needs in order to adapt the workshop accordingly.
- The trainer can provide the participants with the text in advance of the course. If the participants read the course material before attending the course, lecture time in some areas can be reduced, and more time will be available for discussion of problem areas, issues of particular interest or importance to the participants, and training activities. Though this is not a participatory technique, it is a fast, efficient way to introduce new material.
- The trainer should use training techniques with which he or she feels comfortable. Training techniques have been suggested in each chapter, but the trainer should feel free to use any other techniques that will be effective.

Use of Training Methods

The content of the text may be presented through a combination of training methods: trainer presentation and training activities (which are provided in this trainer's resource

book). Although the trainer will need to present some of the material through lecture, he or she can use more participatory methods, such as large- and small-group exercises, role plays, and discussion. The trainer should never lecture for more than 15 to 20 minutes at a time. Even while lecturing, the trainer should use visual aids to illustrate the narrative.

In some cases, a choice of training activities is presented to teach the same content. Often one activity is recommended, and an optional or alternate activity is presented. (The sample agenda provided at the beginning of each chapter indicates those activities that EngenderHealth recommends conducting.) For some activities, options for conducting the activity are included. The trainer may choose activities that best suit the particular training workshop, taking into consideration the audience, available time, training location, and trainer's teaching style. In many cases, a discussion may be used to lead into the presentation of a particular topic or a case study may be used to introduce the content of an entire chapter.

Participatory methods, such as brainstorming or role-play exercises, have been shown to be a critical feature of successful adult learning. While it is desirable to have as much interactivity as possible, both to reduce the amount of lecture time and to more fully engage the participants, the content of this training course does not always lend itself to such activities. Activities should not be used purely for the purpose of variety, but rather, should be used only if they help illuminate a difficult teaching point or facilitate otherwise unexplored areas. The trainer can employ principles of adult learning by relying heavily on the participants to discuss issues and generate solutions based on their own experiences.

Supervisory Involvement

It is crucial that the trainer keep in mind that, in some cases, participants will not be able to initiate or change the management of men's reproductive health problems at their facilities or may not be in an appropriate position or have the authority to make the necessary changes in policy or practice. Ideally, it is best to include supervisors or others in positions of authority who can make necessary changes in policy or practice in some portion, if not all, of the training. Therefore, it is important for the trainer to visit the participants' facilities, if possible, before the training course to orient senior-level staff to the importance of training providers in ways to effectively manage reproductive health problems or concerns that men may have. If facility visits are not possible, it is critical that the participants brief their supervisors and others in positions of authority when they return to their facilities in order to gain support for changing current practices or implementing new ones.

Clients' Rights

The participants may or may not have direct client contact during this training course. However, they may observe some activities during the training in which services are provided for men. This can take place either at their facility (if the training is conducted on-site) or during a facility visit (if the training is conducted off-site). As with any medical service, the rights of the client are paramount and should be considered at all times through-

out the training course. Each client's permission must be obtained before participants in the training observe or assist with any aspect of client care. A client who refuses to grant permission about having participants present when services are provided should not be denied services, nor should the services be postponed.

Evaluation

Evaluation is an important part of the training. Evaluation gives the trainer and participants an indication of what the participants have learned and helps the trainer determine whether the training strategies used were effective.

The true test of how successful training in management of men's reproductive health concerns has been is whether or not appropriate, quality services have been instituted or current services have been improved. This emphasizes the importance of good follow-up of all training workshops. More immediate evaluation is, however, needed, including an evaluation of the trainer and the course itself. Because this course covers knowledge-, attitude-, and practice-based material, the participants' progress will be measured in large part by assessing changes in their knowledge, attitudes, and practices.

The trainer should include appropriate evaluation options to:

- Assess the participants' progress during the training. For example, the trainer may:
  - Ask questions of individual or groups of participants to test their knowledge and comprehension.
  - Present case studies for discussion and assess the participants' solution of cases.
- Assess the participants' cumulative knowledge and attitudes at the end of the training. For example, the trainer may:
  - Use the KAP Survey as a written or oral posttest.
  - Observe the participants during role-play exercises.
- Assess the outcome or results of the course after the training. For example, the trainer should follow up with the participants to learn how they have applied the knowledge and skills taught during the training. If the site management allows it and clients give permission, the trainer can also observe services provided by staff.

It is also important to have an end-of-training evaluation, in which the participants evaluate the overall process and results of the training course. This evaluation should also include an assessment of the trainer's performance. The trainer should check with the institution with which he or she is working to see if there is a form it prefers to use. (Alternatively, the trainer may have a form that he or she has used before or may prefer to design one specifically for this course.) A sample form appears in Appendix K of this trainer's resource book.

Certification

EngenderHealth believes that the participants' competency should be evaluated after they return to their facilities and use the knowledge gained during this training. It is only in the real work setting that the participants' abilities can be determined and the impact of the training assessed. Therefore, EngenderHealth does not recommend that participants receive certificates of competency following the training.

The institution that provides the training should determine whether it wants to give the participants some other type of certification. For example, institutions can choose to provide participants who complete the course with a certificate of attendance.

Advance Preparation

Obtaining Background Information

Before the training, the trainer should try to find out as much as possible about the course participants—their job responsibilities, background, sex, level of education, and experience providing services for men—and the management hierarchy at their facilities in order to cater the training content to the participants' needs. In addition, the trainer should try to find out the participants' facilities' plans regarding management of men's reproductive health problems. For example, if no services for men are currently provided at a facility, the trainer should find out:

- Why the facility requested the training
- When, by whom, and on what basis decisions about providing services for men will be made
- What role the participants will have in providing services for men

If services for men are currently provided, the trainer should find out:

- Why the facility requested the training
- Which services for men are provided
- Which additional services, if any, are planned

Many ways to obtain this information exist. EngenderHealth recommends either interviewing top-level administrators at the participants' facilities or sending the facilities the Management of Men's Reproductive Health Problems Assessment Survey, which appears in Appendix A of this trainer's resource book.

In addition, the trainer might assess the participants' needs and abilities before the training in order to adapt the course to meet the participants' needs and to gather baseline information for comparison with responses after the training in order to document change. For example, the trainer may:

- Use the KAP Survey as a written or oral pretest.
- Observe the participants at work, and note the current status of services for men (applies to on-site training only).
- Find out about the participants' experience with services for men a few weeks before the training, asking specific questions related to their level of knowledge and attitudes.

Selecting a Training Site: On-Site vs. Off-Site Training

This trainer's resource book is designed to be used during either an on- or off-site training course. On-site training occurs at the health care facility where the participants work and will use the knowledge and skills gained during the training course. Off-site training is

conducted at a centralized location (such as a training center or hotel) or health care facility (such as a hospital or clinic) where the participants do not normally work or use the knowledge and skills gained during the course. It often involves participants from multiple facilities, cities, or even different countries.

On-Site Training

Whenever possible, training should be conducted on-site. On-site training may be more beneficial than off-site training in learning to provide services for men for a number of reasons, including:

- The trainer can assess the staff's knowledge, attitudes, and skills at the facility before the training and tailor the training to the facility's needs.
- Facility-specific problems and concerns, which have a significant effect on the quality and delivery of services for men, can be addressed.
- Depending on the facility, many/most/all of the facility's staff who provide services for men can receive training, which is crucial to improving services for men.
- The training is conducted in the setting in which the knowledge and skills will be applied. This increases the likelihood that the participants will begin to use them immediately after the training.
- Staff do not have to leave their work sites, which allows the course schedule to be more flexible to accommodate work activities. This also eliminates travel costs and arrangements.
- Administrative or supervisory support, which is crucial to introducing or improving services for men, is more likely to be gained, and the facility's administrators are more likely to attend the training.
- The trainer can observe the staff's knowledge, attitudes, and skills at many facilities, which can help tailor future trainings.
- The participants, along with the trainer, can tour their own facility, rather than a foreign one, to assess the most effective ways to deliver services for men.

Special Issues for On-Site Training. To make on-site training as effective as possible, the trainer should devote as much of the course as possible to discussing issues specific to the participant's facility. In addition, the trainer should include a combination of staff in the discussions.

The trainer may experience some resistance to the idea of training service providers at different levels together. This may be because of the different levels of knowledge, experience, and status of the members, as well as because members of one group may not feel comfortable discussing their beliefs and practices in front of members of the other. While the trainer may find it more difficult to train a mixed group of participants, in many instances it is preferable to do so for the following reasons:

- Training all staff together can help develop a feeling of team-building. This is important because providing quality services for men requires that all staff work together.

- Training all staff together enables service providers at higher levels to see that other staff often know and understand more than they had thought and may have good, practical ideas for improving the facility's practices.

When training is conducted on-site, the trainer should arrive at the training site the day before the training, if possible, to set up for the training (examine the training room and check the lighting, room setup, and training materials, supplies, and equipment, if any). The trainer should also check beforehand if the planned agenda will fit the working schedule and needs of the staff. The trainer should also plan to meet with an administrator to assess issues that may affect the training, such as participant literacy levels, management hierarchies, and the facility's experience working with men.

It is likely that some persons in positions of authority will be attending an on-site training. If this is not the case, the trainer should involve such staff to the greatest extent possible. The trainer can also keep these staff informed of progress and any problems encountered during the course.

Off-Site Training

On-site training is not always possible, especially when a few staff members from a variety of institutions or locations request training. In addition, in some cases off-site training may be more feasible than on-site training for the following reasons:

- There may be fewer interruptions, since the participants will be away from their daily work responsibilities.
- If limited trainers are available, staff from different facilities can be trained at one time.
- Training equipment, materials, and space may be more readily available or attainable at a centralized location than at an individual health care facility.

If training is conducted off-site, the trainer should find as many opportunities as possible to have the participants discuss how they will apply what they have learned at their own facility. The trainer should also arrange some visits to facilities close to where the training is being conducted, if possible, to enable the participants to observe and discuss services for men and tour the facility.

Regardless of whether training is conducted on-site or off-site, the trainer will find it very useful to have an idea beforehand of the existence or extent of services for men at the participants' facility (if training is on-site) or at facilities typical of those at which the participants work (if training is off-site). This will give the trainer an opportunity to assess a facility's capacity to deliver services for men, which will allow him or her to tailor the training accordingly. (See "Obtaining Background Information" on page xiii.)

Developing a Training Agenda

The chapters in the text are organized in a logical order, but the trainer may change the order in which the content is presented during the training workshop to suit the participants' training needs or the facility's schedule.

When preparing a course for *any* audience, the trainer should be sure to include all essential content and activities required to give the participants a strong base of knowledge in management of men's reproductive health problems, as well as ways to incorporate women's needs into these services. It may be useful for the trainer to discuss possible adaptations with other trainers experienced in using this material; even the most experienced trainers have found it helpful to review their ideas for adapting materials with others.

The information about each chapter contained in this trainer's resource book is designed to help the trainer organize a lesson plan for that chapter. Sample agendas for each chapter are provided in this trainer's resource book. By selecting from the training activities, the trainer can adapt the training course for different workshop lengths, types of participants, and levels of experience. The training activities are designed to serve various purposes: Some can be used as a way to present material, others to reinforce certain concepts or technical content, and still others as a review of a session or chapter.

For either on-site or off-site training, three days would be the ideal length of time for this training course. This would allow time for the presentation of all the material and use of most of the training activities, as well as time for discussion or facility visits, as appropriate. (A sample three-day agenda is provided in this trainer's resource book; see page xviii.) While the course is designed for use as a three-day training workshop, the trainer can easily adapt it to other time periods, such as separate, sequential weekly sessions.

The trainer will need to use his or her discretion about which specific aspects of the text to include in the training. For example, if time is limited, the trainer may:

- Ask the participants to do some of the training activities or read the text in advance of the course or at home for review in the morning as appropriate and as time allows.
- Omit any material that is not relevant for the training course, based on the participants' job duties and experience with services for men.

Special Issues for On-Site Agendas

When developing an agenda for on-site training, the trainer should consider the following factors:

- The times that staff arrive at and leave work
- The time period during which clients are seen
- The client load during the days of the training
- The participants' need to see clients and do their other work during the course of the training. (Ideally, the participants should not have any clinic duties or client load during the time when they are scheduled to participate in the training workshop. However, if this is impossible, alternate arrangements will need to be made.)

For this reason, the trainer should be as flexible as possible when developing the agenda to cause the least disruption possible to the staff's work schedule. After all, if the participants are unhappy and inconvenienced by the training, they are less likely to be enthusiastic, active participants and to learn the information. On the first day of training, the

trainer should discuss the schedule with the participants and make adjustments, as necessary. For example, if the staff need to leave work at a certain time, the trainer should try to rearrange the agenda to suit their needs.

The times in the agendas are approximate. The actual length of time needed and the number and type of training activities used to teach the content will depend on several factors, including the participants' level of knowledge and experience and their work responsibilities. Therefore, the trainer will need to adapt the course carefully, review the lesson plan after the first training day to see if the time allowed for each chapter still seems sufficient, and modify it, if needed.

During the Training Course

Create a Positive Learning Environment

Many factors contribute to the success of a training course. One key factor is the learning environment. The trainer can create a positive learning environment by:

- **Respecting each participant.** The trainer should recognize the knowledge and skills the participants bring to the course. He or she can show respect by remembering and using the participants' names, encouraging them to contribute to discussions, and requesting their feedback on the course agenda.
- **Giving frequent positive feedback.** Positive feedback increases people's motivation and learning ability. Whenever possible, the trainer should recognize participants' correct responses and actions by acknowledging them publicly and making such comments as "Excellent answer!" "Great question!" "Good work!" The trainer can also validate the participants' responses by making such comments as "I can understand why you would feel that way...."
- **Keeping the participants involved.** The trainer should use a variety of training methods that increase participant involvement, such as questioning, case studies, discussions, and small-group work.
- **Making sure the participants are comfortable.** The training room(s) should be well lit, well ventilated, and quiet and should be kept at a comfortable temperature. Breaks for rest and refreshment should be scheduled.

Presenting Sensitive Content

This training course addresses many topics that may be difficult for the participants to discuss. While this trainer's resource book provides suggestions for ways to discuss many topics in a group setting, the trainer may face situations in which individual (or groups of) participants hesitate to join in discussions, are judgmental, or inhibit other participants from expressing their feelings freely. To encourage risk-taking and create an environment in which the participants feel comfortable discussing and absorbing new content and ideas, the trainer may use the following techniques:

- Acknowledge that it is normal to feel nervous, anxious, or uncomfortable in new and unfamiliar situations.

Sample Three-Day Agenda

Day 1

Time	Training Content	Training Method
9:00–9:15	Course Introduction	Trainer presentation
9:15–9:30	Introduction of the Participants	Small-group activity: GATHER Icebreaker: Meeting and Greeting One Another
9:30–10:00	Knowledge, Attitudes, and Practices (KAP) Survey	Individual activity: KAP Survey
10:00–10:45	Management of Men's Reproductive Health Problems Assessment Survey	Individual activity: Management of Men's Reproductive Health Problems Assessment Survey
10:45–11:00	Break	
11:00–11:20	Assessing and Meeting the Client's Needs	Small-group activity: GATHER Case Studies
11:20–12:00	The Male Reproductive System	Small-group activity: Body Mapping **AND** Large-group activity: "Password" Game
12:00–12:30	The Sexual Response Cycle in Men	Small-group activity: I Can't Stop This Feeling
12:30–1:30	Lunch	
1:30–3:00	Common Sexual and Reproductive Health Disorders in Men	Large-group activity: Male Sexual and Reproductive Health Jeopardy
3:00–3:15	Break	
3:15–3:25	Make the Client Feel Comfortable	Small-group activity: I'm Listening...
3:25–4:20	Ask Direct Questions about the Client's Sexual and Reproductive Health	Large-group activity: Effective Questioning Strategies **AND** Small-group activity: Practicing Effective Questioning Strategies
4:20–4:40	Closing	Group feedback: "Plus/delta" exercise on aspects of the workshop that went well and ways it could be improved in the future

(continued)

Sample Three-Day Agenda *(continued)*

Day 2

Time	Training Content	Training Method
9:00–9:15	Review of Day 1	Group discussion
9:15–10:00	Address the Client's Questions and Concerns *and* Ask Follow-Up Questions Specifically Related to the Client's Questions and Concerns	Small-group activity: Help Me Talk to You
9:30–10:00	Global Screening Recommendations	Large-group activity: Screening Tests
10:45–11:00	Break	
11:00–1:00	Responding to Issues That May Arise while Taking a Sexual and Reproductive Health History	Large- and small-group activity: Pulling All This Information Together (three-part activity)
1:00–2:00	Lunch	
2:00–2:25	Communication Skills Review	Large-group activity: Wheel within a Wheel
2:25–3:00	Before the Genital Examination	Large-group activity: What Does It Mean to Be a Man?
3:00–3:15	Break	
3:15–4:00	Before the Genital Examination *(continued)*	Large-group activity: Visualization **AND** Large-group activity: Managing Client Discomfort during the Genital Examination
4:00–4:20	Preparing the Examination Area	Large-group activity: Genital Examination Word Jumble Game
4:20–4:40	Closing	Group feedback: "Plus/delta" exercise on aspects of the workshop that went well and ways it could be improved in the future

(continued)

Sample Three-Day Agenda *(continued)*

Day 3

Time	Training Content	Training Method
9:00–9:15	Review of Day 2	Group discussion
9:15–10:30	The Genital Examination, Step by Step	Large- and small-group activity: Stepping Stones: Directions for Performing a Genital Examination (three-part activity)
10:30–10:45	Break	
10:45–11:45	Genital Examination Simulation	Large-group activity: Practice Makes Perfect
11:45–12:15	Knowledge, Attitudes, and Practices (KAP) Survey	Individual activity: KAP Survey
12:15–1:00	Management of Men's Reproductive Health Problems Assessment Survey	Individual activity: Management of Men's Reproductive Health Problems Assessment Survey
1:00–2:00	Lunch	
2:00–2:30	End-of-Training Evaluation	Individual activity: End-of-Training Evaluation Form
2:30–3:00	Closing remarks/Adjourn	Large-group activity: Next Steps

- Begin with less-sensitive content, and build up to content that is more sensitive. Similarly, avoid scheduling sensitive discussions after breaks or at the very beginning of a session or day, if possible, to ensure a more trusting and cohesive atmosphere.
- Use icebreaker activities at the beginning of the training workshop and during breaks to encourage team-building and comfort.
- Use small-group work to allow the participants to express their feelings in front of a smaller audience. Similarly, split up the groups by sex or type of service provider, if appropriate.
- Use paraphrasing and clarification techniques to demonstrate attention to what the speaker has said, to encourage the speaker to continue speaking, and to ensure understanding.
- Share your own experiences, including situations in which you were and were not successful.
- Give constructive feedback to reassure the participant that his or her remarks are acceptable and appropriate and to encourage additional participation.

Participant Feedback

The trainer should set aside a segment of time at the *beginning* of each training day to permit the participants to raise issues that can interfere with learning, such as those related to personal situations, accommodations, or content. Depending on the size of the group, a period of 10 to 15 minutes may be needed.

Similarly, the trainer should set aside a segment of time at the *end* of each training day to allow the participants to share their learning insights and their assessment of what did and did not go well for them that day. This assessment will enable the trainer to make any needed adjustments in the agenda and give the participants the opportunity to comment on the way the training course is progressing. One effective way for the trainer to do this is to conduct a "plus/delta" exercise, which is described below.

The trainer may also use some time at the end of each training day (or the end of each chapter) to see if the objectives were met for each of the chapters covered that day. If not, the trainer might ask the participants to review some of the material in the text that evening or might note the topics that are problematic for follow-up (see "After the Training Course: Follow-Up" on page xxiii).

At the end of the day before the last training day (e.g., day 2 of a three-day training), the trainer might ask the participants if they would like clarification of anything discussed in the training or if they would like to include anything else on the last day.

Conducting a Plus/Delta Exercise

Plus/delta exercises provide a useful tool for trainers to solicit feedback about a training workshop. Through these exercises, participants are able to evaluate the workshop experience together, discussing aspects of the workshop that went well and recommending ways to improve it in the future.

To conduct a plus/delta exercise, which may take between 15 and 30 minutes, the trainer asks the participants to call out aspects of the workshop that they liked. The trainer then records them in the left-hand column of a flipchart, entitled "Plus" or "What I liked about this workshop." Next, the trainer asks the participants to call out one way to improve the workshop and records it in the right-hand column of the flipchart, entitled "Delta" or "What could be done to improve this workshop." For each item listed in the "delta" column, the trainer facilitates a discussion by asking whether many people agree or only one participant feels this way and encouraging the participants to offer ways to make the suggested changes. The trainer continues asking for ways to improve the workshop until the participants have no more suggestions. *Note:* If the participants seem reluctant to point out negative aspects of the training, the trainer might mention one way that he or she has thought of to improve future trainings.

If the participants' suggestions for improvement involve changes to the training room or environment, the trainer should communicate the suggestions to someone who can facilitate the changes.

Adjusting the Curriculum

As the course progresses and the trainer gets to know the participants' learning styles and level of knowledge, he or she may need to make adjustments to the course content or the agenda. Time requirements will vary depending on the participants' experience and interests and on the trainer's experience.

Adjustments to the curriculum should not compromise the quality of the training. The trainer should cover all important content and allow sufficient time for discussion.

At the End of the Training Course

It is important to summarize the content and activities of the course. The trainer should highlight key points and be sure to review any specific concerns or difficulties that were raised during the course.

The trainer may choose to use the KAP Survey as a posttest. By comparing the results of the pretest and posttest, he or she can determine changes in the participants' knowledge and attitudes.

The trainer may also choose to use the role plays as a posttraining evaluation tool. By comparing the pre- and posttraining role plays, he or she can determine changes in the participants' skill in the delivery of sexual and reproductive health services to men.

It is also important for the participants to complete an end-of-workshop evaluation so that the trainer may look at overall processes and results (see page xii).

After the Training Course

Follow-Up

Learning about management of men's reproductive health problems does not end at the completion of this course. At the end of the course, most participants will have gained new knowledge and some new ideas about how to incorporate services for men into their existing services. After the course, the trainer might follow up with administrators at the participants' facilities to determine whether those new ideas have been put into action. Ultimately, this training course hopes to introduce new and improved quality services to male clients.

Some participants may encounter difficulties in initiating or expanding services for men at their facility. (This is discussed on page xi.) For these and other reasons, the trainer should discuss follow-up with supervisors before the workshop and with participants during the workshop.

Before the beginning of the training course, the trainer should understand his or her role in follow-up. Follow-up can be provided several different ways, depending on the participants' needs, the trainer's availability, and financial considerations. Follow-up mechanisms include:

- Visiting the participants at their facilities. This is the most effective way to follow up on the course. If possible, the trainer should have an opportunity to facilitate a discussion with the participants to talk about the challenges and successes of introducing services for men. Administrative issues and any problems the participants may encounter can also be discussed at this time.
- Inviting the participants to visit the trainer's facility or another facility that provides quality services for men. This enables the participants to observe and obtain helpful advice from health care workers who have successfully implemented services for men.
- Requesting a quarterly letter from the participants in which they describe the steps they have taken to initiate or improve services for men. Based on the responses, the trainer can develop a simple quarterly newsletter that summarizes successes and difficulties in implementing such programs and that responds to frequently asked questions.
- Preparing a list of participant contact information (if the participants are from more than one facility) and distributing it to each participant (and, if possible, preparing a list of others in the participants' geographic area who have received the men's services training). The trainer can encourage participants to stay in contact with one another after the workshop in order to help each other with questions and concerns about providing services for men.

Follow-up is an important part of training and should be a planned part of any training course. Participants should know who will be conducting follow-up and when and how it will be conducted.

Introduction to the Management of Men's Reproductive Health Problems Training Workshop

Purpose

This introduction provides an introduction to this training course, including workshop logistics, workshop norms, expectations of the course, course objectives, course agenda, and the training materials that will be used in the course.

Objectives of This Training Course

Upon completion of this training course, the participants should be able to:

- Understand the structures and functions of the male reproductive system in order to facilitate effective client-provider interaction (CPI)
- Identify the stages of the sexual response cycle in men, including the physical changes, and to understand the effects of aging on male sexual response
- Define signs and symptoms of common sexual and reproductive health disorders in men
- Discuss differential diagnoses and treatment options for common sexual and reproductive health disorders in men
- Take a sexual and reproductive health history in which the client is a cooperative partner
- Demonstrate the suggested questioning techniques to use when taking a client's sexual and reproductive health history
- Identify the major components of sexual and reproductive health history taking
- Demonstrate comfort when discussing sexual and reproductive health information with clients
- Identify the global screening tests appropriate for a client's age and risk factors, as recommended by national and international medical organizations
- Discuss the psychological and physical preparation of the client necessary for performing a genital examination on a male client
- Describe the steps of the genital examination
- Describe the techniques for obtaining urine and rectal specimens and prostate secretions
- Demonstrate gentle, respectful verbal and physical techniques for performing a simulated testicular and prostate examination
- Demonstrate ways to incorporate client education during a simulated genital examination

Note: Registration for the workshop should take place *before* the introduction.

Training Time

1 hour, 15 minutes to 1 hour, 20 minutes, depending on which training activities you use. You may use the sample agenda below to help plan your activities and time for this chapter.

Sample Agenda

Training Content*	Training Method	Estimated Time	Recommended
Course Introduction	Trainer presentation	15 minutes	✓
Introduction of the Participants	Large-group activity: Individual Introductions and Expectations	25 minutes	✓
	Large-group activity: Workshop Norms	5 minutes	✓
	Large-group activity: How to Get the Most from This Workshop	5 minutes	
Knowledge, Attitudes, and Practices (KAP) Survey	Individual activity: KAP Survey	30 minutes	✓

* This content does not correspond with any content in the text.

Course Introduction

1. Welcome the participants to the management of men's reproductive health problems training workshop, and introduce all the training team members.
2. Review the purpose and objectives of the training workshop, which appear on the previous page. Explain that the purpose is to introduce the participants to the skills and attitudes needed to effectively manage men's reproductive health problems or concerns.
3. Distribute the text to the participants (if not distributed in advance of the workshop). Explain that it is organized into chapters and contains information that can be used both during the training workshop and as a reference after the training workshop.
4. Distribute the training agenda to the participants. Read aloud the list of chapters that will be covered on each training day to give the participants a general idea of what topics will be covered. Ask the participants if they have any questions or recommendations for changes in the schedule.
5. Discuss workshop logistical details, such as the following: beginning and ending times for each day, meal breaks and other breaks, location of bathrooms and smoking areas, per diems and other financial matters, and whom to see about any administrative problems or needs. (You may want to develop a participant handout that addresses these points.)

Introduction of the Participants

The following training activities are designed to help the participants get to know each other, as well as to allow them to discuss their expectations of the course and the workshop norms.

◈ Training Activity: Individual Introductions and Expectations

Objectives

1. To enable the participants to introduce themselves
2. To give the participants an opportunity to learn about others in the group so they can better understand each other
3. To allow the participants to discuss their expectations of the training

Time

25 minutes

Materials

- Flipcharts
- Markers

Advance Preparation

No advance preparation is needed.

Instructions

1. Ask the participants to sit in a circle, and ask them to share their names, where they work, what their job responsibilities are, and one thing they expect to get from participating in this workshop. Record each workshop expectation on a flipchart.
2. After all the participants have introduced themselves, review the list of expectations. Briefly discuss which ones can and cannot be met in this workshop.

→ Training Tips

- If there is more than one trainer, one can record each workshop expectation on a flipchart while the other facilitates the activity.
- The participants may have some expectations that will not be met by the course as it is designed. If it is possible and appropriate to modify the course to meet those expectations (e.g., include some additional material), you may do so. If some of the participants' expectations cannot be met because they are impractical or outside the scope of the course (e.g., learning to be a men's sexual and reproductive health trainer), explain to the participants why this is the case. If possible, offer to provide resources they can use to fulfill these expectations.

◈ Training Activity: Workshop Norms

Objective

To establish ground rules or group norms for the training

Time

5 minutes

Materials

- Flipcharts
- Markers
- Tape

Advance Preparation

Write some workshop norms on a flipchart. Some common norms include:

- Arriving on time
- Not interrupting when others are speaking
- Respecting others' views
- Using "I" statements (speak from your own perspective)
- Turning off beepers and cellular phones during sessions

Instructions

1. Read the norms on the flipchart to the participants, and ask them if they agree with these norms.
2. Ask if they would like to include any other norms, and record them on the flipchart. Ask the participants to look over the list and reflect on these expectations.
3. Facilitate a discussion by asking the questions below.
4. Post the norms on the wall where they are visible to all the participants.

? Discussion Questions

- Would you like to revisit or clarify any of the norms?
- Are you comfortable with these norms? If not, how can we change them to make them acceptable?

◈ Training Activity: How to Get the Most from This Workshop

Objective

To identify ways to make the workshop effective for all participants

Time

5 minutes

Materials

Participant Handout I-1: How to Get the Most from This Workshop (page xxx)

Advance Preparation

Make enough copies of Participant Handout I-1: How to Get the Most from This Workshop to distribute to all the participants.

Instructions

1. Distribute the handout to the participants.
2. Either review it briefly with the participants or allow a few minutes for the participants to look it over.
3. Ask the participants if they agree with the suggestions and if they would like to add any others.

Participant Handout I-1

How to Get the Most from This Workshop

This workshop is a unique opportunity to obtain the skills and understand the attitudes needed to effectively manage men's reproductive health problems or concerns. The workshop is designed to challenge and actively involve you in the training activities.

To get the maximum benefit from this training, try the following suggestions:

- If you usually speak a lot in a group, count to 10 and listen before you speak. If you usually do not speak much in a group, consider sharing more of your important views.
- Listen to each other.
- Ask for help if you need it. Assume that all of your questions and needs are important to the group.
- You have the right to excuse yourself from the training room at any time, as do the other participants.
- Be candid and speak your mind. Do not hold concerns or problems until the very end of the workshop.
- Welcome and learn from your mistakes. Forgive others' mistakes quickly and completely.
- Resolve conflicts when and with whom they arise.
- Do not criticize or complain about anyone. Before judging what someone else has said or done, ask yourself:
  - What can I learn from this?
  - How is this affecting me that I feel the need to complain?
  - How can I take more effective leadership?
  - How can I be a better ally to this person?
- Distinguish your own personal feelings from your role as a professional. Both sets of feelings are important, and it is helpful to know from which role you are responding.

Knowledge, Attitudes, and Practices (KAP) Survey

This survey is designed to help you compare the participants' range of knowledge and attitudes about issues relating to men's sexual and reproductive health at the beginning of the course with their knowledge and attitudes at the end of the course to gauge how much the participants learned in the training.

◈ Training Activity: Knowledge, Attitudes, and Practices (KAP) Survey

Objective

To compare the participants' range of knowledge and attitudes about issues relating to management of men's reproductive health problems at the beginning of the course with their knowledge and attitudes at the end of the course to gauge how much the participants learned in the training

Time

30 minutes

Materials

- Pencils or pens
- Appendix B: Knowledge, Attitudes, and Practices (KAP) Survey

Advance Preparation

Make enough copies of Appendix B: Knowledge, Attitudes, and Practices (KAP) Survey to distribute to all the participants.

Instructions

1. Explain to the participants that this workshop will be measuring changes in knowledge and attitudes. In order to do so, the trainer(s) will conduct a survey of the participants at the beginning and end of the workshop.
2. Distribute the survey to the participants, and instruct them to fill it out to the best of their ability. Explain to the participants that the survey is not a test, and assure them that all answers and information will be anonymous and confidential. Allow 30 minutes for completion.
3. Collect the surveys, and inform the participants that the material on the survey will be covered in this training workshop. Inform them that the survey will be administered again at the end of the workshop to determine whether the group's knowledge or opinions changed in any way over the course of the workshop.
4. During a break or at the end of the day, grade the surveys using the answer key in Appendix D. Then record the results on one copy of the KAP Survey Summary Table Form provided in Appendix F of this trainer's resource book. *Note:* If you do not have access to a copy machine, use a pencil to record the results so that the form can be reused during subsequent men's sexual and reproductive health trainings.

Notes for

1 Disorders of the Male Reproductive System

These notes refer to the content provided on pages 1.1–1.68 of the text.

Chapter Purpose and Objectives

This chapter provides a basic understanding of the male reproductive system in order to enable service providers to gain a familiarity with the male reproductive system and to distinguish between normal and abnormal physical examination findings and responses in men.

Upon completion of this chapter, the participants should be able to:

- Understand the structures and functions of the male reproductive system in order to facilitate effective client-provider interaction (CPI)
- Identify the stages of the sexual response cycle in men, including the physical changes, and understand the effects of aging on male sexual response
- Define signs and symptoms of common sexual and reproductive health disorders in men
- Discuss differential diagnoses and treatment options for common men's sexual and reproductive health disorders

Training Time

3 hours, 30 minutes to 4 hours, 50 minutes, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

Sample Agenda

Training Content	Training Method	Estimated Time	Recommended
Introduction of the Participants *(no corresponding content in the text)*	Small-group activity: GATHER Icebreaker: Meeting and Greeting One Another	20 minutes	✓
Assessing and Meeting the Client's Needs *(no corresponding content in the text)*	Small-group activity: GATHER Case Studies	20 minutes	✓
The Male Reproductive System *(page 1.1 of the text)*	Small-group activity: Body Mapping **AND** Large-group activity: "Password" Game	40 minutes	✓
The Sexual Response Cycle in Men *(pages 1.1–1.5 of the text)*	Small-group activity: I Can't Stop This Feeling	30 minutes	✓
Common Sexual and Reproductive Health Disorders in Men *(pages 1.5–1.41 of the text)*	Large-group activity: Male Sexual and Reproductive Health Jeopardy	1 to $1^1/_2$ hours (per game)	✓

Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity's "Advance Preparation" section).
- Create flipcharts, as needed.

Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 1.1 of this trainer's resource book.

Introduction of the Participants

(no corresponding content in the text)

◈ Training Activity: GATHER Icebreaker: Meeting and Greeting One Another

Objective

To introduce the workshop participants and give them an opportunity to get to know one another

Time

20 minutes

Materials

- Pencils or pens
- Paper
- Participant Handout 1-1: GATHER Icebreaker: Meeting and Greeting One Another (page 1.5)

Advance Preparation

Make enough copies of Participant Handout 1-1: GATHER Icebreaker: Meeting and Greeting One Another to distribute to all the participants.

Instructions

1. Distribute the handout to the participants.
2. Welcome the participants to the workshop, and explain that this activity will enable them to practice using the GATHER approach when getting to know one another today.
3. Ask the participants to walk around the room and find a partner they do not know.
4. Once they have found a partner, explain the GATHER approach. Read aloud the following description:

   The GATHER approach is an accepted and widely used technique. "GATHER" stands for the steps of the approach: greet, ask/assess, tell, help, explain, and return/refer. Initially developed for family planning counseling, this approach has been adapted for the broader context of sexual and reproductive health because it is systematic and has already proven to be effective.

   When carried out in logical sequence, these steps enable service providers to make more efficient use of their time and efforts. Following these steps also enables providers to ensure that all essential parts that need to be presented and discussed are covered. In addition, the GATHER approach prevents providers from presenting an excessive volume of information that may leave clients confused.

GATHER is meant to be flexible and can be adapted. The application of particular steps and the tasks of each step depend on the assessed needs and concerns of the client. If a particular step is not relevant in some situations, it can be skipped. GATHER simply provides an approach to make sure that the key questions and issues are discussed in order to meet the clients' sexual and reproductive health needs.

5. Tell the participants that you have changed the GATHER approach for this activity so that they can practice it to meet and learn a little bit about each other.
6. Ask them to look at their handouts.
7. Explain to the participants that you want them to identify a problem or challenge they are facing in their personal or professional life. Tell them that they will be sharing this problem or challenge with their partner, and that their partner will support them in finding a solution. Explain that every participant will have an opportunity to share a problem or challenge and to help find a solution. Allow each pair 15 minutes to share a problem and find a solution.

→ Training Tip

If all the participants are from one facility and know one another, recommend that they choose someone they do not know well or someone they would like to learn more about, such as someone from a different department. Another possibility is to randomly select the pairs yourself.

Participant Handout 1-1

GATHER Icebreaker: Meeting and Greeting One Another

Step/Purpose	Actions to Take
Greet *Express respect and friendliness. This helps your partner feel comfortable and confident and willing to express feelings, ask questions, and make decisions.*	• Express respect and friendliness as you introduce yourself to your partner. • Find out your partner's name, title, and place of work. • For example, you might say, "Hi! My name is Jane, and I'm a nurse working with Dr. Smith in his outpatient clinic in Jamestown."
Ask *Use open-ended questions to discover your partner's problem or challenge. Encourage your partner to describe the problem or challenge in his or her own words.*	• Use open-ended questions to learn about your partner's problem or challenge. • Encourage your partner to be specific when describing the problem or challenge. • For example, you might say, "Can you tell me a little bit about what's going on in your life that you feel is a problem or challenge?" Your partner might respond, "I find that I'm frequently impatient with some of the clients when they don't seem to be able to give me a good sexual and reproductive health history for their records."
Tell *Tell your partner what his or her problem or challenge is and what it means.*	• Rather than tell your partner what to do about the problem or challenge, use reflective statements that repeat back what you think you heard. • Check the accuracy of your perception with your partner. • For example, you might say, "It sounds like you get frustrated when your clients aren't able to give you the information you feel you need."
Help *Help your partner think about what the problem or challenge means and alternative solutions. Help your partner consider how these solutions will affect his or her lifestyle. Encourage your partner to verbalize his or her feelings about the solutions. Help your partner explore ways to be involved in his or her own care.*	• Together with your partner, brainstorm alternative solutions to the problem or challenge. • Ask questions about how these solutions will affect your partner's personal or professional life. • Encourage your partner to verbalize his or her feelings about the solutions. • Help your partner explore ways to be creative when exploring solutions to the problem or challenge. Which solutions could work? Which solutions has your partner already tried?

(continued)

Participant Handout 1-1 *(continued)*

Step/Purpose	Actions to Take
Help ***(continued)***	• Use supportive statements to affirm your partner's plans and ideas. • Help your partner develop "next steps" (action steps). • For example, if your partner is having a problem with his or her supervisor, you might say, "Maybe you should set up a meeting with your supervisor to discuss your problem."
Explain *Ask your partner to explain the details of the solutions. Ask your partner to explain how he or she will handle difficulties.*	• Ask your partner to explain the next steps and the time frame or dates when these steps will occur. • Ask your partner to explain any roadblocks he or she anticipates and how he or she might handle them. • For example, if your partner is having a problem with his or her supervisor, you might say, "Your supervisor may not want to discuss the issue with you. If your supervisor says this, what else can you do?"
Return *Make sure you know how to reach your partner in order to follow up.*	• Ask your partner when and how you can contact him or her (by postcard, telephone, or e-mail, or in person) so that you can follow up and find out how much progress he or she has made in solving the problem or challenge. • For example, you might say, "I would really like to know what happens. What is the best way for me to contact you?"

Assessing and Meeting the Client's Needs

(no corresponding content in the text)

◈ Training Activity: GATHER Case Studies

Objectives

1. To understand the training's general purpose
2. To understand how to use the GATHER approach to assess and meet the clients' needs

Time

20 minutes

Materials

- Pencils or pens
- Participant Handout 1-2: GATHER Case Studies (page 1.9)
- Participant Handout 1-3: Worksheet for GATHER Case Studies (page 1.10)

Advance Preparation

Make enough copies of the two participant handouts (handouts 1-2 and 1-3) to distribute to all the participants.

Instructions

1. Explain to the participants that this activity will enable them to practice using the GATHER approach when working with men who have sexual and reproductive health concerns.
2. Tell the participants that the GATHER approach will be used with their clients in the same way that it was used in the GATHER icebreaker activity, which they just completed.
3. Distribute the handouts to the participants.
4. Divide the participants into groups of three or four. Assign one of the three case studies to each group. Ask each group to read the case study and then fill in the corresponding "Actions to Take" column on Participant Handout 1-3: Worksheet for GATHER Case Studies. Ask each group to choose a reporter who will read aloud the case study and present their findings to the larger group. Allow 15 minutes for completion.
5. Reconvene the larger group, and ask the reporters of each group to summarize the case study and present their findings to the larger group. Encourage the other participants to share any additional thoughts. Correct any misinformation as needed and appropriate. Allow 10 minutes for completion.

6. Ask the participants to note how these examples of male sexual and reproductive health concerns were addressed, and encourage them to apply the same problem-solving ideas to their own work situations.

> **→ Training Tip**
>
> If there are more than 12 participants, have some of the groups do the same case study.

Participant Handout 1-2

GATHER Case Studies

Case Study 1: Urethral Discharge

A 36-year-old married man with four children comes to your health care facility complaining of urethral discharge, dysuria, and a slight itching at the end of his penis.

Case Study 2: Infertility

A 25-year-old single man who has never used contraception or had any children comes to your health care facility complaining of fullness and pain in the scrotal area.

Case Study 3: Premature Ejaculation

A 29-year-old recently married man comes to your health care facility complaining of "not being able to satisfy his wife" because he "comes too soon."

Participant Handout 1-3

Worksheet for GATHER Case Studies

Case Study 1: Urethral Discharge

A 36-year-old married man with four children comes to your health care facility complaining of urethral discharge, dysuria, and a slight itching at the end of his penis.

Step/Purpose	Actions to Take
Greet *Express respect and friendliness. This helps the client feel comfortable and confident and willing to express feelings, ask questions, and make decisions.*	
Ask *Use open-ended questions to discover the client's problem. Encourage the client to describe the problem in his own words.*	
Tell *Tell the client what his diagnosis is, what it means, and what his treatment options are.*	
Help *Help the client think about what his diagnosis means and his treatment options. Help the client consider how treatment will affect his lifestyle. Encourage the client to verbalize his feelings about the diagnosis. Help the client explore ways to be involved in his own care.*	
Explain *Explain the details of the treatment, including how to use any medications prescribed.*	
Return *Make sure the client knows when to return for follow-up. Stress the importance of contacting a service provider if his condition worsens or if he has any new health problems. Make sure the client leaves with the appropriate paperwork (such as client education materials and prescriptions), referral information, and appointment time(s).*	

(continued)

Participant Handout 1-3 *(continued)*

Case Study 2: Infertility

A 25-year-old single man who has never used contraception or had any children comes to your health care facility complaining of fullness and pain in the scrotal area.

Step/Purpose	Actions to Take
Greet *Express respect and friendliness. This helps the client feel comfortable and confident and willing to express feelings, ask questions, and make decisions.*	
Ask *Use open-ended questions to discover the client's problem. Encourage the client to describe the problem in his own words.*	
Tell *Tell the client what his diagnosis is, what it means, and what his treatment options are.*	
Help *Help the client think about what his diagnosis means and his treatment options. Help the client consider how treatment will affect his lifestyle. Encourage the client to verbalize his feelings about the diagnosis. Help the client explore ways to be involved in his own care.*	
Explain *Explain the details of the treatment, including how to use any medications prescribed.*	
Return *Make sure the client knows when to return for follow-up. Stress the importance of contacting a service provider if his condition worsens or if he has any new health problems. Make sure the client leaves with the appropriate paperwork (such as client education materials and prescriptions), referral information, and appointment time(s).*	

(continued)

Participant Handout 1-3 *(continued)*

Case Study 3: Premature Ejaculation

A 29-year-old recently married man comes to your health care facility complaining of "not being able to satisfy his wife" because he "comes too soon."

Step/Purpose	Actions to Take
Greet *Express respect and friendliness. This helps the client feel comfortable and confident and willing to express feelings, ask questions, and make decisions.*	
Ask *Use open-ended questions to discover the client's problem. Encourage the client to describe the problem in his own words.*	
Tell *Tell the client what his diagnosis is, what it means, and what his treatment options are.*	
Help *Help the client think about what his diagnosis means and his treatment options. Help the client consider how treatment will affect his lifestyle. Encourage the client to verbalize his feelings about the diagnosis. Help the client explore ways to be involved in his own care.*	
Explain *Explain the details of the treatment, including how to use any medications prescribed.*	
Return *Make sure the client knows when to return for follow-up. Stress the importance of contacting a service provider if his condition worsens or if he has any new health problems. Make sure the client leaves with the appropriate paperwork (such as client education materials and prescriptions), referral information, and appointment time(s).*	

The Male Reproductive System

(page 1.1 of the text)

◈ Training Activity: Body Mapping and "Password" Game

Objective

To review the structures and functions of the male reproductive system in a fun, nontraditional format in order to facilitate effective client-provider interaction (CPI)

Time

40 minutes

Materials

- 20 index cards
- Flipcharts
- Glue or tape
- A timer with a buzzer or a bell
- Inexpensive "prizes" (such as notebooks or caps) for the winning team
- Participant Handout 1-4: Male Sexual and Reproductive Anatomy and Physiology (page 1.16)
- Trainer's Resource: "Password" Game Cards (page 1.17)

Advance Preparation

1. Make enough copies of Participant Handout 1-4: Male Sexual and Reproductive Anatomy and Physiology to distribute to all the participants.
2. Prepare the index cards: Make a copy of the trainer's resource on page 1.17 (so you do not cut up the book). Using scissors, cut the 20 "passwords" (the correct term or name of an organ or body part) and the 20 "clues" (the description of the organ or body part) along the solid lines on the trainer's resource. Glue or tape a password on one side of an index card, and glue or tape the corresponding clue on the reverse side. An alternative way to prepare the index cards is to write a password on one side of an index card using a marker, and to write the corresponding clue on the reverse side.
3. Gather or buy inexpensive "prizes" for the winning team.

Instructions

1. Distribute the handout to the participants.
2. Explain the first part of the activity to the participants. Tell them that during the first part of this activity they will review the male sexual and reproductive system. Explain that they will find out how much they know about male anatomy by working in small groups to identify the parts of the male sexual and reproductive system.

3. Ask the participants to choose someone to work with to label the parts of the male sexual and reproductive system on the handout. Allow 10 minutes for completion.

4. After 10 minutes, reconvene the group and review Figure 1-1, provided on page 1.1 of the text. Ask the participants to look at their labeled diagrams and discuss any discrepancies. As each organ or body part is discussed, ask the participants to identify its primary function. Correct any misinformation as needed and appropriate. Write the body parts and their primary functions on a flipchart. When the discussion is finished, remove the flipchart from view.

5. Explain the second part of the activity to the participants. Tell them that they will now play a game called "Password," which is based on an old television game show in the United States. Unlike the television show, this game discusses issues around male sexual and reproductive anatomy and physiology.

6. Divide the 20 index cards into two stacks of 10 cards each.

7. Ask for four volunteers, and explain the activity: Two volunteers will make up "Team A," and the other two volunteers will make up "Team B." The two teams will sit facing each other. Each team will choose a "clue giver" and a "guesser." Give the clue giver on Team A a stack of 10 cards. Each card has a "password" (the correct term or name of an organ or body part) on one side, and a "clue" (the corresponding description of the organ or body part) on the other side. The goal is for each team's clue giver to get that team's guesser to guess what organ or body part is the password after hearing the clue. Ask for a volunteer to be the timekeeper and to set the timer for two minutes. Team A's clue giver will pick up the top card in the stack and read the clue, or if the clue giver feels creative, he or she can make up a clue. Team A's clue giver will cover the password with his or her hand or place the card in his or her lap to prevent the guesser from seeing it. The clue giver may **not** say the password or any part of it. Each time the guesser answers correctly, the clue giver can move on to the next card. If the guesser is struggling and cannot guess the answer, the team can save time by saying "pass." Then the clue giver will move on to the next card. Both the clue giver and guesser can say "pass." Team A will have two minutes to complete its stack of cards. When the timer goes off, Team B gets a chance to complete its stack of cards, following the same rules. The winner is the team with the most points.

8. Give the winning team members their prizes.

9. Explain to the participants that by knowing the structures and functions of the male reproductive system, they will be able to facilitate effective CPI.

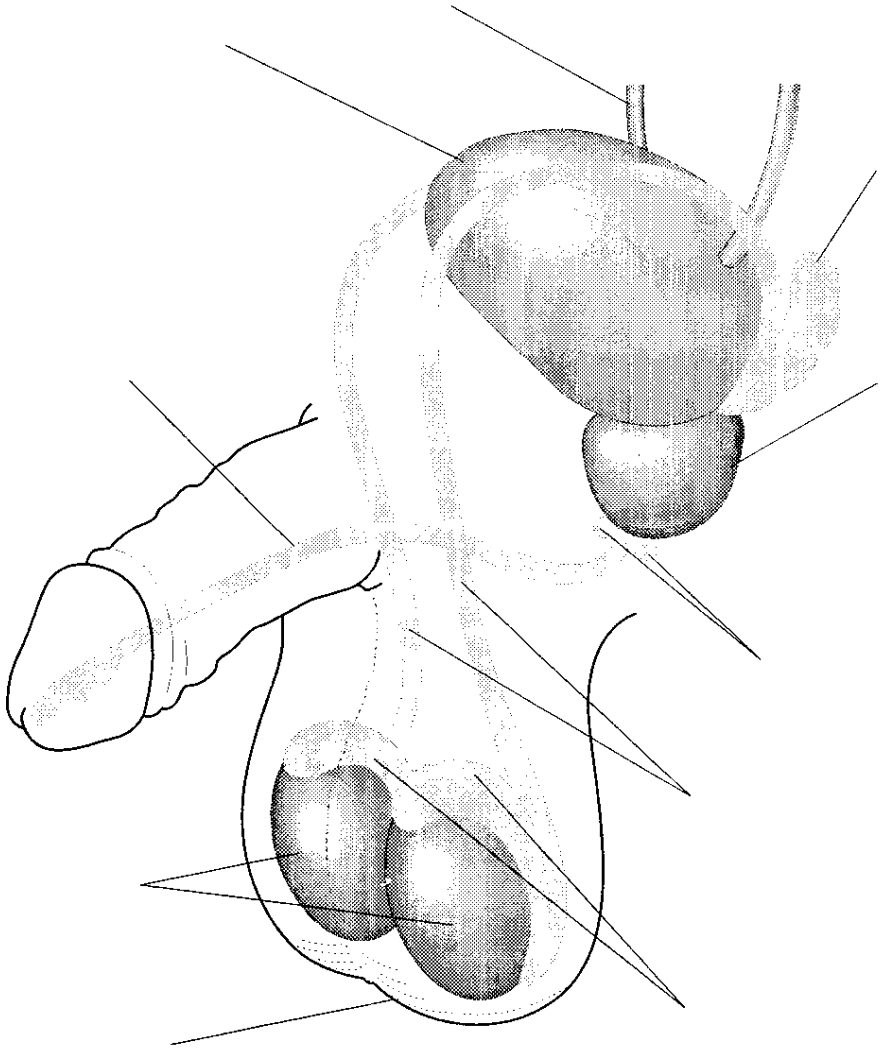
Note to the Trainer

- Make sure that when the clue giver reads the clue, the password is not visible.
- Remember to encourage the clue givers to be as creative as possible if they decide to make up a clue, especially if the guesser is struggling and cannot guess the answer. Tell the clue givers that they will be disqualified if they use any part of the password in the clue.
- Tell the clue givers that they cannot use props or hand gestures.

- Tell the participants that they can say "pass" no more than two times.
- Consider dividing the index cards into four stacks of five cards, and allowing both participants on a team to be a clue giver. Allow the first clue giver on Team A one minute to complete his or her stack of five cards. Then have the participants on Team A reverse roles: the first clue giver becomes the guesser, and the first guesser becomes the clue giver. Continue to conduct the activity until Team B completes its turn.

Participant Handout 1-4

Male Sexual and Reproductive Anatomy and Physiology



Bladder	Seminal vesicle
Cowper's glands	Testes
Epididymides	Ureter
Prostate gland	Urethra
Scrotum	Vasa deferentia

Trainer's Resource: "Password" Game Cards

Password	Clue
Breasts	Usually, these are moderately sensitive to stimulation and can enlarge in the presence of gynecomastia.
Circumcision	If this procedure is performed without proper medical training, associated risks include tetanus, severe blood loss, disfigurement, and even death.
Cowper's glands	These are two small glands located at the base of the penis under the prostate gland and that secrete pre-ejaculatory fluid during sexual arousal.
Cremaster reflex	This is a superficial skin reflex that is elicited by stroking the skin of the inner aspect of the thigh in an upward motion, causing muscle contraction and elevation of the testicle.
Epididymis	This is an important site for sperm maturation and an essential part of the sperm transport system.
Hypothalamus	This gland produces gonadotropin-releasing hormone (GnRH).
Penis	This organ is made up of three cavernous masses, which are composed of two lateral corpora cavernosa and one corpus spongiosum.
Prepuce	This sheath of skin protects the head of the penis in uncircumcised men and is another name for *foreskin.*
Prostate fluid	About 15% to 30% of the ejaculate is made up of this.
Prostate gland	This is the size of a walnut and is located immediately below the base of the bladder and surrounds the first portion of the male urethra.
Scrotum	This is a protective skin covering for a thin layer of muscle known as the *dartos muscle.*
Seminal vesicles	These paired pouches are located on the posterior side of the bladder and make up 45% to 80% of the ejaculate.
64 days	This is the length of time it takes a primary sperm cell to become mature.
Spermatic cord	This is made up of the vas deferens with its accompanying arteries and veins, nerves, and lymphatics.
Spermatogenesis	This is the process by which primary germ cells mature within the testicle.
Testes	These paired structures have a system of highly coiled seminiferous tubules, which contain spermatogenic cells.
12 days	This is the length of time it takes sperm to travel through the epididymis.
Transillumination test	This test assesses for the presence of fluid in the scrotal sac by lighting the scrotum with a penlight.
Urethra	This begins at the mouth of the bladder and stretches to the tip of the penis. Its main function is to serve as a passageway for two fluids.
Vas deferens	This is one of two paired structures that connect each epididymis to the urethra and ejaculatory ducts and transport sperm from the epididymis to the urethra.

The Sexual Response Cycle in Men

(pages 1.1–1.5 of the text)

◈ Training Activity: I Can't Stop This Feeling

Objectives

1. To identify the stages of the sexual response cycle in men
2. To understand the effects of aging on male sexual response

Time

30 minutes

Materials

- Flipcharts, markers, and tape
- Scissors
- Participant Handout 1-5: "I Can't Stop This Feeling" Discussion Questions (page 1.20)
- Participant Handout 1-6: "I Can't Stop This Feeling" (page 1.21)

Advance Preparation

1. Make enough copies of the two participant handouts (handouts 1-5 and 1-6) to distribute to all the participants.
2. Write the following terms on flipcharts, one term per flipchart: "Desire," "Excitement," "Plateau," "Orgasm," and "Resolution." Display the flipcharts across a blank wall in a row.
3. Prepare strips of tape for posting the flipcharts on the wall.

Instructions

1. Divide the participants into five groups. Assign one of the five phases of the sexual response cycle in men to each group. Ask each group to find their phase on the flipcharts and to stand near the flipchart that contains their phase.
2. Distribute Participant Handout 1-5: "I Can't Stop This Feeling" Discussion Questions to the participants.
3. Ask each group to respond to the discussion questions about their phase. Ask each group to choose a reporter who will neatly write their responses to the discussion questions on the flipchart. Allow 10 minutes for completion.
4. Bring the groups together, and ask the reporters of each group to summarize the phase and present their responses to the discussion questions. Ask the reporter of the group that discussed the "Desire" phase to report first, and then continue in the order of the four remaining phases ("Excitement," "Plateau," "Orgasm," and "Resolution").

Encourage the other participants to share any additional thoughts. Allow 10 minutes for completion.

5. After the reporters present each phase, distribute Participant Handout 1-6: "I Can't Stop This Feeling" and review the phases of the sexual response cycle in men.
6. Conclude the activity by discussing the questions below.

? Discussion Questions

- Why is it important for staff to be aware of the phases of the sexual response cycle in men?
- Why is it important for clients to be aware of the phases of the sexual response cycle in men?

Note to the Trainer

- It is important for staff to understand the sexual response cycle in men so that they can comfortably and naturally respond to clients' questions.
- It is important for clients to understand the sexual response cycle in men because the more they understand about the functioning of the sexual and reproductive system, the more likely they are to feel comfortable asking questions that could lead to a diagnosis of a problem or disorder.

➔ Training Tip

Consider preparing and distributing a participant handout on the sexual response cycle that includes the changes that women undergo during each phase, as well as their impact on women's sexual satisfaction.

Participant Handout 1-5

"I Can't Stop This Feeling" Discussion Questions

1. Describe this phase in one sentence.

   _____

   _____

   _____

2. List three body changes that occur during this phase.
   - _____
   - _____
   - _____

3. List two ways that a man's sexual response during this phase changes as he ages.
   - _____
   - _____

4. List some reasons why your phase is the "best" phase.
   - _____
   - _____
   - _____

Participant Handout 1-6

"I Can't Stop This Feeling"

Phase	Body Changes	Age-Related Response
Desire	None	Possible decrease in libido
Excitement	• The penis becomes erect; the scrotum thickens; the testes rise closer to the body; breathing, heart rate, and blood pressure increase; sexual flush (reddening of the skin) occurs; the nipples become erect; the genital and pelvic blood vessels become engorged; involuntary and voluntary muscles contract; and a sense of restlessness occurs. • Erection of the penis is the key indicator of sexual excitement.	• Delayed and less-firm erection • Delayed nipple erection, but nipple erection lasts longer after orgasm • Longer excitement stage • Decreased pre-ejaculatory emissions • Longer interval from excitement to ejaculation • More direct stimulation required to achieve and maintain erection • Reduced muscle tension • Diminished lifting of scrotum and testes with more rapid return to prearousal state • Shorter phase of impending orgasm
Plateau	The ridge of the glans penis becomes more prominent; the Cowper's glands secrete pre-ejaculatory fluid; the testes rise closer to the body; breathing, heart rate, and blood pressure further increase; sexual flush deepens; and muscle tension increases. There is a sense of impending orgasm.	No change
Orgasm	Ejaculation occurs; the urethra, anus, and muscles of the pelvic floor contract three to six times at 0.8-second intervals; breathing, heart rate, and blood pressure reach their highest peak; sexual flush spreads over the body; and spasms occur.	• Shorter ejaculation time • Reduced volume of ejaculate • Fewer ejaculatory contractions • Shortened phase of expulsion of semen
Resolution	Nipples lose their erection; the penis becomes softer and smaller; the scrotum relaxes; the testes drop farther away from the body; heart rate and blood pressure dip below normal, returning to normal soon afterward; the whole body, including the palms of the hands and the soles of the feet, sweats; and there is a loss of muscle tension, increased relaxation, and drowsiness. Depending on a number of factors, the refractory period in men may last anywhere from five minutes to 24 hours or more.	• More rapid loss of erection • Significantly longer refractory period, though with a more rapid return to pre-excitement stage • Nipple erection lasts longer after orgasm

Source: Adapted from Monlia & Knowles, 1997.

Common Sexual and Reproductive Health Disorders in Men

(pages 1.5–1.41 of the text)

◈ Training Activity: Male Sexual and Reproductive Health Jeopardy

Objectives

1. To offer the participants a fun, nontraditional format in which to review the signs and symptoms of male sexual and reproductive health disorders
2. To review differential diagnoses and treatment options for male sexual and reproductive health disorders

Time

1 to $1^1/_2$ hours (per game)

Materials

- Flipcharts and markers (or a chalkboard, chalk, and an eraser)
- Easel
- Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Questions: "Jeopardy Round" (page 1.25)
- Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Answers: "Jeopardy Round" (page 1.27)
- Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Questions: "Double Jeopardy Round" (page 1.28)
- Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Answers: "Double Jeopardy Round" (page 1.29)

Note to the Trainer

- The text discusses many male sexual and reproductive health disorders, many of which the participants will already know. For this reason, and because of time constraints, this activity focuses on medical emergencies. If the participants need to review various disorders, refer them to the text.
- If you want to review some of the more common disorders, simply add another category to the "Male Sexual and Reproductive Health Jeopardy" board and write the corresponding questions and answers about the disorders.

Advance Preparation

1. Create two boards (one for the "Jeopardy" round and one for the "Double Jeopardy" round) for the "Male Sexual and Reproductive Health Jeopardy" game using flipcharts, an easel, and markers *or* using a chalkboard, chalk, and an eraser. A sample board is provided on the next page:

Example of a "Male Sexual and Reproductive Health Jeopardy" Game Board

Disorders of the Penis	Disorders of the Prostate Gland	Disorders of the Scrotum and Groin	Disorders of the Urethra
100	100	100	100
200	200	200	200
300	300	300	300
400	400	400	400
500	500	500	500

2. To create the boards, decide which four categories of questions will be included in the "Jeopardy" round. Seven categories that cover the information addressed in the text have been developed for the "Jeopardy" round: "Disorders of the Anus, Rectum, and Colon," "Disorders of the Penis," "Disorders of the Prostate Gland," "Disorders of the Scrotum and Groin," "Disorders of the Testes," and "Disorders of the Urethra." These questions appear in the trainer's resource on page 1.25. Similarly, four categories that cover the information addressed in the text have been developed for the "Double Jeopardy" round: "Medical Emergency Treatments," "Male Sexual Dysfunction," "Infertility," and "STIs." These questions appear in the trainer's resource on page 1.28. You can develop other categories and questions as desired.
3. Write the four categories that you have chosen for the "Jeopardy" round on one flipchart, and the four categories that you have chosen for the "Double Jeopardy" round on another flipchart. (If using a chalkboard, you can write only the categories for the "Jeopardy" round in advance; you will have to write the categories for the "Double Jeopardy" round during the training activity.)

Instructions

1. Explain to the participants that during this activity they will play a game called "Male Sexual and Reproductive Health Jeopardy," which is based on a popular television game show in the United States called "Jeopardy." Unlike the television game show, this game discusses issues around sexual and reproductive health.
2. Explain that "Male Sexual and Reproductive Health Jeopardy" is divided into two rounds. The first round is called "Jeopardy," and the second round is called "Double Jeopardy."
3. Explain that each category has a list of five questions. The easier questions are worth fewer points, and the more difficult ones are worth more.
4. Divide the participants into two teams. Explain that the team members should discuss their answer together and then have a spokesperson present it. Any other answers that other team members shout out will not be accepted. Ask each team to designate a spokesperson for the team.
5. Take turns giving each team an opportunity to select from the board. Allow the team to select categories and question values from the board, by consensus—for example, "I'll

take 'STIs' for 300, please." Ask the question. If the team answers correctly, it is credited with the points. If the team answers incorrectly, it loses half the points. For example, if a team answers a 300-point question incorrectly, it loses 150 points.

6. Continue until all the questions in both the "Jeopardy" and "Double Jeopardy" rounds are answered. The winner is the team with the most points.
7. After all the questions have been answered, you can opt to provide a "Final Jeopardy" question. Present this question to both teams. Each team develops its own answer quietly, so the other team cannot hear it. Both teams also decide how many points they want to risk on their answer. The team can bet as little or as much as it wishes. Remind the teams that if their answer is incorrect, they will lose all the points they bet, not just half of them! The winner is the team with the most points after the "Final Jeopardy" question.
8. After finishing the game, remind the participants that everybody ends up winning because they are all having fun and learning important information at the same time.

Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Questions: "Jeopardy Round"

Disorders of the Anus, Rectum, and Colon	
100	This medical emergency is one of the most common reasons for admission to a hospital, and its overall mortality is high.
200	During a rectal examination, this crack (or tear) is visible.
300	Most clients with this condition are asymptomatic, but this is one of the most common malignancies occurring in the world.
400	This is a medical emergency in which a painful, bluish mass is seen at the anal verge.
500	This medical emergency is caused by anal rape or foreign objects placed in the rectum for sexual pleasure.
Disorders of the Penis	
100	This is a medical emergency (in some cases) in which a narrowing of the opening of the foreskin prevents it from being retracted.
200	This medical emergency is usually caused by taking drugs that are used to treat erectile dysfunction.
300	This condition, in which the foreskin is inflamed and infected, is more common in uncircumcised men with poor hygiene, but it may also appear in uncircumcised young boys.
400	If not treated promptly, this medical emergency can lead to ischemia of the penis and then to gangrene or necrosis of the glans and foreskin.
500	In most cases, this condition originates near the corona of the glans.
Disorders of the Prostate Gland	
100	This condition, which is usually seen in men over age 40, is the enlargement of the prostate gland.
200	This condition is thought to be caused by a ruptured blood vessel.
300	This condition is rare in men under age 40.
400	This condition is usually caused by coliform bacteria, but can also be caused by gonococci, enterococci, and trichomonas.
500	In some clients, this is the first indication of prostate cancer.
Disorders of the Scrotum and Groin	
100	This condition is caused by filaria worms that infest the lymphatic system.
200	This condition more commonly occurs on the left side of the scrotum.
300	One of the signs and symptoms of this condition is a sensation of scrotal heaviness that radiates to the genital area.
400	To manage this condition, elevate the scrotum.
500	This is a medical emergency when the protrusion is strangulated or incarcerated.

(continued)

Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Questions: "Jeopardy Round" *(continued)*

	Disorders of the Testes
100	This is a medical emergency when the testicle ruptures.
200	This is a medical emergency in which a painful, firm mass can be palpated in the superior scrotal and inguinal region.
300	This is a medical emergency in which a tender testicle is retracted upward and lies with its longest diameter parallel to the floor (instead of perpendicular to it) when the client stands.
400	Men with a history of cryptorchidism are at much higher risk for this condition.
500	This medical emergency affects clients whose average age is 55.
	Disorders of the Urethra
100	One of the signs and symptoms of this condition is a painful, curved erection that makes sexual intercourse difficult or impossible.
200	If not treated promptly, this medical emergency can lead to kidney failure and backflow of urine.
300	This medical emergency is caused by an intraurethral trauma from a foreign object, a crush injury, or a straddle injury.
400	This is a medical emergency in which swelling and discoloration of affected tissues of the scrotum, shaft of the penis, and abdominal wall are seen.
500	This condition usually occurs after a long period of urethritis and subsequent urethral stricture.

Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Answers: "Jeopardy Round"

	Disorders of the Anus, Rectum, and Colon
100	Gastrointestinal (GI) tract bleeding
200	Anal fissure
300	Colon cancer
400	Thrombosed external hemorrhoid
500	Rectal trauma
	Disorders of the Penis
100	Phimosis
200	Priapism
300	Balanitis
400	Paraphimosis
500	Penile cancer
	Disorders of the Prostate Gland
100	Benign prostatic hyperplasia
200	Hematospermia
300	Prostate cancer
400	Prostatitis
500	Spinal-cord compression
	Disorders of the Scrotum and Groin
100	Scrotal elephantiasis
200	Varicocele
300	Hydrocele
400	Scrotal edema
500	Inguinal hernia
	Disorders of the Testes
100	Scrotal injury
200	Incarcerated hernia
300	Testicular torsion
400	Testicular cancer
500	Fournier's gangrene
	Disorders of the Urethra
100	Epispadias
200	Urethral stricture
300	Urethral trauma
400	Urinary extravasation
500	Urethral carcinoma

Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Questions: "Double Jeopardy Round"

Medical Emergency Treatments	
200	When you suspect this condition, refer clients to a urologist immediately for surgery, radiotherapy, and/or chemotherapy, depending on the stage of the disease.
400	The treatment for this condition usually requires surgery (a colostomy or exteriorization).
600	The treatment for severe cases of this condition, with recurrent inflammation or urinary difficulties, usually requires surgery (circumcision or a dorsal-slit procedure).
800	The treatment for severe cases of this condition is to wrap the glans in gauze and soak the penis in warm water for 10 to 15 minutes.
1,000	Refer clients to a urologist immediately and give them oral terbutaline, which may be beneficial.
Male Sexual Dysfunction	
200	These are four main factors that can contribute to male sexual dysfunction.
400	This sport has been implicated as a contributing etiologic factor by causing vascular and nerve injury.
600	This condition usually results from dysfunction of the internal urethral sphincter or an open bladder neck during ejaculation and may be seen after a prostatectomy.
800	This condition is associated with age and accounts for 50% to 60% of impotence in men over age 60.
1,000	A deficiency of this mineral has been identified as a cause of erectile dysfunction
Infertility	
200	Spermatogenesis is irreversibly damaged in about 30% of testes after this condition.
400	If a man and a woman have been unable to achieve a pregnancy with regular, unprotected (no contraception), penile-vaginal intercourse, this is the length of time after which the couple or one of the individuals is considered infertile.
600	This is the approximate percentage of cases in which infertility is a result of a problem in the man's reproductive system.
800	These are two examples of factors that can affect sperm count and motility.
1,000	This condition is caused by effects at the hypothalamic-pituitary level.
STIs	
200	This condition causes lesions and severe itching in the genital area, eyebrows, and eyelashes.
400	Symptoms of this condition may include jaundice and dark urine.
600	This condition causes blisters or ulcers (sores) on the mouth, lips, genitals, anus, or surrounding areas.
800	Symptoms of this condition often include a white coating on the tongue (thrush/oral candidiasis), a cough that persists for more than one month, and persistent fever and/or night sweats.
1,000	This condition causes burning or pain during urination and itching or tingling in the genital area.

Trainer's Resource: "Male Sexual and Reproductive Health Jeopardy" Game Answers: "Double Jeopardy Round"

	Medical Emergency Treatments
200	Testicular cancer
400	Rectal trauma
600	Phimosis
800	Balanoposthitis
1,000	Priapism
	Male Sexual Dysfunction
200	Psychological/emotional, biological/physical, interpersonal/social, and environmental
400	Bicycle riding for long periods of time
600	Retrograde ejaculation
800	Arteriosclerosis
1,000	Zinc
	Infertility
200	Mumps orchitis
400	One year
600	30%
800	Illnesses, such as the flu or mumps; STIs; environmental toxins; smoking and alcohol and drug use; varicoceles; congenital problems; chromosomal defects; and hormonal insufficiency *(Any two of these answers are acceptable.)*
1,000	Hypogonadotropic hypogonadism (Kallman's syndrome)
	STIs
200	Pubic lice
400	Viral hepatitis
600	Syphilis
800	HIV infection/AIDS
1,000	Genital herpes

Notes for

2 Sexual and Reproductive Health Assessment

These notes refer to the content provided on pages 2.1–2.18 of the text.

Chapter Purpose and Objectives

This chapter will help the participants obtain the information needed to diagnose and treat male clients' sexual and reproductive health disorders. It also provides an introduction to the physical and laboratory screening that should be performed as part of men's physical examinations.

Upon completion of this chapter, the participants should be able to:

- Take a sexual and reproductive health history in which the client is a cooperative partner
- Demonstrate the suggested questioning techniques to use when taking a client's sexual and reproductive health history
- Identify the major components of sexual and reproductive health history taking
- Demonstrate comfort when discussing sexual and reproductive health information with clients
- Identify the global screening tests appropriate for a client's age and risk factors, as recommended by national and international medical organizations

Training Time

3 hours, 50 minutes to 4 hours, 45 minutes, depending on which training activities you use. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

Sample Agenda

Training Content	Training Method	Estimated Time	Recommended
Make the Client Feel Comfortable *(pages 2.2–2.3 of the text)*	Small-group activity: I'm Listening...	10 minutes	✓
Ask Direct Questions about the Client's Sexual and Reproductive Health *(page 2.3 of the text)*	Large-group activity: Effective Questioning Strategies	25 minutes	✓
	Small-group activity: Practicing Effective Questioning Strategies	30 minutes	✓
Address the Client's Questions and Concerns *and* Ask Follow-Up Questions Specifically Related to the Client's Questions and Concerns *(pages 2.3–2.4 of the text)*	Small-group activity: Help Me Talk to You	45 minutes	✓
Global Screening Recommendations *(pages 2.9–2.10 of the text)*	Large-group activity: Screening Tests	30 minutes	
Responding to Issues That May Arise while Taking a Sexual and Reproductive Health History *(no corresponding content in the text)*	Large- and small-group activity: Pulling All This Information Together (three-part activity)	2 hours	✓
Communication Skills Review *(no corresponding content in the text)*	Large-group activity: Wheel within a Wheel	25 minutes	

Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity's "Advance Preparation" section).
- Create flipcharts, as needed.

Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 2.1 of this trainer's resource book.

Make the Client Feel Comfortable

(pages 2.2–2.3 of the text)

◈ Training Activity: I'm Listening...

Objective

To understand the importance and simplicity of building trust and establishing a rapport with the client

Time

10 minutes

Materials

- Paper
- Pencils or pens
- Participant Handout 2-1: "Listener's" Instructions (page 2.5)

Advance Preparation

Make enough copies of Participant Handout 2-1: "Listener's" Instructions to distribute to all the participants.

Instructions

1. Divide the participants into pairs and tell them to decide who will be the "listener" and who will be the "talker."
2. Ask all the "listeners" to raise their right hands.
3. Distribute the handout and a few pieces of blank paper to the listeners, and ask them to read the handout but *not* to share its content with their partner.
4. While the listeners are reading, ask the talkers to think of a concern that is very important to them. Tell them that this concern may be personal or work-related. Explain to them that they are going to share this concern with their partner, so it should be something they are willing to share.
5. After all the listeners have finished reading the handout and all the talkers have thought of a concern they are willing to share with their partner, tell the talkers to explain their concern to their partner, and tell the listeners to follow the "first-time" instructions on the handout. Allow one minute for completion.
6. Without discussion among the talkers and/or among the listeners, ask the talkers to start talking again, and tell the listeners to follow the "second-time" instructions on the handout. Allow one minute for completion.
7. Conclude the activity by discussing the questions on the next page.

? Discussion Questions

- Ask the talkers:
  - What was the first-time session like for you?
  - What was the second-time session like for you?
  - How easy was it for you to trust your partner during the second-time session?
- Ask the listeners:
  - What was the first-time session like for you?
  - What was the second-time session like for you?
- Ask both the listeners and the talkers:
  - How long was the first-time session compared to the second-time session? (After the participants respond, tell them that both sessions were exactly one minute long.)
  - What does this activity have to do with taking a sexual and reproductive health history?
  - What can you learn from this activity?

Note to the Trainer

- This activity will help the participants accomplish the first step of the sexual and reproductive health history-taking process, "Make the client feel comfortable," provided on pages 2.2–2.3 of the text.
- The activity can help the participants learn how quickly trust is or is not established during a one-on-one encounter. Some participants may reveal that this is what sometimes happens when they are with clients: They have so many demands on their time and are so busy that they can be easily distracted and do not always give clients their full attention.
- Remind the participants that trust is critical, particularly when clients are discussing sensitive and potentially embarrassing sexual and reproductive health concerns.
- Remind the participants that part of what they accomplish in every client-provider interaction is establishing trust. A client may not have any concerns the first time they see him, and if they show him that they listen to him and that he can trust them, he is more likely to return to their facility when he has a health concern.

Participant Handout 2-1

"Listener's" Instructions

- Your partner will explain a concern that he or she has to you two times. You will listen to your partner two times.
- The **first time** you listen to your partner, you will be busy and will not focus on your partner. You will look at your papers, you will not make eye contact, and you will not be able to find a pen that works (you may have to get up to look for one). When you finally find a working pen, you will start taking a lot of notes.
- The **second time** you listen to your partner, you will not be busy and will focus on your partner. You will practice active listening, you will move your chair so you can face your partner and make eye contact, you will lean forward and nod, and you might say, for example, "I see" and "Hmmm, tell me more about that."

Ask Direct Questions About the Client's Sexual and Reproductive Health

(page 2.3 of the text)

Training Activity: Effective Questioning Strategies

Objectives

1. To demonstrate the suggested questioning techniques
2. To identify the major components of taking a sexual and reproductive health history

Time

25 minutes

Materials

Flipcharts, markers, and tape

Advance Preparation

Prepare strips of tape for posting the flipchart on the wall.

Instructions

1. Ask for a volunteer to come to the front of the room.
2. Tell the group that you are interested in learning more about this volunteer and will ask him or her some questions.
3. Face the volunteer and ask the following questions about his or her favorite color:
   - Is your favorite color bright pink?
   - Is your favorite color yellow?
   - Is your favorite color navy blue?
4. Continue asking questions about the volunteer's favorite color (naming different colors) until the volunteer answers yes or until it is obvious that this activity is not effective. Thank the volunteer and ask him or her to return to his or her seat.
5. Ask the participants: "How could I have learned this information more quickly?" Listen to the participants' responses until a participant says: "Ask: 'What is your favorite color?'"
6. Ask the participants: "What is the difference between the types of questions I asked and this question: 'What is your favorite color?'" Listen to the participants' responses, which might include: "Your questions were leading" and "Your questions were 'yes' or 'no' (*closed*) questions." Both responses are correct.
7. Conclude the activity by discussing the questions on the next page.

? Discussion Questions

- When are **closed questions** (questions that can be answered with a "yes" or "no" answer) effective?
- What are some examples of closed questions that will enable you to learn the information you need to know from a client during a sexual and reproductive health history taking? (Write two or three of the participants' examples on a flipchart.)
- When are **open-ended questions** (questions that cannot be answered with a "yes" or "no" answer and require a more complete response) effective?
- What are some examples of open-ended questions that will enable you to learn the information you need to know from a client during a sexual and reproductive health history taking? (Write two or three of the participants' responses on a flipchart.)
- How do you feel when someone asks you a series of closed questions, such as "Is your favorite food apples?" and "Is your favorite food oranges?" and "Is your favorite food bananas?"
- How do you feel when someone asks you an open-ended question, such as "What is your favorite food?"

Note to the Trainer

- Closed questions are effective when you want to learn a specific piece of information, such as: "Is there any history of heart disease in your family?" or "Does this hurt?"
- Open-ended questions are effective in several ways:
  - They allow the client to do more of the talking, which enables him to feel more at ease and more in control.
  - They allow the client to describe his problem or concern in his own words and provide you with a great deal of information about who he is and what his problem or concern is.
  - They are timesavers in many situations, such as the favorite-color activity.
- The standard medical model tends to focus on symptoms and to overuse closed questions; it does not go beyond illness-related issues. Look at the medical history forms: they usually contain a series of closed questions.

Training Activity: Practicing Effective Questioning Strategies

Objective

To practice effective questioning techniques

Time

30 minutes

Materials

- Flipcharts, markers, and tape
- Blank medical history forms
- Pencils or pens
- Participant Handout 2-2: Find a Better Way to Ask This Question (page 2.11)
- Trainer's Resource: Alternative Answers for "Find a Better Way to Ask This Question" (page 2.12)

Advance Preparation

1. Make enough copies of Participant Handout 2-2: Find a Better Way to Ask This Question to distribute to all the participants.
2. Make enough copies of a blank medical history form to distribute to all the participants, collect blank medical history forms from the participants' health care facilities, or ask the participants to bring in blank medical history forms from their facilities.
3. Write the title "Major Components of Taking a Sexual and Reproductive Health History" on a blank flipchart. Write the following terms under the title: "Number and type of sexual partners," "Sexual activities," "Risk for contracting sexually transmitted infections (STIs)," "Symptoms of infections, injuries, and disorders," "Sexual satisfaction," "Contraception," and "Infertility and pregnancy."
4. Prepare strips of tape for posting the flipchart on the wall.

Instructions

1. Explain to the participants that they will practice asking effective questions.
2. Distribute the handout to the participants.
3. Divide the participants into pairs. Assign two or three of the questions on the handout to each pair. Ask each pair to read the questions and then rewrite them as open-ended questions. Ask each pair to choose a reporter who will present their rewritten questions to the larger group. Tell the pairs that if they think a question would be more effective left closed than as an open-ended question, ask them to be prepared to explain why. Allow 10 minutes for completion.

4. Check the progress of the pairs after five minutes to determine if they need help or more or less time.
5. After all the pairs have had an opportunity to rewrite at least two questions, reconvene the larger group. Ask the reporters of each pair to present their rewritten questions to the larger group. Encourage the other participants to share any additional thoughts. If a participant says that an open-ended question sounds awkward, ask the other participants if they agree, and ask them to find a better way to ask the question. If the participants have difficulty, suggest the answers provided as alternatives in the trainer's resource on page 2.12.
6. Remind the participants that using a closed question is effective in some situations, but point out how different it is when a context has been established and the service provider has a better understanding of the client's background, rather than just asking the question. This is especially useful when discussing sensitive and potentially embarrassing sexual and reproductive health concerns, such as masturbation or premature loss of erection. Explain to the participants that this is another effective questioning technique called *normalizing*.
7. Tell the participants that you want to discuss two more questions. Ask the participants to rewrite the following question: "Do you ever lose your erection?" Explain to the participants that you do not want them to change the question to something like "How often do you lose your erection?" because this question makes an assumption (that the client *does* lose his erection). Instead, you want them to establish a context and normalize the question. This will enable the client to find it easier to talk about a potentially embarrassing and sensitive sexual and reproductive health concern. Provide the participants with the following example of normalizing the question: "Many men find that they sometimes will get an erection and then lose it. How about you?"
8. After the participants have had an opportunity to offer and discuss their normalized questions, ask them to normalize the following question: "Do you masturbate?" Provide the participants with the following example of normalizing the question: "A lot of men we see here have questions about masturbation. What about you? What questions come to mind for you?"
9. After the participants have had an opportunity to offer and discuss their normalized questions, ask the participants: "What do you think stops you from asking open-ended questions more often?" Their responses might include: "Habit" and "It feels intrusive" and "It takes too long."
10. Remind the participants that open-ended questions are actually timesavers in many situations because they enable the client to talk about the issues that most concern him.
11. Explain to the participants that not only have they created some effective questions to elicit client information, but they have also practiced addressing the major components of taking a sexual and reproductive health history. Post the "Major Components of Taking a Sexual and Reproductive Health History" flipchart on the wall and review the major components.

() Training Option

- How easy or difficult was this activity?
- Divide the participants into groups of three or four. Assign a medical history form to each group.
- Ask each group to read the medical history form and to circle all the items that are better left as closed questions. For each underlined closed question, ask the group to think of at least one alternative open-ended question. Allow five to 10 minutes for completion.
- Conclude the activity by discussing the questions below.

? Discussion Questions

- How easy or difficult was this activity?
- What was discussing the medical history form like for you? Did all the members of your group agree or disagree on most questions?

Note to the Trainer

- This activity will help the participants accomplish the second step of the sexual and reproductive health history-taking process, "Ask direct questions about the client's sexual and reproductive health," provided on page 2.3 of the text.
- Remind the participants that both closed and open-ended questions are useful. Explain that because most medical history forms are based on closed questions in a checklist format, it is very easy to fall into the habit of asking a series of closed questions. Tell the participants that it takes practice to smoothly turn closed questions into open-ended ones. Encourage the participants to practice this whenever they can until it feels natural; tell them that eventually this will become automatic.
- Remind the participants that if they have difficulty turning closed questions into open-ended questions, they can refer to Chapter 2 in the text, which contains many examples of closed and open-ended questions.

Participant Handout 2-2

Find a Better Way to Ask This Question

Find a better way to ask the closed questions below. Make sure that the alternative question *cannot* be answered by "yes" or "no."

- Do you have more than one sexual partner?
- Have you had sex with women?
- Do you have anal sex?
- Have you had sex with men?
- Do you engage in any sexual behaviors that put you at risk for sexually transmitted infections (STIs)? If so, what are they?
- Do you want to be tested for STIs today?
- Have you ever had any sores or itching on your genitals?
- Do you have any symptoms of STIs?
- Do you always use protection from STIs?
- Are you happy with your sex life?
- Do you have difficulty talking about sex with your partner?
- Do you use contraception?
- Do you like the contraceptive method you and your partner currently use?
- Are you in a relationship that requires contraception?
- Do you and your partner want to have any (more) children?

Trainer's Resource: Alternative Answers for "Find a Better Way to Ask This Question"

- **Do you have more than one sexual partner?**
  How many sexual partners have you had in the last six months?
- **Have you had sex with women?**
  Tell me a little about your recent sexual partners. Who are you most likely to have sex with: men, women, or both?
- **Do you have anal sex?**
  What kind of sexual activities do you engage in?
- **Have you had sex with men?**
  How many of your sex partners have been women? How many have been men?
- **Do you engage in any sexual behaviors that put you at risk for sexually transmitted infections (STIs)? If so, what are they?**
  In what ways, if any, do you protect yourself from HIV/AIDS and other STIs?
- **Do you want to be tested for STIs today?**
  When was the last time you were tested for any kind of STIs?
- **Have you ever had any sores or itching on your genitals?**
  (This question actually works better as a closed question than an open-ended question, so no alternative question is needed. You are interested in learning specific information, and this is the best way to obtain it.)
- **Do you have any symptoms of STIs?**
  Are you experiencing any unusual physical signs or symptoms?
- **Do you always use protection from STIs?**
  How often and with which partners do you use protection from STIs?
- **Are you happy with your sex life?**
  How satisfied are you with your sex life at this time? What would you change about your sex life? What do you like about your sex life?
- **Do you have difficulty talking about sex with your partner?**
  - How is talking with your partner about sex?
  - What is it like when you and your partner talk about sex?
  - How often do you and your partner talk about sex?
- **Do you use contraception?**
  What contraceptive methods have you used in the last six months?
- **Do you like the contraceptive method you and your partner currently use?**
  How is your contraceptive method (the pill, condoms, etc.) going for you? How does your partner feel about this contraceptive method?
- **Are you in a relationship that requires contraception?**
  How important is it for you to prevent pregnancy at this time?
- **Do you and your partner want to have any (more) children?**
  What are your thoughts about having (more) children at some time?

Address the Client's Questions and Concerns *and* Ask Follow-Up Questions Specifically Related to the Client's Questions and Concerns

(pages 2.3–2.4 of the text)

◈ Training Activity: Help Me Talk to You

Objectives

1. To take a sexual and reproductive health history in which the client is a cooperative partner
2. To demonstrate the suggested questioning techniques
3. To demonstrate comfort when discussing sexual and reproductive health information

Time

45 minutes

Materials

- Flipcharts, markers, and tape
- Participant Handout 2-3: Group 1 Worksheet: Sexual Satisfaction (page 2.17)
- Participant Handout 2-4: Group 2 Worksheet: Risk for Contracting Sexually Transmitted Infections (STIs) (page 2.18)
- Participant Handout 2-5: Group 3 Worksheet: Infertility and Pregnancy (page 2.19)
- Participant Handout 2-6: Group 4 Worksheet: Number and Type of Sexual Partners (page 2.20)
- Participant Handout 2-7: "Help Me Talk to You" Concerns Overview (page 2.21)
- Trainer's Resource: Answers for "Major Components of Taking a Sexual and Reproductive Health History" (page 2.24)

Advance Preparation

1. Make enough copies of the five participant handouts (handouts 2-3 through 2-7) to distribute to all the participants.
2. Write the title "Client's Concern" on a blank flipchart. Write the following terms under the title: "Do," "Say," "Ask," and "Information."
3. Write the title "Major Components of Taking a Sexual and Reproductive Health History" on a blank flipchart. Write the following terms under the title: "Sexual Satisfaction," "Risk for Contracting Sexually Transmitted Infections (STIs)," "Infertility and Pregnancy," and "Number and Type of Sexual Partners."
4. Write the following terms on flipcharts, one term per flipchart: "Sexual Satisfaction," "Risk for Contracting Sexually Transmitted Infections (STIs)," "Infertility and Pregnancy," and "Number and Type of Sexual Partners."
5. Prepare strips of tape for posting the flipcharts on the wall.

Instructions

1. Introduce the activity by asking the participants the following questions:
   - Why do you take a client's sexual and reproductive health history?
   - Is taking a client's sexual and reproductive health history intrusive?
   - Why do you need to know about a client's personal life?
2. Write the participants' reasons for taking a sexual and reproductive health history on a flipchart.
3. Explain the following point, in your own words, to the participants: Taking a sexual and reproductive health history is a critical component of providing reproductive health care for men. Inaccurate or incomplete histories can result in inadequate screening or in the inadequate treatment of potentially life-threatening conditions. As a service provider, you must be prepared to hear a wide range of sexual and reproductive health concerns. A kind and straightforward assessment is not only essential and professional, but also compassionate. Many men may present with a problem that is not the true problem, so you need to assess and probe more deeply to determine the real issue. Once you have done this, you can either address the issue or refer the client to the appropriate service provider for appropriate treatment.
4. Post the "Major Components of Taking a Sexual and Reproductive Health History" flipchart on the wall. Review each component with the participants by asking them to identify one reason why it is important to discuss the component with clients. If the participants have difficulty, suggest the answers provided in the trainer's resource on page 2.24.
5. Explain to the participants that now that they have reviewed *why* it is important to address the major components of sexual and reproductive health history taking with clients, they will learn *how* to discuss the components with clients.
6. Divide the participants into four groups. Assign one of the four worksheets (handouts 2-3 through 2-6) to each group, and distribute to each group the appropriate handout, the corresponding flipchart ("Sexual Satisfaction," "Risk for Contracting Sexually Transmitted Infections [STIs]," "Infertility and Pregnancy," or "Number and Type of Sexual Partners"), and markers. Ask each group to read the worksheet and then to respond to the discussion questions on the worksheet. Ask each group to choose a recorder who will write the group's findings under the corresponding term on the flipchart. For example, the recorder for Group 1, who have the "Sexual Satisfaction" worksheet, will write the group's findings on the "Sexual Satisfaction" flipchart. Ask each group to choose a reporter who will present the group's findings to the larger group. Allow each group 10 minutes to discuss their answers.
7. Check the progress of the groups after five minutes to determine if they need help or more or less time.
8. Reconvene the larger group, and ask the reporters of each group to post the group's flipchart on the wall. Ask the reporter of each group to present the group's findings to the larger group; allow each reporter three minutes. Encourage the participants to share additional thoughts.

9. Refer the participants to "An Effective Step-by-Step Approach" on pages 2.2–2.4 of the text. Review step 3 ("Address the client's questions and concerns") and step 4 ("Ask follow-up questions specifically related to the client's questions and concerns") with the participants.
10. Conclude the activity by discussing the questions below.

? Discussion Questions

- What are some of the similarities in all or most of the groups' answers?
- Since the clients' concerns were different, why do you think so many answers, especially those to the first two questions, are similar?
- What are some differences in the four groups' answers?
- How confident do you feel with your knowledge level about addressing these client concerns?
- What was it like to imagine yourself as the clients? How can you use this to help you in your work?

Note to the Trainer

- This activity helps participants accomplish the third and fourth steps of the sexual and reproductive health history-taking process, "Address the client's questions and concerns" and "Ask follow-up questions specifically related to the client's questions and concerns," provided on pages 2.3–2.4 of the text.
- Remind the participants that although the information many clients will need is basic, they need to make clients feel comfortable before they can provide even this level of information. Tell the participants that they should provide clients with information that is easy to understand and is directly related to their concerns. This is *not* the time for the participants to show off their vast knowledge of sexual and reproductive health.
- Explain to the participants that normalizing clients' concerns is easy and very effective. Simply saying "Many men have questions about this; I've talked to lots of men who have similar concerns" can go a long way in helping clients relax and be more willing to hear what the providers have to offer.
- Remind the participants that making clients feel comfortable does not take a lot of time or high-level skills. Whatever the client's specific concern is, the participants can use the same kinds of skills and questions to help clients. Remind the participants how many of their answers on the "Major Components of Taking a Sexual and Reproductive Health History" flipcharts were very similar.
- Tell the participants that it is helpful to imagine themselves as their clients from time to time. The more comfortable they feel with men's sexual and reproductive health concerns, the easier it is for them to forget that most people are *not* comfortable talking about such issues.
- Explain to the participants that although they are the experts on sexual and reproductive health concerns, clients are the experts on their own sexual and reproductive health issues and concerns. Remind the participants that they will accomplish their goals as health care providers only if they approach their work as a partnership with clients.

- Remind the participants that the text contains many examples of effective questions to use when taking a sexual and reproductive health history and can be used as a resource.

> **→ Training Tip**
>
> If the "Major Components of Taking a Sexual and Reproductive Health History" flipchart that you prepared for the "Practicing Effective Questioning Strategies" training activity (see page 2.8) is still available, you can reuse it for this activity.

Participant Handout 2-3

Group 1 Worksheet: Sexual Satisfaction

Instructions

Read the worksheet and respond to the questions below.

This is your first time at this health care facility. The service providers seem really nice, which helps. You made an appointment for a physical examination, but what you really want is to talk to someone about sex. You are getting very worried. You never used to have this problem, but lately you have had a difficult time holding yourself back when you and your partner have sex. You come before you want to. You do not know if there is something wrong with you, or what it might be. You need to discuss your concerns with someone. The only trouble is that this is so embarrassing. How can you possibly tell a stranger about this?

Here comes someone to talk to you.

Questions

- What could this service provider do to help you relax and feel more comfortable?
- What could he or she say that would put you at ease and make you feel like you could trust him or her?
- What questions could he or she ask you that would help you explain your concern?
- What kind of information do you want to learn before you leave the facility?

Participant Handout 2-4

Group 2 Worksheet: Risk for Contracting Sexually Transmitted Infections (STIs)

Instructions

Read the worksheet and respond to the questions below.

This is your first time at this health care facility. The service providers seem really nice, which helps. You made an appointment for a physical examination, but what you really want is to talk to someone about sexually transmitted infections. You are getting very worried. You got drunk a few weeks ago and had sex with a man. Now you are terrified that you caught something from him. You need to discuss your concerns with someone. The only trouble is that this is so embarrassing. How can you possibly tell a stranger about this?

Here comes someone to talk to you.

Questions

- What could this service provider do to help you relax and feel more comfortable?
- What could he or she say that would put you at ease and make you feel like you could trust him or her?
- What questions could he or she ask you that would help you explain your concern?
- What kind of information do you want to learn before you leave the facility?

Participant Handout 2-5

Group 3 Worksheet: Infertility and Pregnancy

Instructions

Read the worksheet and respond to the questions below.

This is your first time at this health care facility. The service providers seem really nice, which helps. You made an appointment for a physical examination, but what you really want is to talk to someone about sex. You are getting very worried. You and your wife of three years stopped using contraception about six months ago because you want to start a family. She has not gotten pregnant yet, and you are afraid that this is your fault. It would be terrible not to be able to have children. How could you ever face your wife, your parents, and your wife's parents? You need to discuss your concerns with someone. The only trouble is that this is so embarrassing. How can you possibly tell a stranger about this?

Here comes someone to talk to you.

Questions

- What could this service provider do to help you relax and feel more comfortable?
- What could he or she say that would put you at ease and make you feel like you could trust him or her?
- What questions could he or she ask you that would help you explain your concern?
- What kind of information do you want to learn before you leave the facility?

Participant Handout 2-6

Group 4 Worksheet: Number and Type of Sexual Partners

Instructions

Read the worksheet and respond to the questions below.

This is your first time at this health care facility. The service providers seem really nice, which helps. You made an appointment for a physical examination, but what you really want is to talk to someone about sex. You are getting very worried. You have never really been interested in women. You have dated some women, but you have always had fantasies about male lovers and you are starting to wonder if you might be homosexual. You also wonder if this is normal and if everyone feels this way and has fantasies like this. You need to discuss your concerns with someone. The only trouble is that this is so embarrassing. How can you possibly tell a stranger about this?

Here comes someone to talk to you.

Questions

- What could this service provider do to help you relax and feel more comfortable?
- What could he or she say that would put you at ease and make you feel like you could trust him or her?
- What questions could he or she ask you that would help you explain your concern?
- What kind of information do you want to learn before you leave the facility?

Participant Handout 2-7

"Help Me Talk to You" Concerns Overview

The client concerns described in the four worksheets (Sexual Satisfaction, Risk for Contracting Sexually Transmitted Infections [STIs], Infertility and Pregnancy, and Number and Type of Sexual Partners) prompt similar things that providers can do, say, and ask. The following suggestions are examples of what you can do, say, and ask when providing services.

Do

- Sit next to the client rather than sit behind a desk or stand over him.
- Shake the client's hand.
- Introduce yourself. If you call the client by his first name, introduce yourself using your first name. If you prefer to be called by your title and last name, address the client the same way.
- Make eye contact that seems comfortable for the client.
- Smile.
- Demonstrate a relaxed, unhurried manner.

Say

- "I'm glad you came in to see me."
- "It's great that you're taking charge of your health."
- "Many men have questions about their health, including their sexual and reproductive health."

Ask

- "How can I help you today?"
- "What's the most important concern that you want to address today?"
- "How long has this been going on?"
- "What do you think might be going on?"
- "What have you already tried?"
- "What else is going on in your life that might have an impact on this concern?"

The following are four examples of clients who have come to your facility with reproductive health concerns. Each example illustrates what you may do, say, and ask when the client explains his concern.

(continued)

Participant Handout 2-7 *(continued)*

Group 1

Client's Concern: Sexual Satisfaction

Information: This is ejaculation sooner than the client would like. The term *premature ejaculation* is commonly used, but the former is more descriptive and may be easier for the client to hear. Causes of premature ejaculation are rarely physical. Some infections of the urethra and prostate gland, untreated gonorrhea, and overly tight uncircumcised foreskin have been considered as possible causes. More commonly, the affected man has not learned to recognize the sensory feedback that indicates ejaculation is imminent. This is common among men who have taught themselves to ignore this sensory feedback and think of other things as a means of avoiding ejaculation before they are satisfied or before their partner is satisfied.

Group 2

Client's Concern: Risk for Contracting Sexually Transmitted Infections (STIs)

Information: STIs are infections that are primarily passed from person to person by sexual contact. Many men do not have any obvious symptoms of several of these infections, so it is very good that this client is aware that he may have been exposed, and wants to be checked. (This is a good opportunity to *affirm*.) Most STIs can be treated, but not all. The client can test for several STIs today and get the test results fairly quickly for some of them. He should also consider retesting for HIV in three to six months. Often when men use alcohol or other drugs, they take risks they might not normally take. Probe for frequency of alcohol use and make referrals for additional counseling or other resources if the client indicates that this is a concern.

Group 3

Client's Concern: Infertility and Pregnancy

Information: About 35% of infertility is the result of male factors (including the absence of sperm or abnormal or too few sperm), and another 35% is the result of female factors (including problems with ovulation, blocked or scarred fallopian tubes, and endometriosis). In other cases, infertility results from a combination of both male and female factors, or it cannot be explained. Although it can take some couples longer than 12 months to achieve pregnancy, many couples seek infertility treatment if they have not achieved pregnancy after 12 months of unprotected and well-timed intercourse. RESOLVE (www.resolve.org), a U.S.-based national infertility support group, suggests that a couple seek help if they have been trying to conceive for more than 12 months *and* if: the woman is over age 35; the woman has irregular menstrual cycles or a history of pelvic infection; the man had an undescended testicle at birth, had a hernia repair, or has a history of urinary infections; or if the couple has had two or more pregnancy losses. Make referrals for family planning training and/or infertility testing as appropriate.

(continued)

Participant Handout 2-7 *(continued)*

Group 4

Client's Concern: Number and Type of Sexual Partners

Information: Sexual orientation is the erotic or romantic attraction (or preference) for sharing sexual expression with members of the opposite sex (heterosexuality), one's own sex (homosexuality), or both sexes (bisexuality). Many people believe (and there is some scientific evidence to support the idea) that sexual orientation may be determined before birth, though orientation may also be influenced by social factors.

Ask the client how he feels about his concerns related to his sexual orientation, whom has he talked with about this, and who (e.g., friends, family members) would be supportive. Discuss the client's need for protection from STIs if he chooses to engage in sexual activity with men.

Trainer's Resource: Answers for "Major Components of Taking a Sexual and Reproductive Health History"

Sexual Satisfaction

- To assess the client's sexual concerns
- To evaluate the client's possible sexual dysfunction
- To educate the client about sexual satisfaction issues
- To reassure the client that his concerns are valid

Risk for Contracting Sexually Transmitted Infections (STIs)

- To identify whether the client needs information about risks and/or protective measures for STIs, including gonorrhea, hepatitis, HIV/AIDS, syphilis, and other STIs that you are likely to see in the population you will serve
- To encourage the client to evaluate his own risks and sexual behaviors so that he can determine whether he is adequately protecting himself

Infertility and Pregnancy

- To elicit the client's reproductive health history
- To assess the client's desire and/or ability to have (more) children

Number and Type of Sexual Partners

- To determine the client's level of risk for contracting an STI
- To obtain information without using terms that can be interpreted inaccurately or as value-laden (e.g., homosexual, bisexual, heterosexual, etc.)

Sexual Activities

- To determine the client's level of risk for contracting an STI
- To determine the focus of the genital examination and the need for throat, rectal, or urethral (in the client's partner) cultures to test for STIs

Symptoms of Infections, Injuries, and Disorders

- To determine if the client has an STI or an injury to or disorder of his sexual and reproductive organs, such as an infection or enlargement of the prostate gland
- To inform the client of signs and symptoms that require medical care when they appear

Contraception

- To assess whether the client and his partner need contraception
- To determine whether the contraceptive method that the client and his partner are using is satisfactory for both partners, and whether they are using it correctly
- To encourage the client to evaluate his role in preventing pregnancy in their relationship

Global Screening Recommendations

(pages 2.9–2.10 of the text)

◈ Training Activity: Screening Tests

Objective

To review global recommendations for screening tests for men

Time

30 minutes

Materials

Flipcharts, markers, and tape

Advance Preparation

No advance preparation is needed.

Instructions

1. Explain that you will ask for a volunteer. Ask the volunteer to read aloud the first global screening recommendation on page 2.9 of the text.
2. Ask the participants if this recommendation is different from the recommendation of their country or of their facility. If a participant answers yes, ask him or her to explain what the recommendation is and write it on a flipchart.
3. Ask the participants to discuss the recommendation to see if they agree with it in their own context.
4. Continue until the participants have discussed all the screening recommendations.

Responding to Issues That May Arise while Taking a Sexual and Reproductive Health History

(no corresponding content in the text)

◈ Training Activity: Pulling All This Information Together

Objective

To learn how to effectively provide services to the most challenging clients

Time

2 hours

Materials

- Flipcharts, markers, and tape
- Participant Handout 2-8: Taking a Sexual and Reproductive Health History (page 2.30)
- Participant Handout 2-9: Effective Feedback (page 2.31)
- Participant Handout 2-10: Worksheet for Observation of "Real Plays" (page 2.32)
- Participant Handout 2-11: Observer Instructions for "Real Plays" (page 2.33)
- Participant Handout 2-12: Role Plays (page 2.34)
- Participant Handout 2-13: Worksheet for Observation of Role Plays (page 2.36)
- Participant Handout 2-14: Observer Instructions for Role Plays (page 2.37)

Advance Preparation

1. Make enough copies of the seven participant handouts (handouts 2-8 through 2-14) to distribute to all the participants.
2. Write the title "Effective Questioning Strategies" on a blank flipchart. Write the following terms under the title: "I'm Listening," "Closed versus Open-Ended Questions," "Normalize," "Help Me Talk to You," and "Keep the Information Simple and Directly Related to the Client's Concerns."
3. Prepare strips of tape for posting the flipcharts on the wall.

Instructions

1. Distribute Participant Handout 2-8: Taking a Sexual and Reproductive Health History to the participants.
2. Ask the participants to review the objectives and steps of taking a sexual and reproductive health history.
3. Ask the participants: "What do you think about your ability to take a sexual and reproductive health history?" If the participants express concerns about not having the necessary skills or not being prepared to take a history effectively, ask them to consider the goals of history taking one at a time.

4. After five minutes, ask the participants: "What kinds of skills will you need to effectively accomplish each individual goal?"
5. Remind the participants that everything they have learned in the training so far directly relates to accomplishing the goals of taking a sexual and reproductive health history. Tell the participants that this activity will enable them to pull all this information together.
6. Explain the **first part** of the activity to the participants. Tell them that they will have an opportunity to learn how to effectively provide services to their most challenging clients. Explain to them that it is important for them to be honest. Remind the participants that all service providers have some clients with whom they are comfortable and some clients they do not know how to work with.
7. Ask the participants to describe the type of client with whom they feel uncomfortable and consider to be their most challenging clients. Remind them that they may feel this way because of certain client behaviors, the age difference between the client and themselves, or the client's personality.
8. As the participants describe their most challenging clients, write a few of their descriptions on a flipchart. If the participants have difficulty, suggest the following examples of challenging clients:
   - A 14-year-old homeless youth who has sex with women and men
   - A client who will not talk to or make eye contact with you
9. When the discussion is finished, remove the "Most Challenging Clients" flipchart from view.
10. Explain the **second part** of the activity to the participants. Tell them that they will review the "Effective Questioning Strategies" skills and concepts.
11. Post the "Effective Questioning Strategies" flipchart on the wall.
12. Facilitate a discussion about appropriate questioning techniques. Remind the participants that:
    - "I'm Listening" means building trust and establishing a rapport with the client.
    - "Closed versus Open-Ended Questions" means knowing when to use each type of question.
    - "Normalize" means establishing a context (understanding the client's background).
    - "Help Me Talk to You" means knowing what you should do, say, and ask and what information you should provide.
    - "Keep the Information Simple and Directly Related to the Client's Concerns" means providing basic information that addresses the client's problems
13. Explain that one of the most effective ways the participants can help *each other* is to give feedback. Tell them that some feedback, however, is more helpful than other feedback. Ask the participants: "Have you ever received feedback that was very helpful to you?" If the participants say yes, ask one or two participants to briefly describe the situation. If the participants make any of the following points on Participant Handout 2-9: Effective Feedback, write them on a flipchart.

14. Ask the participants: "What are some characteristics of effective feedback?" Write their responses on a flipchart.
15. Distribute the handout, and briefly discuss the steps for giving and receiving effective feedback.
16. Explain the **third part** of the activity to the participants. Tell them that they will have an opportunity to practice responding to issues that may arise while taking a sexual and reproductive health history. "Real plays" are different from role plays because in "real plays," participants use actual ("real") examples from their experiences as service providers.
17. Divide the participants into groups of three. Ask the groups to move to different parts of the room so they can talk comfortably without being distracted by the other groups.
18. Distribute Participant Handout 2-11: Observer Instructions for "Real Plays." Explain that the participants will take turns playing different roles for the "real play." For example, one participant will play the role of a client during the "real play," and another participant will play the role of a service provider during the same "real play." The other participant in the group will be the observer. After each "real play," the roles of the participants will change so that every participant will have an opportunity to practice his or her questioning techniques.
19. Post the "Most Challenging Clients" flipchart on the wall (see page 2.27).
20. Explain the following directions for each role of the "real play":
    - Tell the groups to determine who will play the "service provider" and the client, and who will be the observer for the first "real play."
    - Tell the groups that when it is their turn to play the service provider, they can choose who the client will be. Ask them to review the "Most Challenging Clients" flipchart and choose one of the "most challenging clients" on the list, or to make up their own "most challenging client." When they decide who their client will be, they will describe the client to the participant in their group who will play that client and explain how they want the client to act. Explain to the groups that this is their opportunity to practice appropriate questioning techniques with the type of client with whom they have the most difficulty in a safe place, with other service providers whom they trust. Explain that this is also an opportunity to practice some new skills and behaviors. Encourage the groups to take risks.
    - Tell the groups that when it is their turn to play the "most challenging clients," they will follow the service provider's description as closely as they can. Tell them not to act impossibly difficult or wonderfully easy. Explain that to play their role effectively, they should imagine how this type of client feels and what he or she would say to a service provider. Explain to the groups that this is a great opportunity to learn more about the client's perspective.
    - Tell the groups that when it is their turn to play the observer, they will use the feedback guidelines on Participant Handout 2-9: Effective Feedback (see page 2.31). Explain that they will read the instructions on Participant Handout 2-10: Worksheet for Observation of Observation "Real Plays" and will write their observations on Participant Handout 2-11: Observer Instructions for "Real Plays." Explain to the groups that after they complete each "real play" (or after you stop the "real plays"),

the observer will facilitate a discussion using the instructions on Participant Handout 2-11: Observer Instructions for "Real Plays."

- Tell the groups that they will have 15 minutes to complete each "real play" and discussion, with each participant in a group playing all three roles.

21. Ask the groups to start doing the "real plays." Check the progress of the groups after five minutes to determine if they need help or more or less time.
22. After 10 minutes, stop the groups and ask the observers to provide feedback. Continue to conduct the activity until each participant in a group has an opportunity to play all three roles.
23. Reconvene the larger group.
24. Conclude the activity by discussing the following questions:
    - What was it like to be the "most challenging client"? Did playing this role give you a new awareness of the client's perspective?
    - What was it like to be the observer and observe the "real play" and to give feedback?
    - Did any service provider try something new and different? If a participant answers yes, ask him or her: "How did this new and different approach go?" If the participants say no, ask: "What stopped you from trying something new and different?"
    - What was it like to receive feedback? Did receiving feedback give you new perspectives or new ideas?
    - What would it be like to set up this type of "real-play" practice at your facility?

Note to the Trainer

- Remind the participants that sexual and reproductive health concerns are difficult for most people to talk about, so they may need more practice to feel comfortable discussing these concerns with clients. Tell the participants that most clients will be very grateful for the opportunity to talk about their sexual and reproductive health concerns in a professional, nonjudgmental setting.
- Remind the participants that the new information and skills they have learned eventually will become automatic.

Training Options

1. Although "real plays" enable the participants to work on problems and challenges that are real to them and, therefore, are more meaningful, you may decide to use role plays for this activity. Role plays ensure that specific problems or situations are addressed during the training. Depending on both the group and your goals for the training, you may choose either approach. You would conduct the role plays in exactly the same way as you did the "real plays" with one exception: Instead of asking the small groups of three to choose their "most challenging clients," you would distribute Participant Handout 2-12: Role Plays to the participants and assign a role play to each group. You would also distribute Participant Handout 2-13: Worksheet for Observation of Role Plays and Participant Handout 2-14: Observer Instructions for Role Plays.
2. If desired, write role-play scenarios to address other issues during the training.

Participant Handout 2-8

Taking a Sexual and Reproductive Health History

The objectives of taking a sexual and reproductive health history are:

- To identify symptoms of genital, sexual, and reproductive disorders
- To obtain information about sexual abuse, traumas, and injuries
- To identify risk factors for sexually transmitted infections (STIs)
- To elicit psychosocial concerns relating to the genitals, body image, sexuality, sexual orientation, and sexual dysfunction
- To determine whether the client needs additional information or education about sexual and reproductive health matters, such as contraceptive options

To effectively obtain a sexual and reproductive health history, divide the process into four steps:

1. Make the client feel comfortable.
2. Ask direct questions about the client's sexual and reproductive health.
3. Address the client's questions and concerns.
4. Ask follow-up questions specifically related to the client's questions and concerns.

The seven most important components of taking a sexual and reproductive history are the client's:

- Number and type of sexual partners
- Sexual activities
- Risk for contracting STIs
- Symptoms of infections, injuries, and disorders
- Sexual satisfaction
- Contraception
- Infertility and pregnancy

Participant Handout 2-9

Effective Feedback

Giving Effective Feedback	Receiving Feedback Effectively
• Provide brief but clear feedback. • Start with strengths. • Provide specific feedback. You might say, for example, "When you smiled, the client relaxed." • Focus on what is relevant. • Talk about specific behaviors, not overall style. You might say, for example, "You leaned forward and nodded."	• Say "Thank you," and try to understand it. • Ask questions. You might say, for example, "I'm not sure I understand. Can you give me an example?" • Make sure that you understand the feedback. Repeat the feedback. You might say, for example, "So, when I touched the client's shoulder, you think that made him uncomfortable?" • Be open to new perspectives, but remember that you do not have to agree with the feedback.

Participant Handout 2-10

Worksheet for Observation of "Real Plays"

Instructions

As you observe the "real play," write your observations in the chart below. In the left-hand column, write your observations of the specific tasks listed. In the right-hand column, write your observations of effective techniques, your suggestions for how the tasks could have been done more effectively, and missed opportunities. (You will use this worksheet to facilitate a discussion [see page 2.28].)

Specific Tasks	Effective Techniques, Suggestions, and Missed Opportunities
How does the service provider:	
• Put the client at ease? (Be specific. What does the provider do? Exactly how does he or she do this?)	
• Use open-ended questions to obtain more information?	
• Use closed questions to obtain specific information?	
• Normalize the client's concerns?	
• Keep the information simple and directly related to the client's concerns?	
Do the service provider and client together:*	
• Identify symptoms of genital, sexual, and reproductive disorders?	
• Discuss information about sexual abuse, traumas, and injuries?	
• Identify risk factors for sexually transmitted infections (STIs)?	
• Elicit psychosocial concerns relating to the genitals, body image, sexuality, sexual orientation, and sexual dysfunction?	
• Determine whether the client needs additional information or education about sexual and reproductive health matters, such as contraceptive options?	

* *Note:* Not all these concerns will be discussed in every "real play." What is most important is that the client's concerns are addressed.

Participant Handout 2-11

Observer Instructions for "Real Plays"

After you observe the "real play," you will do the following:

- Facilitate a discussion about the "real play."
  - Ask the participant who played the client:
    - What was it like to play the client?
    - What were some things the service provider did that helped make you feel comfortable?
  - Ask the participant who played the service provider:
    - What was it like to play the service provider?
    - What were some things you did that you thought were effective?
- Share your observations about the things the service provider *did* or *said* that helped accomplish the goals of taking a sexual and reproductive health history.
  - Ask the "client":
    - What suggestions do you have for the service provider?
    - What could the service provider have *done* or *said* differently?
  - Ask the "service provider":
    - What do you think you might do differently in the future?
- Share your observations and suggestions about how the "real play" might have been conducted differently.

Participant Handout 2-12

Role Plays

Role Play 1: Testicular Torsion

You are Mohammed, a 24-year-old Egyptian graduate student. You come to the health care facility with testicular pain and swelling. The problem started about two hours ago, and you thought it would get better on its own because it did when it happened before. You would prefer to talk to a male service provider, but you will talk to a female provider if necessary because you are very worried that you may have cancer. The pain is getting worse, and you have nausea and low-grade fever and are vomiting. You worry that if you have cancer, the treatment will involve castration, you will never have children, you will not carry on your family name, and you will cease to be "a man."

Role Play 2: Sexually Transmitted Infection (STI)

You are Effesone, an 18-year-old man who lives in a rural village 22 miles from Addis Ababa, Ethiopia. Two days ago, you noticed a blister on your penis, and the blister has gotten larger. You were not too worried originally because it was not that painful, but now you are worried because you have pain and swelling in the genital area. You also have a low-grade fever. This is the first time you have had something like this. You are also uncomfortable talking about sexual activity.

Role Play 3: Erectile Dysfunction

You are John, a 65-year-old man who lives in the Ukraine. You come to the health care facility with "sexual problems." You are slightly embarrassed and have difficulty responding to questions. Upon further questioning, you admit that you have had trouble maintaining an erection. The problem has been gradually getting worse for the past four years, and you now have trouble achieving an erection. You never told your regular service provider about this problem because you were embarrassed. However, you are not satisfied with your sex life and want help. You think that this problem is affecting your marriage. You also have had hypertension for 10 years, and recently your service provider told you that your cholesterol level is high. You have a family history of coronary artery disease, hypertension, and hypercholesterolemia. You take two hypertension medications.

You had smoked one pack of cigarettes a day for 30 years, but quit smoking two years ago. You also drink three beers each night.

Your work situation and home life are stressful. You are worried about losing your job, and your son has been arrested.

(continued)

Participant Handout 2-12 *(continued)*

Role Play 4: Paraphimosis

You are Usha, who lives in India. You bring your 5-year-old son, Dinesh, to the health care facility. He has been complaining of pain in his genital area since that morning. He has been cranky and crying intermittently. He told you that he could not urinate. Dinesh has no health problems.

Role Play 5: Urinary Retention

You are Louis, a 66-year-old man who lives in Tunis. You come to the health care facility in the late afternoon, accompanied by your son. You have not been able to urinate since yesterday, and now your abdomen feels full and painful. You have been healthy all of your life and have never been to a service provider. For the past few months, you have had trouble emptying your bladder. You have difficulty initiating a urinary stream. When the urine does come out, the stream is less forceful than usual. You also feel like your bladder does not empty completely. You are uncomfortable.

Participant Handout 2-13

Worksheet for Observation of Role Plays

Instructions

As you observe the role play, write your observations in the chart below. In the left-hand column, write your observations of the specific tasks listed. In the right-hand column, write your observations of effective techniques, your suggestions for how the tasks could have been done more effectively, and missed opportunities.

Specific Tasks	Effective Techniques, Suggestions, and Missed Opportunities
How does the service provider:	
• Put the client at ease? (Be specific. What does the provider do? Exactly how does he or she do this?)	
• Use open-ended questions to obtain more information?	
• Use closed questions to obtain specific information?	
• Normalize the client's concerns?	
• Keep the information simple and directly related to the client's concerns?	
Do the service provider and client together:*	
• Identify symptoms of genital, sexual, and reproductive disorders?	
• Discuss information about sexual abuse, traumas, and injuries?	
• Identify risk factors for sexually transmitted infections (STIs)?	
• Elicit psychosocial concerns relating to the genitals, body image, sexuality, sexual orientation, and sexual dysfunction?	
• Determine whether the client needs additional information or education about sexual and reproductive health matters, such as contraceptive options?	

* *Note:* Not all these concerns will be discussed in every role play. What is most important is that the client's concerns are addressed.

Participant Handout 2-14

Observer Instructions for Role Plays

After you observe the role play, you will do the following:

- Facilitate a discussion about the role play.
  - Ask the participant who played the client:
    - What was it like to play the client?
    - What were some things the service provider did that helped make you feel comfortable?
  - Ask the participant who played the service provider:
    - What was it like to play the service provider?
    - What were some things you did that you thought were effective?
- Share your observations about the things the service provider *did* or *said* that helped accomplish the goals of taking a sexual and reproductive health history.
  - Ask the client:
    - What suggestions do you have for the service provider?
    - What could the service provider have *done* or *said* differently?
  - Ask the service provider:
    - What do you think you might do differently in the future?
- Share your observations and suggestions about how the role play might have been conducted differently.

Communication Skills Review

(no corresponding content in the text)

◈ Training Activity: Wheel within a Wheel

Objective

To review communication skills and to develop plans for using them

Time

25 minutes

Materials

No materials are needed.

Advance Preparation

No advance preparation is needed.

Instructions

1. Explain to the participants that they will review the communication skills that they have learned in this training.
2. Ask the participants to count off by "1s" and "2s" by alternately saying "1" or "2" in sequence when their turn comes.
3. Ask the "1s" to stand in an empty area of the room, in a circle, shoulder-to-shoulder, facing out. Ask the "2s" to stand in a circle, around the "1s," facing in, forming an outer circle of "2s" and an inner circle of "1s." Explain that each "1" and "2" facing each other will be partners for this activity.
4. Tell the group that you will announce one communication skill, such as open-ended questions or active listening, at a time and will explain how to practice it.
5. Explain to the group that they will practice *open-ended questions* first. Ask the "1s" in the inner circle to complete the following sentence: "One thing I liked about this training was…."
6. Tell the "2s" in the outer circle to ask as many open-ended questions as possible to receive more detailed information. Allow one to two minutes for completion.
7. Tell the "2s" in the outer circle to move one person to the right. Ask the "2s" in the outer circle to complete the following sentence: "One thing I liked about this training was…." Tell the "1s" in the inner circle to ask as many open-ended questions as possible to receive more detailed information. Allow one to two minutes for completion.
8. Explain to the group that they will now practice *active listening*. Tell the "2s" in the outer circle to move one person to the right. Ask the "1s" in the inner circle to complete the following sentence: "One challenge I face in my work is…." Tell the "2s"

in the outer circle to practice active listening by making active-listening statements, such as:

- "It sounds like..."
- "You seem to be..."
- "It seems that you feel..."

Allow one to two minutes for completion.

9. Tell the "2s" in the outer circle to move one person to the right, and then to complete the following sentence: "One challenge I face in my work is...." Tell the "1s" in the inner circle to practice active listening by making active-listening statements. Allow one to two minutes for completion.
10. Explain to the group that they will now practice *affirming*. Tell the "2s" in the outer circle to move one person to the right. Ask the "1s" in the inner circle to complete the following sentence: "One thing I would like to do differently in my job is...." Tell the "2s" in the outer circle to offer supportive comments, such as:

    - "Good for you."
    - "That's a real strength."
    - "I admire that."

    Allow one to two minutes for completion.
11. Tell the "2s" in the outer circle to move one person to the right, and then to complete the following sentence: "One thing I would like to do differently in my job is...." Tell the "1s" in the inner circle to offer supportive comments. Allow one to two minutes for completion.
12. Reconvene the larger group, and ask the participants to comment on this activity.
13. Remind the participants that if they practice these communication skills with each other, the skills will not only come more naturally to them when they work with clients, but they will also help the participants build good working relationships with their colleagues.

Notes for

3 Performing a Genital Examination

These notes refer to the content provided on pages 3.1–3.18 of the text.

Chapter Purpose and Objectives

This chapter provides an understanding of the steps to use in performing a genital examination on a male client.

Upon completion of this chapter, the participants should be able to:

- Discuss the psychological and physical preparation of the client necessary for performing a genital examination on a male client
- Describe the steps of the genital examination
- Describe the techniques for obtaining urine and rectal specimens and prostate secretions
- Demonstrate gentle, respectful verbal and physical techniques for performing a simulated testicular and prostate examination
- Demonstrate ways to incorporate client education during a simulated genital examination

Training Time

3 hours, 35 minutes to 4 hours, 25 minutes, depending on if you use all the training activities. You may use the sample agenda on the next page to help plan your activities and time for this chapter.

Sample Agenda

Training Content	Training Method	Estimated Time	Recommended
Before the Genital Examination *(pages 3.1–3.3 of the text)*	Large-group activity: What Does It Mean to Be a Man? **AND** Large-group activity: Visualization **AND** Large-group activity: Managing Client Discomfort during the Genital Examination	35 minutes 25 minutes 20 minutes	✓ ✓
Preparing the Examination Area *(pages 3.1–3.2 of the text)*	Large-group activity: Genital Examination Word Jumble Game	20 minutes	✓
The Genital Examination, Step by Step *(pages 3.6–3.16 of the text)*	Large- and small-group activity: Stepping Stones: Directions for Performing a Genital Examination (three-part activity)	1 hour, 15 minutes	✓
Genital Examination Simulation *(no corresponding content in the text)*	Large-group activity: Practice Makes Perfect	1 hour	✓
Closing *(no corresponding content in the text)*	Small-group activity: Next Steps	30 minutes	

Advance Preparation

- Determine which training activities will be used to present the content of this chapter, and prepare or gather any supplies needed for the activities you will be conducting (as described in the activity's "Advance Preparation" section).
- Create flipcharts, as needed.

Introduction

Introduce this chapter by reading aloud the purpose and objectives, which appear on page 3.1 of this trainer's resource book.

Before the Genital Examination

(pages 3.1–3.3 of the text)

Training Activity: What Does It Mean to Be a Man?

Objective

To discuss the psychological preparation of the client necessary for performing a genital examination

Time

35 minutes

Materials

Flipcharts, markers, and tape

Advance Preparation

No advance preparation is needed.

Instructions

1. Explain to the participants that they will focus on understanding how a client might feel during a genital examination.
2. Ask the participants to think for a moment about some of the messages that their male clients received about being a man. Male participants can remember what they heard or were told about being a man; female participants can remember what they heard about how men are different from them.
3. Ask the participants to share some of these messages. Write their responses on a flipchart. The responses will probably include such messages as:
   - Men don't cry.
   - Men should be strong.
   - Men don't complain about pain, whether physical or emotional.
   - Men should always be in control of their feelings.
4. Ask the participants: "How might some of these messages affect your clients' experience when they have a genital examination?" Write their responses on a flipchart. These should include such responses as: "Men might not feel comfortable expressing their discomfort or pain" and "Men might not tell you if they don't want you to continue with certain parts of the genital examination."
5. Review the following points with the participants:
   - Having a genital examination is likely to be a very embarrassing experience for many clients, in part because of the common messages and myths about what it means to be a man that exist in most cultures.

- For a client, having a genital examination means being in a vulnerable, exposed situation, and he is likely to feel that he does not have control. This feeling is exactly opposite to how he may think he is "supposed" to feel as a man.

6. Ask the participants: "What are some ways that you, as service providers, can help your clients feel less vulnerable and exposed and more in control?" Write their responses on a flipchart. The responses should include such suggestions as:
   - Establish a rapport before performing the genital examination.
   - Establish a respectful relationship with clients by shaking their hand and making eye contact. (Review the behaviors discussed in Participant Handout 2-7: "Help Me Talk to You" Concerns Overview, which appears on page 2.21 of this trainer's resource, with the participants.)
   - Start the genital examination by performing a general physical assessment, then proceed to examine sensitive areas.
   - As you go through each step of the examination, briefly explain to the client what you are about to do and why.
   - Ask for the client's permission before touching sensitive body parts, such as his testes and anus, which is potentially embarrassing.
   - Teach the client how to perform a self-examination as you examine his breasts and scrotum.
   - Let the client know that he has the right to stop you at any time during the examination, and that you will immediately stop.
7. If the participants do not suggest that you can ask the client which position he would prefer to be in during the genital examination, remind them that this is another way to help him feel less vulnerable and exposed and more in control. Review the three positions for the genital examination with the participants, as discussed on page 3.6 of the text.
8. Ask the participants the following questions:
   - What would stop you from letting a client choose which position he would prefer to be in during the genital examination?
   - Which is more important during the genital examination: the client's preferences or the service provider's needs?
   - How can you compromise if you feel that a certain position is preferable during the genital examination, but it is not one with which the client is comfortable?
   - Would any physical disabilities make it impossible for a client to be in any of the three positions for the genital examination?

   Write their responses on a flipchart. These should include such responses as "I wouldn't let the client choose a position he preferred if it would make it impossible for me to perform the examination" and "I'd compromise by letting the client switch positions during the examination."

Training Activity: Visualization

Objective

To enable the participants to help clients feel comfortable during a genital examination

Time

25 minutes

Materials

- Pencils or pens
- Participant Handout 3-1: Worksheet for an Ideal Health Care Facility (page 3.7)

Advance Preparation

Make enough copies of Participant Handout 3-1: Worksheet for an Ideal Health Care Facility to distribute to all the participants.

Instructions

1. Explain to the participants that they will do a visualization that will enable them to help their clients feel more comfortable during a genital examination, and that they will record what they visualize.
2. Make sure the lights in the room are dimmed and that the participants are quiet and seated comfortably.
3. Explain to the participants that you will frequently remind them to breathe in and breathe out during this activity.
4. Ask the participants to close their eyes. Tell the participants to imagine that they are preparing to go to a new service provider and a new health care facility for an examination. Ask them to imagine themselves entering the facility for the first time.
5. Ask the participants the following questions:
   - *Breathe in.* What does the outside of the facility look like?
   - *Breathe out.* As you walk through the front door of the facility, what do you see?
   - *Breathe in.* How does the facility smell?
   - *Breathe out.* What do you hear? Is music playing? If so, what type of music do you hear?
   - *Breathe in.* How are you greeted?
   - *Breathe out.* How do the service providers interact with each other? How do they interact with you, the client?
   - *Breathe in.* How are the providers dressed?
   - *Breathe out.* How do you feel as a provider asks you personal questions about your health and lifestyle?

- *Breathe in.* What can the provider do to make you feel more comfortable?
- *Breathe out.* What do you see when you walk into an examination room? What does it look like? Do you see bright, attractive prints and colors, or do you see soothing blues and greens? Do you see medical models and anatomical prints on the wall?
- *Breathe in.* How does this examination room make you feel?
- *Breathe out.* How do you feel as you undress and climb up on the examination table?
- *Breathe in.* How do you feel when the provider begins the examination? Is anyone in the examination room with you and the provider? How do you feel? How do you react?
- *Breathe out.* How do you feel when the provider asks you to get dressed and then leaves the examination room?
- *Breathe in.* How do you feel now that the genital examination is completed?
- *Breathe out.* How do you feel as you leave the examination room, walk out the of the facility, and know that you have just experienced the most pleasant and relaxing physical examination you have ever had?
- *Breathe in. Breathe out, then hold your breath. Breathe in. Breathe out slowly.*
- Open your eyes.

6. Distribute copies of the handout to the participants.
7. Ask the participants to read the handout and record (write on the handout) what they imagined as you led them through the visualization. Allow 10 minutes for completion.
8. Tell the participants to keep the completed handouts for later review.

Participant Handout 3-1

Worksheet for an Ideal Health Care Facility

Instructions

You have just completed a visualization about what having an examination at an ideal health care facility might be like when you have no pain and no anxiety. Remember what you imagined during the visualization activity and answer the following questions:

- What does the outside of the facility look like?

  _____

  _____

  _____

- As you walk through the front door of the facility, what do you see?

  _____

  _____

  _____

- How does the facility smell?

  _____

  _____

  _____

- What do you hear? Is music playing? If so, what type of music do you hear?

  _____

  _____

  _____

- How are you greeted?

  _____

  _____

  _____

- How do the service providers interact with each other? How do they interact with you, the client?

  _____

  _____

  _____

(continued)

Participant Handout 3-1 *(continued)*

- How are the providers dressed?

_____

_____

_____

- How do you feel as a provider asks you personal questions about your health and lifestyle?

_____

_____

_____

- What can the provider do to make you feel more comfortable?

_____

_____

_____

- What do you see when you walk into an examination room? What does it look like? Do you see bright, attractive prints and colors, or do you see soothing blues and greens? Do you see medical models and anatomical prints on the wall?

_____

_____

_____

- How does this examination room make you feel?

_____

_____

_____

- How do you feel as you undress and climb up on the examination table?

_____

_____

_____

- How do you feel when the provider begins the examination? Is anyone in the examination room with you and the provider? How do you feel? How do you react?

_____

_____

_____

(continued)

Participant Handout 3-1 *(continued)*

- How do you feel when the provider asks you to get dressed and then leaves the examination room?

  _____

  _____

  _____

- How do you feel now that the genital examination is completed?

  _____

  _____

  _____

- How do you feel as you leave the examination room, walk out of the facility, and know that you have just experienced the most pleasant and relaxing physical examination you have ever had?

  _____

  _____

  _____

Training Activity: Managing Client Discomfort during the Genital Examination

Objective

To enable the participants to identify ways to help manage client pain and reduce client anxiety during a genital examination

Time

20 minutes

Materials

Flipcharts, markers, and tape

Advance Preparation

No advance preparation is needed.

Instructions

1. Explain to the participants that they will now discuss pain management and anxiety reduction.
2. Ask the participants to share some of their ideas about what might help manage a client's pain and reduce a client's anxiety during a genital examination. Write their responses on a flipchart.

Preparing the Examination Area

(pages 3.1–3.2 of the text)

◈ Training Activity: Genital Examination Word Jumble Game

Objective

To offer the participants a fun, nontraditional format in which to review the physical preparation necessary for performing a genital examination

Time

20 minutes

Materials

- Pencils or pens
- An inexpensive "prize" for the winner, such as a paper examination gown with the word "Winner" written on it
- Participant Handout 3-2: "Genital Examination Word Jumble" Game (page 3.13)
- Trainer's Resource: "Genital Examination Word Jumble" Game Questions and Answers (page 3.14)

Advance Preparation

1. Make enough copies of Participant Handout 3-2: "Genital Examination Word Jumble" Game to distribute to all the participants.
2. Write the word "Winner" on a paper examination gown with a marker.

Instructions

1. Distribute copies of Participant Handout 3-2: "Genital Examination Word Jumble" Game to the participants.
2. Read aloud the instructions provided on the handout. Ask the participants if they have any questions about the instructions. Tell them to begin playing the game. Allow 10 minutes for completion.
3. Ask the participants to share their answers. Begin with the first word or term, and continue playing the game until all the words and terms are completed correctly. If the participants have trouble unscrambling the letters, provide hints to help them determine the correct answers. Refer to the answers provided on the trainer's resource on page 3.14. The winner is the participant with the most points.
4. Award the prize to the winner.
5. Facilitate a discussion by asking the following questions:
   - Which of the items listed on the handout are essential for a genital examination?
   - What would you do if you did not have an essential item?

- What would you do if the lights in the examination area went out? Does your facility have a backup light source?
- What would you be able to see if a water main broke?
- What could you use if you did not have any water?
- What could you use as substitutes if a shipment of bandages, specimen cups, or examination table paper did not arrive?
- What could you use if the lidocaine was missing?
- What could you use if you received a shipment of defective gloves, each of which ripped when service providers put them on?

6. Review the essential steps of and supplies needed for preparing the examination area on pages 3.1–3.2 of the text.

Training Option

1. Ask the participants to play the "Genital Examination Word Jumble" game as teams. As advance preparation, write the word "Winner" on several paper examination gowns with a marker (for example, five or six gowns, depending on the size of each small group, which you will know beforehand). Divide the participants into small groups (of, for example, five or six) to play the game. Award the prizes to the winning team.
2. Award the prize(s) to the participant (or team) who completes the game first.
3. Write your own discussion questions that promote the sharing of ideas and creative problem solving.

Participant Handout 3-2

"Genital Examination Word Jumble" Game

Instructions

You will have 10 minutes to unscramble the terms below, which represent the items needed to perform a genital examination. Some terms are more difficult than others, so points have been assigned according to the term's degree of difficulty.

Good luck!

A.	wogsn	_____	1
B.	pedasr	_____	1
C.	aextl levsgo	_____	1
D.	ynliv voelgs	_____	1
E.	gliht ceuors	_____	2
F.	nifmyigagn salgs	_____	2
G.	lerhatur basws	_____	2
H.	rygesins	_____	1
I.	alsgs dlesis	_____	2
J.	cepempnis pucs	_____	2
K.	cutoltc dolob tik nda argeten	_____	3
L.	quietourn	_____	2
M.	bodol bestu	_____	2
N.	bellas	_____	2
O.	slenede	_____	1
P.	gasandeb	_____	1
Q.	prassh tricnaneo	_____	2
R.	crabinult	_____	2
S.	cioliaden	_____	2
T.	bicajelten callo chaintetes	_____	3
U.	batle prepa	_____	2
V.	lopwil	_____	1
W.	situses	_____	1
X.	otof triprus scerov	_____	3
Y.	tinlec cuteadoni trimaleas	_____	3
Z.	smondoc	_____	1

Trainer's Resource: "Genital Examination Word Jumble" Game Questions and Answers

A.	wogsn	**gowns**	1
B.	pedasr	**drapes**	1
C.	aextl levsgo	**latex gloves**	1
D.	ynliv voelgs	**vinyl gloves**	1
E.	gliht ceuors	**light source**	2
F.	nifmyigagn salgs	**magnifying glass**	2
G.	lerhatur basws	**urethral swabs**	2
H.	rygesins	**syringes**	1
I.	alsgs dlesis	**glass slides**	2
J.	cepempnis pucs	**specimen cups**	2
K.	cutoltc dolob tik nda argeten	**occult blood kit and reagent**	3
L.	quietourn	**tourniquet**	2
M.	bodol bestu	**blood tubes**	2
N.	bellas	**labels**	2
O.	slenede	**needles**	1
P.	gasandeb	**bandages**	1
Q.	prassh tricnaneo	**sharps container**	2
R.	crabinult	**lubricant**	2
S.	cioliaden	**lidocaine**	2
T.	bicajelten callo chaintetes	**injectable local anesthetic**	3
U.	batle prepa	**table paper**	2
V.	lopwil	**pillow**	1
W.	situses	**tissues**	1
X.	otof triprus scerov	**foot stirrup covers**	3
Y.	tinlec cuteadoni trimaleas	**client education materials**	3
Z.	smondoc	**condoms**	1

The Genital Examination, Step by Step

(pages 3.6–3.16 of the text)

Training Activity: Stepping Stones: Directions for Performing a Genital Examination

Objective

To describe the parts of a genital examination, with step-by-step direction

Time

1 hour, 15 minutes

Materials

- Differently colored index cards (or sheets of paper)
- Flipcharts, markers, and tape
- Several copies of *Management of Men's Reproductive Health Problems* (the text)
- Participant Handout 3-3: Genital Examination Overview (page 3.20)
- Trainer's Resource: Sample Supportive Statements for Performing a Genital Examination (page 3.25)

Advance Preparation

1. Make enough copies of Participant Handout 3-3: Genital Examination Overview to distribute to all the participants.
2. Prepare two sets of differently colored index cards (or sheets of paper) as follows:
   - Using index cards of one color, write the following steps of a genital examination on the cards, one step per card:
     - Perform a general physical assessment.
     - Perform a breast examination, and teach the client how to perform a breast self-examination.
     - Perform a lower abdomen examination.
     - Check the cremaster reflex.
     - Inspect the pubis.
     - Inspect the penis.
     - Inspect the scrotum, and teach the client how to perform a genital self-examination.
     - Palpate the scrotal contents.
     - Palpate for an inguinal hernia.
     - Inspect the perineum and anal orifice.
     - Examine the prostate gland.
     - Obtain prostate, rectal, and urine specimens, if indicated.

- Using index cards of another color, write the following supportive statements for performing a genital examination on the cards, one statement per card:
  - "I'll explain each step of the examination as we go along."
  - "You must tell me immediately if at any time you feel pain or feel anxious. I'll stop and help you become more comfortable."
  - "You did an excellent job in correctly demonstrating this technique."
  - "You've done a good job in demonstrating to me your ability to do this important check. Can you tell me how often you'll do this?"
  - "I need you to stand for this next step. Please bear down as if you're lifting a heavy object. Good job!"
  - "I'll be placing my hand by your bladder, and I'll need you to bear down so that I can feel for any bulging. Let me know if this causes you any discomfort."
  - "During the next part of the examination, I'll very gently place my hand on your inner thigh as I check your sensory and motor nerves. This is your chance to rest and relax."
  - "It's important for me to evaluate your sensory and motor nerves, and I'll carefully place my hand on the inner part of your thigh, next to your scrotum."
  - "I'm examining your pubic hair at this time. Can you tell me if you've had any abnormal scratching or itching in this area?"
  - "Everything looks normal as I examine your pubic hair. Are you able to describe any problem with itching or scratching around this part of your body?"
  - "It's normal to have an erection during this examination. You don't need to be concerned or worried about it."
  - "Everything looks normal in shape and size. I don't see any abnormalities here."
  - "I'll be using both my hands very gently to feel for any areas that may be abnormal."
  - "You did an excellent job in showing me that you can perform this important self-examination. When do you feel it would be most convenient for you to perform this on your own?"
  - "I'll do everything I can to make this as comfortable as possible."
  - "Let me know when it's all right to check your right testicle."
  - "You may feel some pressure now. This may be uncomfortable, but it shouldn't be painful. Please let me know if you feel any pain."
  - "Slow, deep breathing may help you relax as I use my finger to probe a very sensitive area. Please let me know if you feel any pain."
  - "I'll need you to lie on your side with your knees flexed for the next part of the examination."
  - "You don't have to do anything. Just take some deep breaths, and ask me any questions you may have at this point."
  - "I'm going to do this test for you, and I'll let you know the results as soon as I have them."
- Write the steps of a genital examination (see above) on flipcharts, one step per flipchart.

Instructions

1. Explain the **first part** of the activity to the participants. Tell them that they will be focusing on the steps of the genital examination. Explain to the volunteers that you want them to determine, as a group, the order in which the steps of the genital examination should occur. Tell the volunteers that when they agree on the order of the steps, they should physically arrange themselves in the correct order. Explain that they should do this *without talking.* Allow 20 minutes for completion.

   Note to the trainer: Having the volunteers determine the correct order of the steps and physically arrange themselves in this order without talking makes this activity more fun and challenging. Because this approach also requires more physical contact, use it only when it seems appropriate for the group.
2. Ask for 12 volunteers to walk to the front of the room.
3. Shuffle the cards with the steps of the genital examination written on them so that they are out of order, and randomly distribute one index card to each volunteer.
4. While the volunteers determine the correct order of the steps, explain to the other participants that they will have an opportunity to comment on the volunteers' work.
5. After the volunteers have agreed on the correct order of the steps and have arranged themselves in order, ask each volunteer, in order, to read aloud the step written on his or her card, and then to hold the card in front of him or her so the other participants can see it.
6. After all the volunteers have read aloud the steps on their cards in the order they have determined, ask the other participants if they agree with this order by asking them: "Would you put any steps in a different order?" If one or more participants suggests a change, discuss it in the large group and decide when the step should occur. Allow 10 minutes for discussion.
7. If the volunteers have arranged the steps in the correct order, acknowledge their efforts. If the volunteers have not arranged the steps in the correct order, provide the correct order.
8. Ask the participants: "Why is the order of the steps of a genital examination so important?" Allow five minutes for discussion.
9. Remind the participants that performing the steps of a genital examination in the correct order—performing a general physical assessment first, then proceeding to examine sensitive areas—helps the client relax and feel comfortable. By teaching self-examination of the breast and scrotum during the genital examination, the service provider enables the client to feel more in control.

() Training Option

As an alternative, prepare several sets of brightly colored index cards with the steps of the genital examination written on them. Divide the participants into small groups, and distribute a complete set of cards to each group. Ask each group to arrange the cards in the correct order and either to lay out the cards in order on a table or to post the cards in order on a wall. (You will need to make sure that the training room has an adequate number of tables, or to bring tape with you.) Ask the groups to walk around the room, review the order of each set of cards, and see if they agreed on the order of the cards. Continue to conduct the activity as instructed.

10. Explain the **second part** of the activity to the participants. Tell them that they will focus on explaining in detail each step of the genital examination.
11. Divide the participants into small groups of two or three.
12. Distribute two or three index cards with the steps of the genital examination written on them, a flipchart, and a marker to each group. (The number of cards you distribute to each group will depend on the number of participants and the number of small groups.)
13. Tell the groups that for each step, they should discuss and describe what should happen in the step and explain why the step is necessary (i.e., what the service provider is checking for). Ask each group to read the steps on the cards and then to respond to the questions. Ask each group to choose a recorder who will write the group's responses on the flipchart. Allow 10 minutes for completion.

    Note to the trainer: If this content is new to the participants, have copies of the text available for this activity and encourage the participants to refer to it as they answer the questions.
14. Reconvene the larger group, and ask the recorders of each group to post their flipcharts on the wall. When all the reporters have posted their flipcharts, ask a volunteer from each group to read aloud the step and the responses. Begin with the first step, "Perform a general physical assessment." Allow the group a few moments to think about the responses.
15. Ask the participants the following questions:
    - Would you do anything differently?
    - What else might be included here?
    - What else could the service provider do to make the client feel more comfortable?
16. Record the participants' suggestions on a flipchart.
17. Continue to conduct the activity until the participants have an opportunity to read and discuss the flipcharts in the correct order. Allow 10 minutes for discussion.
18. Explain the **third part** of the activity to the participants. Tell them that they will identify supportive statements that they can use with clients during a genital examination.
19. Divide the participants into pairs.
20. Shuffle the cards with the supportive statements written on them so they are out of order, and randomly distribute one or two cards to each pair. The number of cards you distribute to each pair will depend on the number of participants and the number of small groups.
21. Ask the pairs to walk around the room and post their card(s) on the flipchart(s) with the step(s) of a genital examination with which the pairs think the supportive statement(s) fits *best.* Allow 10 minutes for completion.

    Note to the trainer: Some of the cards will fit with many of the steps, while other cards are specific to only one step. If a pair has a card with a general supportive statement that fits several steps, ask the pair to wait until the other pairs have posted their card(s) on the flipchart(s), and then to post their more general card on one of the flipcharts that does not have a card.

22. After all the pairs have posted their card(s) on the flipchart(s), ask the pairs to walk around the room and read the flipcharts. Allow the pairs 10 minutes to read the flipcharts.
23. Ask the participants the following questions:
    - Do you think this part of the activity was difficult? If a participant says yes, ask, "How difficult do you think it was?" and "Why did you think it was difficult?"
    - Did you and your partner disagree about where to post the card(s)? If a pair says yes, ask the pair to explain the disagreement.
    - Which supportive statements fit with more than one step?
    - How did you decide which flipchart(s) to post the card(s) on?
24. Distribute the handout to the participants.
25. Conclude the activity by reviewing the important points below.

    Supportive statements and actions throughout a genital examination are important, not only in establishing a rapport with the client, but in actually making it easier for a service provider to perform a genital examination. When the client is relaxed and cooperative, the examination takes less time and the client is more open to receiving important information about his body and sexual and reproductive health. When the client is nervous, his muscles tighten, which makes the examination extremely difficult. The client is focused only on his pain and anxiety and is unable to comprehend any preventive health care measures that are necessary to good health.

Participant Handout 3-3

Genital Examination Overview

Examination Step	Purpose	Techniques	Supportive Statements
Perform a general physical assessment.	• To get a general impression of the client's physical health • To learn which aspects of the client's health require a more thorough examination	• Assess that the client is not in obvious physical distress (i.e., is breathing normally, has good vital signs [blood pressure, pulse, respiratory rate, temperature], does not need to sit propped up). • Check that the client is alert; oriented to person, place, and time; and groomed. • Assess the client's nutritional status, pallor, secondary sex characteristics, stature, and habitus. • Examine the client for edema, jaundice, cyanosis, and lymphadenopathy.	• "I'll explain each step of the examination as we go along." • "You must tell me immediately if at any time you feel pain or feel anxious. I'll stop and help you become more comfortable."
Perform a breast examination, and teach the client how to perform a breast self-examination.	• To confirm that the clients' breasts are normal and healthy • To detect and investigate any abnormalities early, so that they are diagnosed and treated before they lead to long-term complications	• Explain to the client that he will begin the breast self-examination by inspecting his breasts while standing in front of a mirror. Tell the client that he will start with his hands hanging at his sides, and then will move his hands over his head, and then pressed firmly on his hips to contract the chest muscles. Explain that these positions will enable him to identify any abnormal variation in breast size, contour, asymmetry, nipple retraction, edema, and discoloration or retraction of the skin.	• "You did an excellent job in correctly demonstrating this technique." • "You've done a good job in demonstrating to me your ability to do this important check. Can you tell me how often you'll do this?"

(continued)

Participant Handout 3-3 *(continued)*

Examination Step	Purpose	Techniques	Supportive Statements
Perform a breast examination, and teach the client how to perform a breast self-examination. *(continued)*		• Explain to the client that he will continue the examination by assuming a supine position while checking for lumps. Next, he will palpate his right breast with the fingers of his left hand. Tell him that he will then repeat the procedure, palpating his left breast with the fingers of his right hand. Explain that it might be easier to discover a lump when he is bathing or showering and his skin is moist.	
Perform a lower abdomen examination.	• To detect any abnormal masses or areas of tenderness or fluid collection	• Check for distension, distended veins on the lower abdomen, asymmetry, protrusion of the umbilicus, and movement with respiration. • Continue with superficial and then deep palpation to better define any masses and areas of tenderness. • Follow with **percussion** to locate areas with solid swellings, fluid accumulation, or gas entrapment. • Next, **auscultation** with a stethoscope will identify any abnormal sounds such as those from dilated blood vessels, aneurysms, and a distended abdomen.	• "I need you to stand for this next step. Please bear down as if you're lifting a heavy object. Good job!" • "I'll be placing my hand by your bladder area, and I'll need you to bear down so that I can feel for any bulging. Let me know if this causes you any discomfort."

(continued)

Participant Handout 3-3 *(continued)*

Examination Step	Purpose	Techniques	Supportive Statements
Check the cremaster reflex.	• To check the integrity of the sensory and motor nerves	• Lightly stroke the inner thigh on each side, and observe whether the testicle on the same side pulls upward, slightly toward the groin.	• "During the next part of the examination, I'll very gently place my hand on your inner thigh as I check your sensory and motor nerves. This is your chance to rest and relax." • "It is important for me to evaluate your sensory and motor nerves, and I'll carefully place my hand on the inner part of your thigh, next to your scrotum."
Inspect the pubis.	• To check the client's hair and skin for lice, folliculitis, lesions, rash, and signs of scratching	• Inspect the pubis for hair distribution, infestation, infection, lesions, and the client's skin color.	• "I'm examining your pubic hair at this time. Can you tell me if you've had any abnormal scratching or itching in this area?" • "Everything looks normal as I examine your pubic hair. Are you able to describe any problem with itching or scratching around this part of your body?"

(continued)

Participant Handout 3-3 *(continued)*

Examination Step	Purpose	Techniques	Supportive Statements
Inspect the penis.	• To observe for abnormalities, such as phlebitis, abrasions, tumors, lesions, chancres, and eruptions; signs of infection (opportunistic); or lesions (Kaposi's sarcoma)	• Palpate the penis if indicated by history and inspection. • Retract the foreskin or ask the client to, and observe whether it retracts easily. Look for lesions, chancres, and eruptions. • Note signs of infection or poor hygiene. • Inspect the shaft of the penis and the glans for lesions, sores, abrasions, and tumors.	• "It's normal to have an erection during this examination. You don't need to be concerned or worried about it." • "Everything looks normal in shape and size. I don't see any abnormalities here."
Inspect the scrotum, and teach the client how to perform a genital self-examination.	• To check for asymmetrical fullness, which may suggest a hernia, varicocele, hydrocele, or testicular cancer	• Look for bacterial or fungal infections and skin lesions. Observe any asymmetrical fullness. Teach the client how to perform a genital self-examination, with return demonstration.	• "I'll be using both of my hands very gently to feel for any areas that may be abnormal." • "You did an excellent job in showing me that you can perform this important self-examination. When do you feel it would be most convenient for you to perform this on your own?"
Palpate the scrotal contents.	• To check for cryptorchidism, temporary migration of the testicle, testicular cancer, epididymitis, absence of a vas (which, if bilateral, indicates infertility), enlargement of a vas (which indicates tuberculosis), hydrocele, or hernia	• Check each half of the scrotum for a testicle, an epididymis, and a spermatic cord.	• "I'll do everything I can to make this as comfortable as possible." • "Let me know when it's all right to check your right testicle."

(continued)

Participant Handout 3-3 *(continued)*

Examination Step	Purpose	Techniques	Supportive Statements
Palpate for an inguinal hernia.	• To check for an inguinal hernia (If present, pressure from a soft mass pushing through the inguinal canal will be felt on the tip of the index finger.)	• Insert the index finger into the scrotal wall, and follow the vas to the inguinal ring as the client bears down.	• "You may feel some pressure now. This may be uncomfortable, but it shouldn't be painful. Please let me know if you feel any pain." • "Slow, deep breathing may help you relax as I use my finger to probe a very sensitive area. Please let me know if you feel any pain."
Inspect the perineum and anal orifice.	• To identify hemorrhoids, scars from trauma, warts, lesions, rectal bleeding, ulcers, and mucus discharge	• Look at the perineum and anal orifice. • Perform a rectal digital examination. • Elicit the bulbocavernosus reflex.	• "I'll need you to lie on your side with your knees flexed for the next part of the examination."
Examine the prostate gland.	• To evaluate for consistency, symmetry, smoothness, size, and tenderness of the prostate gland	• Palpate the prostate gland with the fingertip of the index finger. • Palpate the seminal vesicle. • Check the rectal walls and urethral meatus.	• "You don't have to do anything. Just take some relaxing breaths, and ask me any questions you may have at this point."
Obtain prostate, rectal, and urine specimens if indicated.	• To test for gonorrhea	• During prostatic massage, collect drops of prostatic secretions directly into a sterile container. • After the prostatic palpation, gently withdraw the index finger and transfer the stool on the glove to a specimen holder. • Retract the foreskin (if the client is uncircumcised), and obtain a midstream urine sample.	• "Because I see discharge present, I'll be taking a specimen with a cotton swab to test for infection." • "I'm going to do this test for you, and I'll let you know the results as soon as I have them."

Trainer's Resource: Sample Supportive Statements for Performing a Genital Examination

Perform a general physical assessment.

- "I'll explain each step of the examination as we go along."
- "You must tell me immediately if at any time you feel pain or feel anxious. I'll stop and help you become more comfortable."

Perform a breast examination, and teach the client how to perform a breast self-examination.

- "You did an excellent job in correctly demonstrating this technique."
- "You've done a good job in demonstrating to me your ability to do this important check. Can you tell me how often you'll do this?"

Perform a lower abdomen examination.

- "I need you to stand for this next step. Please bear down as if you're lifting a heavy object. Good job!"
- "I'll be placing my hand by your bladder area, and I'll need you to bear down so that I can feel for any bulging. Let me know if this causes you any discomfort."

Check the cremaster reflex.

- "During the next part of the examination, I'll very gently place my hand on your inner thigh as I check your sensory and motor nerves. This is your chance to rest and relax."
- "It's important for me to evaluate your sensory and motor nerves, and I'll carefully place my hand on the inner part of your thigh, next to your scrotum."

Inspect the pubis.

- "I'm examining your pubic hair at this time. Can you tell me if you've had any abnormal scratching or itching in this area?"
- "Everything looks normal as I examine your pubic hair. Are you able to describe any problem with itching or scratching around this part of your body?"

Inspect the penis.

- "It's normal to have an erection during this examination. You don't need to be concerned or worried about it."
- "Everything looks normal in shape and size. I don't see any abnormalities here."

(continued)

Trainer's Resource: Sample Supportive Statements for Performing a Genital Examination *(continued)*

Inspect the scrotum, and teach the client how to perform a genital self-examination.

- "I'll be using both my hands very gently to feel for any areas that may be abnormal."
- "You did an excellent job in showing me that you can perform this important self-examination. When do you feel it would be most convenient for you to perform this on your own?"

Palpate the scrotal contents.

- "I'll do everything I can to make this as comfortable as possible."
- "Let me know when it's all right to check your right testicle."

Palpate for an inguinal hernia.

- "You may feel some pressure now. This may be uncomfortable, but it shouldn't be painful. Please let me know if you feel any pain."
- "Slow, deep breathing may help you relax as I use my finger to probe a very sensitive area. Please let me know if you feel any pain."

Inspect the perineum and anal orifice.

- "I'll need you to lie on your side with your knees flexed for the next part of the examination."

Examine the prostate gland.

- "You don't have to do anything. Just take some deep breaths, and ask me any questions you may have at this point."

Obtain prostate, rectal, and urine specimens, if indicated.

- "Because I see discharge present, I'll be taking a specimen with a cotton swab to test for infection."
- "I'm going to do this test for you, and I'll let you know the results as soon as I have them."

Genital Examination Simulation

(no corresponding content in the text)

◈ Training Activity: Practice Makes Perfect

Objectives

1. To demonstrate gentle, respectful verbal and physical techniques when performing a genital examination simulation
2. To demonstrate the incorporation of client education during a genital examination simulation
3. To practice the skills necessary for a genital examination of a male client

Time

1 hour

Materials

- Penis, scrotum, and perineum models
- One clipboard for each group of three participants
- Pencils or pens
- Participant Handout 3-4: Checklist for Performing a Genital Examination (page 3.29)
- Participant Handout 3-5: Worksheet for Observation of Genital Examination Simulation (page 3.30)
- Participant Handout 3-6: Sample Supportive Statements for Performing a Genital Examination (page 3.31)

Note to the Trainer
If penis, scrotum, and perineum models are not available, make cardboard cutouts of the three body parts. You will need cardboard and scissors. Alternately, you can use fruit (e.g., bananas, peaches) to represent the three body parts.

Advance Preparation

Make enough copies of the three participant handouts (handouts 3-4 through 3-6) to distribute to all the participants.

Instructions

1. Explain to the participants that they will practice performing the steps of a genital examination by doing a simulation and will practice giving and receiving objective feedback.
2. Divide the participants into groups of three. Ask for a volunteer to be the "director," who will direct the (simulated) genital examination and play the client during the geni-

tal examination simulation. Once the "director" of each group is chosen, ask the "directors" to choose both the "actor," who will perform the (simulated) genital examination and play the service provider, and the "observer," who will write his or her observations on the "chart." Explain that the "chart" is Participant Handout 3-5: Worksheet for Observation of Genital Examination Simulation, which the "observer" will attach to a clipboard.

3. Distribute Participant Handout 3-4: Checklist for Performing a Genital Examination and Participant Handout 3-5: Worksheet for Observation of Genital Examination Simulation to the participants. Explain that the "director" will read aloud each of the 12 steps of the genital examination, one at a time, and that after the "director" reads each step, the "actor" will make a supportive statement and demonstrate the corresponding technique. Explain that as the "actor" makes a supportive statement and demonstrates the corresponding technique on the model, the "observer" will write his or her observations on the "chart." Explain that these observations should indicate which supportive statements and techniques the "actor" (the service provider) made were effective and which need improvement, as well as suggestions for improving them.
4. Explain that the steps will be divided into three sets: The first set will consist of steps 1 to 4, the second set will consist of steps 5 to 8, and the third set will consist of steps 9 to 12. Explain that each group will have 10 minutes to complete each set of steps, then the "director" will "stop the action." The "observer" will have five minutes to give *specific, behavior-based* feedback to the "actor" by reading the observations on the "chart." Explain that the "director" may give the same type of feedback to the "actor." Explain that the participants will switch roles after each set of steps has been completed.
5. After the first set of steps (steps 1 to 4) have been completed, ask the participants to switch roles and complete the second set of steps (steps 5 to 8).
6. Continue to conduct the activity until all three sets of steps have been completed and each participant has had an opportunity to play all three roles.
7. Reconvene the larger group, and distribute Participant Handout 3-6: Sample Supportive Statements for Performing a Genital Examination to the participants. Review the sample supportive statements.
8. Conclude the activity by discussing the questions below.

? Discussion Questions

- What was the first set of steps like for you?
- What was the second set of steps like for you?
- What was the third set of steps like for you?
- Which suggestions helped?
- What was being observed and receiving feedback like for you?
- Will this simulation of a genital examination help you perform an actual genital examination?

Participant Handout 3-4

Checklist for Performing a Genital Examination

1. Perform a general physical assessment.
2. Perform a breast examination, and teach the client how to perform a breast self-examination.
3. Perform a lower abdomen examination.
4. Check the cremaster reflex.
5. Inspect the pubis.
6. Inspect the penis.
7. Inspect the scrotum, and teach the client how to perform a genital self-examination.
8. Palpate the scrotal contents.
9. Palpate for an inguinal hernia.
10. Inspect the perineum and anal orifice.
11. Examine the prostate gland.
12. Obtain prostate, rectal, and urine specimens, if indicated.

Participant Handout 3-5

Worksheet for Observation of Genital Examination Simulation

Instructions

As you observe the genital examination simulation, write your observations in the chart below. In the center column, write your observations of effective techniques that the "actor" used when making a supportive statement and demonstrating the specific task. In the right-hand column, write your suggestions for how the tasks could have been done more effectively.

Specific Task	Effective Techniques	Suggestions
Perform a general physical assessment.		
Perform a breast examination, and teach the client how to perform a breast self-examination.		
Perform a lower abdomen examination.		
Check the cremaster reflex.		
Inspect the pubis.		
Inspect the penis.		
Inspect the scrotum, and teach the client how to perform a genital self-examination.		
Palpate the scrotal contents.		
Palpate for an inguinal hernia.		
Inspect the perineum and anal orifice.		
Examine the prostate gland.		
Obtain prostate, rectal, and urine specimens, if indicated.		

Participant Handout 3-6

Sample Supportive Statements for Performing a Genital Examination

Perform a general physical assessment.

- "I'll explain each step of the examination as we go along."
- "You must tell me immediately if at any time you feel pain or feel anxious. I'll stop and help you become more comfortable."

Perform a breast examination, and teach the client how to perform a breast self-examination.

- "You did an excellent job in correctly demonstrating this technique."
- "You've done a good job in demonstrating to me your ability to do this important check. Can you tell me how often you'll do this?"

Perform a lower abdomen examination.

- "I need you to stand for this next step. Please bear down as if you're lifting a heavy object. Good job!"
- "I'll be placing my hand by your bladder area, and I'll need you to bear down so that I can feel for any bulging. Let me know if this causes you any discomfort."

Check the cremaster reflex.

- "During the next part of the examination, I'll very gently place my hand on your inner thigh as I check your sensory and motor nerves. This is your chance to rest and relax."
- "It's important for me to evaluate your sensory and motor nerves, and I'll carefully place my hand on the inner part of your thigh, next to your scrotum."

Inspect the pubis.

- "I'm examining your pubic hair at this time. Can you tell me if you've had any abnormal scratching or itching in this area?"
- "Everything looks normal as I examine your pubic hair. Are you able to describe any problem with itching or scratching around this part of your body?"

Inspect the penis.

- "It's normal to have an erection during this examination. You don't need to be concerned or worried about it."
- "Everything looks normal in shape and size. I don't see any abnormalities here.

(continued)

Participant Handout 3-6 *(continued)*

Inspect the scrotum, and teach the client how to perform a genital self-examination.

- "I'll be using both my hands very gently to feel for any areas that may be abnormal."
- "You did an excellent job in showing me that you can perform this important self-examination. When do you feel it would be most convenient for you to perform this on your own?"

Palpate the scrotal contents.

- "I'll do everything I can to make this as comfortable as possible."
- "Let me know when it's all right to check your right testicle."

Palpate for an inguinal hernia.

- "You may feel some pressure now. This may be uncomfortable, but it shouldn't be painful. Please let me know if you feel any pain."
- "Slow, deep breathing may help you relax as I use my finger to probe a very sensitive area. Please let me know if you feel any pain."

Inspect the perineum and anal orifice.

- "I'll need you to lie on your side with your knees flexed for the next part of the examination."

Examine the prostate gland.

- "You don't have to do anything. Just take some deep breaths, and ask me any questions you may have at this point."

Obtain prostate, rectal, and urine specimens, if indicated.

- "Because I see discharge present, I'll be taking a specimen with a cotton swab to test for infection."
- "I'm going to do this test for you, and I'll let you know the results as soon as I have them."

Closing

(no corresponding content in the text)

Training Activity: Next Steps

Objectives

1. To give the participants an opportunity to discuss their plans for using what they have learned during the training with one other participant
2. To develop a plan for putting their new skills into practice

Time

30 minutes

Materials

- Paper
- Pencils or pens
- Participant Handout 3-7: Sample Questions for Consultants (page 3.35)

Advance Preparation

Make enough copies of Participant Handout 3-7: Sample Questions for Consultants to distribute to all the participants.

Instructions

1. Distribute the paper and pencils or pens to the participants.
2. Ask the participants to think of some aspect of their work they plan to do differently as a result of today's training. Explain that their goal should not be too simple or easy, but that it should be challenging. Explain that their goal could also be related to something that they have some concerns about. Ask the participants to write about their goal on the piece of paper. Allow 10 minutes for completion.
3. Divide the participants into pairs.
4. Distribute the handout to the participants.
5. Explain that they will have an opportunity to act as consultants to one another. Tell each pair that they will take turns sharing their goals. Explain that when they listen to their partner's goal, they will play the role of the consultant and *cannot* give advice. The consultant can respond only by asking his or her partner open-ended questions, like the questions listed in the handout.
6. Ask the participants to read the handout, then read aloud the sample questions for consultants.
7. Explain to the participants that when they play the role of the consultant, they should not necessarily ask the sample questions in the order listed; they can ask the questions

in whatever order makes sense, depending on the nature of their partner's goal. Tell the participants that they can ask other open-ended questions as well, and that the questions can reflect their feelings if this seems appropriate. Explain that each partner will play the role of the consultant for 10 minutes and will share his or her goal for 10 minutes. Ask for a volunteer from each pair to play the role of the consultant first.

8. Reconvene the group.
9. Conclude the activity by discussing the questions below.

? Discussion Questions

- What was it like to *ask* these kinds of questions?

  Note to the trainer: Many participants respond to this question by saying that they felt uncomfortable or intrusive. If the participants respond in this way, do not comment; simply move on to the next question.

- What was it like to *be asked* these kinds of questions?
- How well do you use this simple tool (asking questions and really listening) with your clients?
- How well do you use this simple tool with your colleagues?

If the participants respond to the preceding two questions by saying "Not well," ask:

- What stops you? What can help you remember?

Participant Handout 3-7

Sample Questions for Consultants

- What have you already tried?
- What makes you want to do (change) this?
- What ideas do you have about addressing this?
- What will you do first?
- Who can help you with this?
- Who will be the most supportive?
- Who will be the most challenging?
- What will you do if...?
- Where would this take place?
- What will that be like?
- When have you done something similar to this?
- And then...?
- And so...?
- What is the worst that can happen?
- What is the most hopeful outcome you can imagine?

Appendixes

Evaluation of Training		ET.i
Appendix A:	Management of Men's Reproductive Health Problems Assessment Survey	A.1
Appendix B:	Knowledge, Attitudes, and Practices (KAP) Survey	B.1
Appendix C:	Instructions for Administering the KAP Survey	C.1
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Appendix H:	Instructions for Role Plays for Management of Men's Reproductive Health Problems	H.1
Appendix I:	Instructions for Rating the Role Plays	I.1
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Appendix K:	End-of-Training Evaluation Form	K.1

Evaluation of Training

EngenderHealth has developed several tools that you can use to adapt the training course to accommodate the participants' needs and to evaluate the overall impact of the training course. These are:

- **Appendix A: Management of Men's Reproductive Health Problems Assessment Survey**
  This survey is designed to help you understand the history of sexual and reproductive health services at the facility and enable you to adapt the training to the participants' needs.

- **Appendix B: Knowledge, Attitudes, and Practices (KAP) Survey**
  This survey is designed to help you compare the participants' range of knowledge, attitudes, and practices relating to sexual and reproductive health services at the beginning and the end of the course to gauge how much the participants learned in the training. Ideally, you will administer this survey before and after the training.

  Appendixes related to this survey are:

  - **Appendix C: Instructions for Administering the KAP Survey**
    These instructions explain how to administer the KAP Survey before and after the training course.
  - **Appendix D: Answers to the KAP Survey**
    These answers identify correct responses.
  - **Appendix E: Instructions for Scoring the KAP Survey**
    These instructions explain how to synthesize the results of the pretraining and posttraining surveys using the KAP Survey Summary Table Form (Appendix F).
  - **Appendix F: KAP Survey Summary Table Form**
    This form can be used to assist you in comparing the participants' knowledge, attitudes, and practices at the beginning and the end of the course.

- **Appendix G: Role Plays for Management of Men's Reproductive Health Problems**
  The observation of three role plays is designed to help you measure the participants' skills in the delivery of sexual and reproductive health services to men. Ideally, you will conduct the role plays both before the training, with three randomly selected participants, and after the training, with the same three participants.

  Appendixes related to the role plays are:

  - **Appendix H: Instructions for Role Plays for Management of Men's Reproductive Health Problems**
    These instructions explain how to conduct and summarize the role plays.
  - **Appendix I: Instructions for Rating the Role Plays**
    These instructions explain how to evaluate the role plays.

- **Appendix J: Observation Forms for Role Plays**
  These forms can be used to assist you in measuring the participants' skills in the delivery of sexual and reproductive health services.

- **Appendix K: End-of-Training Evaluation Form**
  This form is designed to help you determine how the training can be improved in the future.

Each of these evaluation activities requires that you allow sufficient time to implement these activities before and after the training course and to gather, record, synthesize, and analyze the data.

Appendix A

Management of Men's Reproductive Health Problems Assessment Survey

Management of Men's Reproductive Health Problems Assessment Survey

1. Does your facility currently provide services related to the management of men's reproductive health problems? If so, what services are most commonly provided to these clients?

_____

_____

_____

_____

2. Why did your facility decide to begin to develop or to improve staff's skills in the management of men's reproductive health problems?

_____

_____

_____

_____

3. What possible changes do you envision being made in your facility's mission or policies as a result of initiating or expanding services for the management of men's reproductive health problems?

_____

_____

_____

_____

4. What challenges do you foresee or have you faced in the provision of services for the management of men's reproductive health problems?

_____

_____

_____

_____

5. Which staff are currently responsible for managing men's reproductive health problems?

_____

_____

_____

_____

Management of Men's Reproductive Health Problems Assessment Survey
(continued)

6. What type of training related to the management of men's reproductive health problems have staff received to date? How many of the current staff have received this training?

_____

_____

_____

_____

7. What reproductive health issues do the staff find particularly important in terms of managing men's reproductive health problems?

_____

_____

_____

_____

8. What specific issues do you feel that staff would benefit from during a training workshop related to the management of men's reproductive health problems?

_____

_____

_____

_____

9. What system currently exists for monitoring the quality of services related to the management of men's reproductive health problems at your facility?

_____

_____

_____

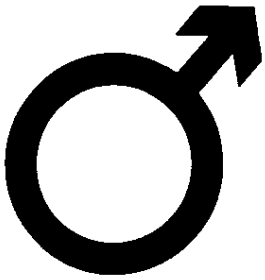
_____

Appendix B

Knowledge, Attitudes, and Practices (KAP) Survey

ID #_____

Knowledge, Attitudes, and Practices (KAP) Survey



Instructions

All of your answers are confidential. The results of this survey will be used to adapt the training content and to evaluate the effectiveness of the overall training. Answer all of the questions to the best of your ability. Do not leave any questions blank. This is not a test. It is fine if you do not know the correct answers. If you have any questions about the survey, talk to the trainer.

Fill in the following information.

Your name:* _____

Facility name: _____

Country: _____

Date: _____

**Note: Your name is needed only so that we can give you an ID number, which will enable us to match your pretraining and posttraining surveys.*

KAP Survey

ID #_____

Answer the following questions about your background and your experience in the health care profession.

1. Are you a ...? (check one box)
   - ❑ Doctor/nurse practitioner/physician's assistant
   - ❑ Nurse
   - ❑ Medical assistant/paramedic/nurse's assistant
   - ❑ Receptionist/clinic support staff
   - ❑ Other _____ (describe)

2. Please mark your highest level of education. (check one box)
   - ❑ Less than secondary school diploma
   - ❑ Completed secondary school
   - ❑ Some university, but did not receive degree
   - ❑ University bachelor's degree
   - ❑ Graduate degree/professional degree

3. Are you ...? (check one box)
   - ❑ Male
   - ❑ Female

4. How many years have you worked at this health care facility? (if less than one year, write *0*)

   _____ years

5. How many years have you worked in the health care profession? (if less than one year, write 0)

   _____ years

6. Have you ever attended a training course on the management of men's reproductive health problems or concerns? (check one box)
   - ❑ Yes
   - ❑ No
   - ❑ Not sure

KAP Survey

Read the following statements, and decide which of the organs/glands/reflexes listed below is being described. Write the letter of the organ/gland/reflex (A, B, etc.) on the line provided next to the statement. If you do not know the answer, write DK *(do not know) on the line provided next to the statement.*

A. Cowper's glands

B. Cremaster reflex

C. Epididymis

D. Hypothalamus gland

E. Bulbocavernosus reflex

F. Prostate gland

G. Scrotum

H. Urethra

I. Testes

J. Valsalva maneuver

K. Vas deferens

L. Seminal vesicles

_____ 7. A client may be asked to do this to check for an inguinal hernia.

_____ 8. This walnut-sized structure secretes fluid that makes up semen.

_____ 9. These are two pea-sized glands located at the base of the penis under the prostate gland that secrete a clear fluid during sexual arousal and before ejaculation.

_____ 10. These are the pair of glandular sacs that secrete some of the fluid that makes up the semen, the white, milky fluid in which sperm are transported.

_____ 11. This is important to check if a client has a history of erectile dysfunction.

_____ 12. This is one of two paired tubes that carry the mature sperm from the epididymis to the urethra.

_____ 13. This structure produces gonadotropin-releasing hormone (GnRH).

_____ 14. This superficial skin reflex is elicited by stroking the skin of the inner aspect of the thigh in an upward motion, causing the contraction of a muscle and elevation of the testicle.

_____ 15. This is one of two highly coiled tubes against the back of the testes where sperm mature and are stored until they are released during ejaculation.

_____ 16. This is a protective skin covering that has a thin layer of muscle, known as the *dartos muscle*, underneath its surface.

KAP Survey

Read the following statements, and decide whether you think each one is true (T) *or false* (F). *Circle the response* (T or F) *that more closely matches your opinion about the statement. If you do not know the answer, circle* DK *(do not know).*

17. Ulcers (sores) on the mouth or lips could be a symptom of a sexually transmitted infection (STI).	T	F	DK
18. The cremaster reflex is the penile erection response to touch on the lower abdomen.	T	F	DK
19. Chronic health conditions, such as diabetes, will not affect a man's sexual functioning.	T	F	DK
20. Depression and stress can cause impotence in men.	T	F	DK
21. Prolonged, painful erections in the absence of sexual arousal are not a medical concern.	T	F	DK
22. A couple is not considered infertile until they have been trying to conceive for one year.	T	F	DK
23. Herpes can be cured with antibiotics.	T	F	DK
24. The PSA is a screening test for testicular cancer.	T	F	DK
25. The skin around a cancerous breast feels like the skin of an orange.	T	F	DK
26. Scrotal temperatures do not affect a man's fertility.	T	F	DK
27. All men should be screened for prostate cancer.	T	F	DK
28. Sperm require 12 days to travel through the epididymis.	T	F	DK
29. Peyronie's disease is a very common illness in men.	T	F	DK
30. Zinc is an important mineral for men's sexual functioning.	T	F	DK
31. When a service provider performs a genital examination, it is important to do the testicle examination at the beginning.	T	F	DK

32. Which of the following activities are part of every male genital examination? (check all that apply)

- ❑ Assess the client's height, weight, and blood pressure.
- ❑ Assure the client of confidentiality and privacy.
- ❑ Inspect the pubis for hair distribution, infestation, infection, lesions, and skin color.
- ❑ Inspect the pubis, genital folds, and anterior scrotal wall.

32. Which of the following activities are part of every male genital examination? (check all that apply) *(continued)*
    - ❑ Palpate the scrotal contents.
    - ❑ Teach the client how to perform testicular and genital self-examinations.
    - ❑ Palpate for an inguinal hernia.
    - ❑ Check the cremaster reflex.
    - ❑ Palpate the prostate gland.
    - ❑ Order infertility tests.
    - ❑ Schedule a follow-up visit.

Read the following case studies, and respond to the questions to the best of your ability.

Case Study 1

A 34-year-old man comes to your health care facility. He complains of testicular pain and nothing else. During the genital examination, you notice that his testes appear a bit swollen. When you ask the client when the swelling first appeared, he says that he noticed it two days ago. The client also tells you that the pain is not getting any worse, but it is not getting any better.

33. What are the possible causes of this client's testicular pain? (check all that apply)
    - ❑ STI
    - ❑ Physical trauma to the testes
    - ❑ Hydrocele
    - ❑ Incarcerated scrotal hernia
    - ❑ Prostate cancer
    - ❑ Testicular torsion

34. Which sexual and reproductive health screening tests or laboratory analyses are necessary and appropriate for this client, based on his age and condition? (check all that apply)
    - ❑ PSA
    - ❑ Infertility tests
    - ❑ HIV antibody test
    - ❑ STI testing for chlamydia and/or gonorrhea
    - ❑ Rectal specimen
    - ❑ None of the above

Case Study 2

Louis is a 66-year-old man who lives in Tunis. He comes to your health care facility accompanied by his wife. Louis's major complaint is that he has not been able to urinate since yesterday, and now his abdomen feels full and painful. He says that he has been healthy all of his life and has never been to a service provider. Louis admits that for the past few months, he has had trouble emptying his bladder. He also has difficulty initiating a urinary stream. When the urine does come out, the stream is less forceful than usual. Louis also says that he feels like his bladder does not empty completely. He is uncomfortable.

35. What are the possible causes of this client's complaint? (check all that apply)
    - ❑ STI
    - ❑ Prostatitis
    - ❑ Benign prostatic hyperplasia (BPH)
    - ❑ Bladder infection
    - ❑ Prostate cancer
    - ❑ Side effect of medication

36. Which sexual and reproductive health screening tests or laboratory analyses are appropriate for this client, based on his age and condition? (check all that apply)
    - ❑ PSA
    - ❑ Infertility tests
    - ❑ HIV antibody test
    - ❑ STI testing for chlamydia and/or gonorrhea
    - ❑ Rectal specimen
    - ❑ None of the above

Read the following statements, and decide whether you strongly agree, agree, disagree, or strongly disagree with each one. Check the answer that most closely matches your opinion about the statement.

37. I would feel uncomfortable answering questions about male sexuality.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

38. I would feel comfortable speaking to a male client about any sexual and reproductive health issues he may have.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

39. I would feel uncomfortable telling a male or female client to inform all partners (including a spouse) about a diagnosed STI.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

40. I have sufficient knowledge about male fertility to counsel a couple who are having difficulty conceiving.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

41. I can effectively ask specific and appropriate questions to take a male sexual and reproductive health history.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

42. I would feel comfortable talking to a male client about his sexual history and behaviors.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

43. I would feel comfortable asking open-ended male sexual and reproductive health questions to get the necessary information to make a diagnosis.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

44. I know all the necessary steps to effectively perform a male genital examination.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

45. I would feel comfortable explaining to a male client what I am doing while performing a male genital examination.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

46. I can easily make a male client feel comfortable during a genital examination.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

Thank you so much for your time.

If you have any comments, questions, or suggestions, feel free to write them below.

Appendix C

Instructions for Administering the KAP Survey

Instructions for Administering the KAP Survey

This survey is designed to help you compare the participants' range of knowledge, attitudes, and practices relating to management of men's reproductive health problems at the beginning and the end of the course to gauge how much the participants learned in the training. Ideally, you will administer this survey before and after the training.

Privacy and Confidentiality

To ensure the most accurate response to questions that specifically relate to a participant's attitudes and self-efficacy, confidentiality is very important. Coding surveys is the most effective way to achieve confidentiality.

The first page of the survey is a "cover page." This page contains all of the participant's identifying information. If you know the participants' names in advance, you can complete this page for each participant before the training. This enables you to provide the participants with the survey that contains their identifying information on the cover page. If you do not know the participants' names in advance, you can assign codes (ID #s) to each survey on the cover page and the first page of the survey on the line provided. If you are assigning codes, please ensure that you are assigning the same ID # for each person's pretraining and posttraining surveys.

In either case, as the participants return their surveys, you can remove the cover pages and file them separately from the surveys.

Survey Structure

The survey is divided into several sections:

Questions 1–6: Demographic questions

Questions 7–31: Knowledge of men's sexual and reproductive health problems

Questions 32: Knowledge of the male genital examination

Questions 33–36: Knowledge of specific men's sexual and reproductive health problems that may arise during a genital examination

Questions 37–46: Ability to address specific men's sexual and reproductive health problems that may arise during a genital examination

Each set of questions addresses either specific knowledge or abilities that are considered essential for providing quality management of men's reproductive health services.

Depending on the participants attending the training, you may have to adapt this survey to meet their educational and literacy levels. If you adapt the survey, you must carefully note all of the

changes that are made in order to ensure that all of the same questions are used for the posttraining surveys, to modify the scoring sheets, and if you share the data with anyone, to let those individuals know what changes have been made.

Appendix D

Answers to the KAP Survey

In the answer key that follows:

- The answers appear in **bold letters.**
- Questions 1 through 6 are demographic questions. They should be used to provide an overview of the participants' education and experience, *not* to evaluate the effectiveness of the training.
- Questions 37 through 46 are opinion questions, so there are no right or wrong answers.

Answers to the KAP Survey

Read the following statements, and decide which of the organs/glands/reflexes listed below is being described. Write the letter of the organ/gland/reflex (A, B, etc.) on the line provided next to the statement. If you do not know the answer, write DK *(do not know) on the line provided next to the statement.*

A. Cowper's glands
B. Cremaster reflex
C. Epididymis
D. Hypothalamus gland
E. Bulbocavernosus reflex
F. Prostate gland
G. Scrotum
H. Urethra
I. Testes
J. Valsalva maneuver
K. Vas deferens
L. Seminal vesicles

__J__ 7. A client may be asked to do this to check for an inguinal hernia.

__F__ 8. This walnut-sized structure secretes fluid that makes up semen.

__A__ 9. These are two pea-sized glands located at the base of the penis under the prostate gland that secrete a clear fluid during sexual arousal and before ejaculation.

__L__ 10. These are the pair of glandular sacs that secrete some of the fluid that makes up the semen, the white, milky fluid in which sperm are transported.

__E__ 11. This is important to check if a client has a history of erectile dysfunction.

__K__ 12. This is one of two paired tubes that carry the mature sperm from the epididymis to the urethra.

__D__ 13. This structure produces gonadotropin-releasing hormone (GnRH).

__B__ 14. This superficial skin reflex is elicited by stroking the skin of the inner aspect of the thigh in an upward motion, causing the contraction of a muscle and elevation of the testicle.

__C__ 15. This is one of two highly coiled tubes against the back of the testes where sperm mature and are stored until they are released during ejaculation.

__G__ 16. This is a protective skin covering that has a thin layer of muscle, known as the *dartos muscle*, underneath its surface.

KAP Survey: Answers

Read the following statements, and decide whether you think each one is true (T) *or false* (F). *Circle the response* (T or F) *that more closely matches your opinion about the statement. If you do not know the answer, circle* DK *(do not know).*

17. Ulcers (sores) on the mouth or lips could be a symptom of a sexually transmitted infection (STI).	**T**	F	DK
18. The cremaster reflex is the penile erection response to touch on the lower abdomen.	T	**F**	DK
19. Chronic health conditions, such as diabetes, will not affect a man's sexual functioning.	T	**F**	DK
20. Depression and stress can cause impotence in men.	**T**	F	DK
21. Prolonged, painful erections in the absence of sexual arousal are not a medical concern.	T	**F**	DK
22. A couple is not considered infertile until they have been trying to conceive for one year.	**T**	F	DK
23. Herpes can be cured with antibiotics.	T	**F**	DK
24. The PSA is a screening test for testicular cancer.	T	**F**	DK
25. The skin around a cancerous breast feels like the skin of an orange.	**T**	F	DK
26. Scrotal temperatures do not affect a man's fertility.	T	**F**	DK
27. All men should be screened for prostate cancer.	T	**F**	DK
28. Sperm require 12 days to travel through the epididymis.	**T**	F	DK
29. Peyronie's disease is a very common illness in men.	T	**F**	DK
30. Zinc is an important mineral for men's sexual functioning.	**T**	F	DK
31. When a service provider performs a genital examination, it is important to do the testicle examination at the beginning.	T	**F**	DK

32. Which of the following activities are part of every male genital examination? (check all that apply)

- ☑ **Assess the client's height, weight, and blood pressure.**
- ☑ **Assure the client of confidentiality and privacy.**
- ☑ **Inspect the pubis for hair distribution, infestation, infection, lesions, and skin color.**
- ☑ **Inspect the pubis, genital folds, and anterior scrotal wall.**

32. Which of the following activities are part of every male genital examination? (check all that apply) *(continued)*

- ☑ **Palpate the scrotal contents.**
- ☑ **Teach the client how to perform testicular and genital self-examinations.**
- ☑ **Palpate for an inguinal hernia.**
- ☑ **Check the cremaster reflex.**
- ☑ **Palpate the prostate gland.**
- ☐ Order infertility tests.
- ☑ **Schedule a follow-up visit.**

Read the following case studies, and respond to the questions to the best of your ability.

Case Study 1

A 34-year-old man comes to your health care facility. He complains of testicular pain and nothing else. During the genital examination, you notice that his testes appear a bit swollen. When you ask the client when the swelling first appeared, he says that he noticed it two days ago. The client also tells you that the pain is not getting any worse, but it is not getting any better.

33. What are the possible causes of this client's testicular pain? (check all that apply)

- ☑ **STI**
- ☑ **Physical trauma to the testes**
- ☐ Hydrocele
- ☐ Incarcerated scrotal hernia
- ☐ Prostate cancer
- ☑ **Testicular torsion**

34. Which sexual and reproductive health screening tests or laboratory analyses are necessary and appropriate for this client, based on his age and condition? (check all that apply)

- ☐ PSA
- ☐ Infertility tests
- ☐ HIV antibody test
- ☐ STI testing for chlamydia and/or gonorrhea
- ☐ Rectal specimen
- ☑ **None of the above**

Case Study 2

Louis is a 66-year-old man who lives in Tunis. He comes to your health care facility accompanied by his wife. Louis's major complaint is that he has not been able to urinate since yesterday, and now his abdomen feels full and painful. He says that he has been healthy all of his life and has never been to a service provider. Louis admits that for the past few months, he has had trouble emptying his bladder. He also has difficulty initiating a urinary stream. When the urine does come out, the stream is less forceful than usual. Louis also says that he feels like his bladder does not empty completely. He is uncomfortable.

35. What are the possible causes of this client's complaint? (check all that apply)

- ❑ STI
- ❑ Prostatitis
- ☑ **Benign prostatic hyperplasia (BPH)**
- ❑ Bladder infection
- ☑ **Prostate cancer**
- ☑ **Side effect of medication**

36. Which sexual and reproductive health screening tests or laboratory analyses are appropriate for this client, based on his age and condition? (check all that apply)

- ☑ **PSA**
- ❑ Infertility tests
- ❑ HIV antibody test
- ❑ STI testing for chlamydia and/or gonorrhea
- ❑ Rectal specimen
- ❑ None of the above

Read the following statements, and decide whether you strongly agree, agree, disagree, or strongly disagree with each one. Check the answer that most closely matches your opinion about the statement.

37. I would feel uncomfortable answering questions about male sexuality.

- ❑ Strongly agree
- ❑ Agree
- ❑ Disagree
- ❑ Strongly disagree

38. I would feel comfortable speaking to a male client about any sexual and reproductive health issues he may have.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

39. I would feel uncomfortable telling a male or female client to inform all partners (including a spouse) about a diagnosed STI.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

40. I have sufficient knowledge about male fertility to counsel a couple who are having difficulty conceiving.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

41. I can effectively ask specific and appropriate questions to take a male sexual and reproductive health history.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

42. I would feel comfortable talking to a male client about his sexual history and behaviors.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

43. I would feel comfortable asking open-ended male sexual and reproductive health questions to get the necessary information to make a diagnosis.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

44. I know all the necessary steps to effectively perform a male genital examination.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

45. I would feel comfortable explaining to a male client what I am doing while performing a male genital examination.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

46. I can easily make a male client feel comfortable during a genital examination.
    - ❑ Strongly agree
    - ❑ Agree
    - ❑ Disagree
    - ❑ Strongly disagree

Appendix E

Instructions for Scoring the KAP Survey

Instructions for Scoring the KAP Survey

Scoring the KAP survey is important for several reasons. The results of the pretraining survey will help you to determine how to structure the training course in order to most appropriately meet the participants' needs. The results of the posttraining survey will help you to determine the impact that the training has had on the participants, as well as areas in which additional training might be necessary. When you review the scores, individual total scores and differences in total scores are not as important as the actual responses to each specific question or set of questions and the changes noted for each specific question or set of questions.

Entering the Survey Data

Use Appendix F: KAP Survey Summary Table Form to record the data from the pretraining and posttraining surveys.

Note: For the purposes of evaluating the impact of the training workshop, use the KAP Survey Summary Table Form to tally only those pretraining surveys that have matching posttraining surveys. To determine which pretraining and posttraining surveys should be included in the KAP Survey Summary Table Form, fill in the Information Sheet in Appendix F (page F.3), as follows:

- Count the number of pretraining surveys, and write this number in the appropriate box (box E).
- Count the number of posttraining surveys, and write this number in the appropriate box (box G).
- Match a participant's pretraining survey with his or her posttraining survey by using the identification number (ID #) written on each survey.
- Count the number of matched pretraining and posttraining surveys, and write this number in the appropriate box (box H).
- Count the number of pretraining surveys that do not have matching posttraining surveys, and write this number in the appropriate box (box I).
- Count the number of posttraining surveys that do not have matching pretraining surveys, and write this number in the appropriate box (box J).

The following example will help you to understand how to determine which surveys to include in the KAP Survey Summary Table Form:

> A training course in Bolivia had a total of 23 participants. Because five participants arrived during the afternoon of the first day, only 18 participants completed the pretraining survey. And because one participant left early on the last day, only 22 participants completed the posttraining survey. So, when the trainer matched the pretraining surveys with the posttraining surveys, only 17 pretraining surveys had a matching posttraining survey.

The trainer filled in the Information Sheet as follows:

E.	Number of pretraining KAP Surveys completed	18
G.	Number of posttraining KAP Surveys completed	22
H.	Number of participants who completed both the pretraining and posttraining KAP Surveys	17
I.	Number of participants who completed only the pretraining KAP Survey	1
J.	Number of participants who completed only the posttraining KAP Survey	5

To fill in the KAP Survey Summary Table Form for this Bolivia training course, the trainer would use only the 17 matched pretraining and posttraining surveys. The trainer would not include the one unmatched pretraining survey and the five unmatched posttraining surveys in the KAP Survey Summary Table Form.

To summarize the participants' responses, complete the following steps:

1. Review each pretraining and posttraining survey to be included in the KAP Survey Summary Table Form. For all knowledge questions (multiple-choice and true/false), evaluate whether the answers are correct (using Appendix D: Answers to the KAP Survey), and mark *correct* or *incorrect* next to each answer. For questions that the participant did not answer (he or she did not mark a box or did not write an answer), write **NA** (no answer/missing data) in the answer space provided on the survey.

   In addition, keep in mind the following point when scoring the surveys: Questions 37–46 are self-efficacy questions designed to measure the participants' perception of their own ability to effectively respond to a male client. The objective of these questions is to see a shift at the end of the workshop toward greater self-efficacy—that is, more participants feel they are competent at managing men's reproductive health issues. There is a desired response; however, no answers are correct or incorrect. They are the participants' personal appraisal of their skills.

2. Make a copy of Appendix F: KAP Survey Summary Table Form.

3. Gather all the matched pretraining surveys. Score the first pretraining survey from beginning to end. For questions 1–6, enter tally marks for each of the participant's responses to these demographic questions in the KAP Survey Summary Table Form. For the remainder of the questions in the KAP Survey, use the KAP Survey Summary Table Form as follows: If the participant answered a question correctly, place a tally mark in the "Tally Marks for Pretraining KAP Surveys" column next to the "Correct" row for that question. If the participant answered a question incorrectly, place a tally mark in the "Tally Marks for Pretraining KAP Surveys" column next to the "Incorrect" box for that question. Consider a response as "No answer/missing data" if the participant:

   - Did not respond
   - Marked more than one answer when only one answer is appropriate

4. After completely transferring the information from the first pretraining survey to the KAP Survey Summary Table Form, repeat step 3 for all of the pretraining and posttraining surveys.
5. When all of the pretraining and posttraining surveys have been scored and their information has been transferred to the KAP Survey Summary Table Form, add the tally marks in each box and write that number in the "Total Pretraining KAP Surveys" or "Total Posttraining KAP Surveys" column as appropriate.

Example:

In a training course in Bolivia, 17 of the 23 participants completed both the pretraining and posttraining surveys. The trainer scored only 17 matched surveys and included the data from these surveys in the KAP Survey Summary Table Form shown below. To simplify adding up the tally marks after recording the data in the KAP Survey Summary Table Form, the trainer grouped the tally marks in sets of five. The trainer filled in the KAP Survey Summary Table Form for questions 6 and 7 as follows:

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
6. Have you ever attended a training course on the management of men's reproductive health problems or concerns?						
1. Yes	||||| |||	8		||||| |||	8	
2. No	||||| ||	7		||||| ||	7	
3. Not sure	|||	3		||||	4	
No answer/missing data		1			0	
Knowledge of Men's Sexual and Reproductive Health Problems						
7. A client may be asked to do this to check for an inguinal hernia.						
1. Correct	||||	4		||||| ||||| |||||	15	
2. Incorrect	||||| |||||		11		||	2	
No answer/missing data	||	2			0	

In order for you to accurately represent the pretraining and posttraining survey data and to calculate the corresponding percentages of correct and incorrect answers, you must address the issue of missing data for specific questions and complete the following steps:

1. For questions that all of the participants answered (i.e., there were no tally marks next to the "No answer/missing data" row), divide the number in the "Total Pretraining KAP Surveys" column by the total number of surveys summarized. (This is the number of matched pretraining and posttraining surveys.)
2. Multiply this figure by 100 to get the corresponding percentage.
3. For questions that not all of the participants answered (i.e., there were no tally marks next to the "No answer/missing data" row), subtract the number of missing answers from the total number of surveys summarized. This figure is the number of valid responses.
4. Divide the number in the "Total Pretraining KAP Surveys" column by the total number of valid responses.
5. Multiply this figure by 100 to get the corresponding percentage.

Example:

(Total number of pretraining surveys) – (number of missing responses) = Number of valid responses

17 – 2 = 15 valid responses

You can calculate the pretraining survey percentage for question 7 on the pretraining survey as follows:

(Number of correct answers ÷ valid responses) x 100 = Pretraining survey percentage

Correct: (4 ÷ 15) x 100 = 26.7%

Incorrect: (11 ÷ 15) x 100 = 73.3%

For the "No answer/missing data" row, the pretraining survey "Percentage" column is left blank (see below):

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Knowledge of Men's Sexual and Reproductive Health Problems						
7. A client may be asked to do this to check for an inguinal hernia.						
1. Correct	IIII	4	26.7	IIIII IIIII IIIII	15	
2. Incorrect	IIIII IIIII I	11	73.3	II	2	
No answer/missing data	II	2			0	

Question 7 on the posttraining survey has no missing data. So, the number of valid responses is equal to the number of matched pretraining and posttraining surveys. In this example (based on the training course in Bolivia described above), the number of valid responses = 17.

You can calculate the posttraining survey percentage:

(Number of correct answers ÷ valid responses) x 100 = Posttraining survey percentage

Correct: (15 ÷ 17) x 100 = 88.2%

Incorrect: (2 ÷ 17) x 100 = 11.8%

For the "No answer/missing data" row, the "Tally Marks for Posttraining KAP Surveys," "Total Posttraining KAP Surveys," and posttraining survey "Percentage" columns are left blank.

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Knowledge of Men's Sexual and Reproductive Health Problems						
7. A client may be asked to do this to check for an inguinal hernia.						
1. Correct	IIII	4	26.7	IIIII IIIII IIIII	15	88.2
2. Incorrect	IIIII IIIII I	11	73.3	II	2	11.8
No answer/missing data	II	2			0	

You should continue calculating these figures for each question on the pretraining and posttraining surveys.

Analyzing the Survey Data

It is important for you to draw conclusions based on the data collected from the pretraining and posttraining surveys. Unfortunately, because the sample size of these training courses is typically very small, it is difficult to find changes that are statistically significant. However, you can determine whether or not the changes are heading in the desired direction.

When reviewing the pretraining and posttraining survey data, look for the following scenarios:

- A greater percentage of correct than incorrect answers on the posttraining surveys
- A greater percentage of answers in the desired than undesired direction on the posttraining surveys (this is especially important for the attitude and self-efficacy questions)
- An equal or lower percentage of answers in the desired than undesired direction on the posttraining surveys (this could indicate problems with the content of the training course or the interpretation of the question)
- A large number of "No answer/missing data" marks, which could skew the survey results

For example, with the survey results from question 7 of the Bolivia training course, you could say that more participants were able to correctly identify this component of the male genital examination after the workshop. This implies that the strategy to convey this information was effective.

Appendix F

KAP Survey Summary Table Form

KAP Survey Summary Table Form

Use the Information Sheet to determine how many pretraining and posttraining KAP Surveys will be included in the overall evaluation (as indicated in Appendix E: Instructions for Scoring the KAP Survey).

Use the KAP Survey Summary Table Form to record the participants' responses to the pretraining and posttraining KAP Surveys (as indicated in Appendix E: Instructions for Scoring the KAP Survey).

By filling in the Information Sheet and the KAP Survey Summary Table Form and comparing the results of the pretraining and posttraining KAP Surveys, you will be able to determine changes in the participants' knowledge and attitudes.

Information Sheet

Information about the training course

A. Date(s)	
B. Location	
C. Number of participants	

Information about the pretraining KAP Survey

D. Date of administration	
E. Number of pretraining KAP Surveys completed	

Information about the posttraining KAP Survey

F. Date of administration	
G. Number of posttraining KAP Surveys completed	

Information summary

H. Number of participants who completed both the pretraining and posttraining KAP Surveys	
I. Number of participants who completed only the pretraining KAP Survey	
J. Number of participants who completed only the posttraining KAP Survey	

KAP Survey Summary Table Form

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
1. Are you a ...? (check one box)						
Doctor/nurse practitioner/ physician's assistant						
Nurse						
Medical assistant/paramedic/ nurse's assistant						
Receptionist/clinic support staff						
Other _____(describe)						
No answer/missing data						
2. Please mark your highest level of education. (check one box)						
Less than secondary school diploma						
Completed secondary school						
Some university, but did not receive degree						
University bachelor's degree						
Graduate degree/ professional degree						
No answer/missing data						
3. Are you ...? (check one box)						
Male						
Female						
No answer/missing data						
4. How many years have you worked at this health care facility? (if less than one year, write *0*)						
Less than one year						
One to two years						
Three to five years						
Six to 10 years						
More than 10 years						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
5. How many years have you worked in the health care profession? (if less than one year, write *0*)						
Less than one year						
One to two years						
Three to five years						
Six to 10 years						
More than 10 years						
No answer/missing data						
6. Have you ever attended a training course on the management of men's reproductive health problems or concerns? (check one box)						
Yes						
No						
Not sure						
No answer/missing data						
Knowledge of Men's Sexual and Reproductive Health Problems						
7. A client may be asked to do this to check for an inguinal hernia.						
Correct						
Incorrect						
No answer/missing data						
8. This walnut-sized structure secretes fluid that makes up semen.						
Correct						
Incorrect						
No answer/missing data						
9. These are two pea-sized glands located at the base of the penis under the prostate gland that secrete a clear fluid during sexual arousal and before ejaculation.						
Correct						
Incorrect						
No answer/missing data						
10. These are the pair of glandular sacs that secrete some of the fluid that makes up the semen, the white, milky fluid in which sperm are transported.						
Correct						
Incorrect						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Knowledge of Men's Sexual and Reproductive Health Problems *(continued)*						
11. This is important to check if a client has a history of erectile dysfunction.						
Correct						
Incorrect						
No answer/missing data						
12. This is one of two paired tubes that carry the mature sperm from the epididymis to the urethra.						
Correct						
Incorrect						
No answer/missing data						
13. This structure produces gonadotropin-releasing hormone (GnRH).						
Correct						
Incorrect						
No answer/missing data						
14. This superficial skin reflex is elicited by stroking the skin of the inner aspect of the thigh in an upward motion, causing the contraction of a muscle and elevation of the testicle.						
Correct						
Incorrect						
No answer/missing data						
15. This is one of two highly coiled tubes against the back of the testes where sperm mature and are stored until they are released during ejaculation.						
Correct						
Incorrect						
No answer/missing data						
16. This is a protective skin covering that has a thin layer of muscle, known as the *dartos muscle*, underneath its surface.						
Correct						
Incorrect						
No answer/missing data						
True/False Questions						
17. Ulcers (sores) on the mouth or lips could be a symptom of a sexually transmitted infection (STI).						
True						
False						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
True/False Questions *(continued)*						
18. The cremaster reflex is the penile erection response to touch on the lower abdomen.						
True						
False						
No answer/missing data						
19. Chronic health conditions, such as diabetes, will not affect a man's sexual functioning.						
True						
False						
No answer/missing data						
20. Depression and stress can cause impotence in men.						
True						
False						
No answer/missing data						
21. Prolonged, painful erections in the absence of sexual arousal are not a medical concern.						
True						
False						
No answer/missing data						
22. A couple is not considered infertile until they have been trying to conceive for one year.						
True						
False						
No answer/missing data						
23. Herpes can be cured with antibiotics.						
True						
False						
No answer/missing data						
24. The PSA is a screening test for testicular cancer.						
True						
False						
No answer/missing data						
25. The skin around a cancerous breast feels like the skin of an orange.						
True						
False						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
True/False Questions *(continued)*						
26. Scrotal temperatures do not affect a man's fertility.						
True						
False						
No answer/missing data						
27. All men should be screened for prostate cancer.						
True						
False						
No answer/missing data						
28. Sperm require 12 days to travel through the epididymis.						
True						
False						
No answer/missing data						
29. Peyronie's disease is a very common illness in men.						
True						
False						
No answer/missing data						
30. Zinc is an important mineral for men's sexual functioning.						
True						
False						
No answer/missing data						
31. When a service provider conducts a genital examination, it is important to do the testicle examination at the beginning.						
True						
False						
No answer/missing data						
True/False Questions Summary						
Five or fewer questions correct						
Six to eight questions correct						
Nine to 12 questions correct						
Twelve to 15 questions correct						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Knowledge of the Male Genital Examination						
32. Which of the following activities are part of every male genital examination? (check all that apply)						
Assess the client's height, weight, and blood pressure.						
Assure the client of confidentiality and privacy.						
Inspect the pubis for hair distribution, infestation, infection, lesions, and skin color.						
Inspect the pubis, genital folds, and anterior scrotal wall.						
Palpate the scrotal contents.						
Teach the client how to perform testicular and genital self-examinations.						
Palpate for an inguinal hernia.						
Check the cremaster reflex.						
Palpate the prostate gland.						
Order infertility tests.						
Schedule a follow-up visit.						
Genital Examination Activities Questions Summary						
Five or fewer activities correct						
Six to eight activities correct						
Nine to 11 activities correct						
Case Studies						
33. What are the possible causes of this client's testicular pain? (check all that apply)						
STI						
Physical trauma to the testes						
Hydrocele						
Incarcerated scrotal hernia						
Prostate cancer						
Testicular torsion						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Case Studies *(continued)*						
34. Which sexual and reproductive health screening tests or laboratory analyses are necessary and appropriate for this client, based on his age and condition? (check all that apply)						
PSA						
Infertility tests						
HIV antibody test						
STI testing for chlamydia and/or gonorrhea						
Rectal specimen						
None of the above						
No answer/missing data						
35. What are the possible causes of this client's complaint? (check all that apply)						
STI						
Prostatitis						
Benign prostatic hyperplasia (BPH)						
Bladder infection						
Prostate cancer						
Side effect of medication						
No answer/missing data						
36. Which sexual and reproductive health screening tests or laboratory analyses are appropriate for this client, based on his age and condition? (check all that apply)						
PSA						
Infertility tests						
HIV antibody test						
STI testing for chlamydia and/or gonorrhea						
Rectal specimen						
None of the above						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Agree or Disagree Statements						
37. I would feel uncomfortable answering questions about male sexuality.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
38. I would feel comfortable speaking to a male client about any sexual and reproductive health issues he may have.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
39. I would feel uncomfortable telling a male or female client to inform all partners (including a spouse) about a diagnosed STI.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
40. I have sufficient knowledge about male fertility to counsel a couple who are having difficulty conceiving.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
41. I can effectively ask specific and appropriate questions to take a male sexual and reproductive health history.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						

KAP Survey Summary Table Form *(continued)*

	Tally Marks for Pretraining KAP Surveys	Total Pretraining KAP Surveys	Percentage	Tally Marks for Posttraining KAP Surveys	Total Posttraining KAP Surveys	Percentage
Agree or Disagree Statements *(continued)*						
42. I would feel comfortable talking to a male client about his sexual history and behaviors.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
43. I would feel comfortable asking open-ended male sexual and reproductive health questions to get the necessary information to make a diagnosis.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
44. I know all the necessary steps to perform a male genital examination.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
45. I would feel comfortable explaining to a male client what I am doing while performing a male genital examination.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						
46. I can easily make a male client feel comfortable during a genital examination.						
Strongly agree						
Agree						
Disagree						
Strongly disagree						
No answer/missing data						

Appendix G

Role Plays for Management of Men's Reproductive Health Problems

Role Plays for Management of Men's Reproductive Health Problems

Role Play 1

A 55-year-old married male comes to the clinic for an annual checkup. Before today, he had only been to the clinic to bring his wife for her antenatal checkups during her five pregnancies. The man is concerned about his ability to perform sexually as he gets older and to have children. He has also heard about a cancer that affects men and wants to be checked for this.

Role Play 2

The client is a 22-year-old single male who has never been to the clinic before. He made an appointment for an annual checkup. He has been sexually active for the past four years. In that time, he has had sexual relations with both men and women. He has never been diagnosed with a sexually transmitted infection (STI), but he has had ulcers on his penis that disappeared after he used the medication that the pharmacist gave him.

Role Play 3

A 46-year-old male who lives with the mother of his two children comes to the clinic for the first time. He wants to have a checkup, but he is reluctant to speak with a service provider. Although he wants more children, he and his partner have not been able to conceive for the past four years. The man thinks that something is wrong with him.

Appendix H

Instructions for Role Plays for Management of Men's Reproductive Health Problems

Instructions for Role Plays for Management of Men's Reproductive Health Problems

In order for you to determine if the participants are skilled in providing sexual and reproductive health clinical services to men, it is important to observe the participants in action. Ideally, you would observe these service providers during an actual examination or a role play *before* the training course begins and would apply a checklist of specific standards (see Appendix I). Unfortunately, observing providers before the training will not be feasible for most situations in which this training will be implemented. Most likely, you will evaluate the participants' clinical skills through the implementation and observation of role plays before, during, and after the training course.

To evaluate the participants' management skills in addressing men's reproductive health issues, you will ask a select number of participants to conduct a role play. These participants will do the *same* role play before and after the training course. (To ensure that you can match and compare the participants' skills observed during the pretraining role play with those observed during the posttraining role play, the participants playing the "service provider" will need an identification number [ID #] to ensure that their information from the pretraining and posttraining role plays can be compared.)

Selecting Participants

To ensure the most accurate reflection of skills acquired during the training, this evaluation uses specific role plays with randomly selected participants. For each role play, the participants will play the "service provider" role, and you and another trainer/facilitator will play the "client" and "observer" roles. If you are the only trainer/facilitator, you can ask a participant to play the "client" role, so you can serve as the "observer."

The key component of this evaluation is to randomly choose which participants conduct the role plays. For example, if you are working with 20 participants, you can use any of the following strategies to randomly choose a participant:

- Choose every fifth person on the participant list to conduct a role play. Here, the fifth, 10th, 15th, and 20th participants will conduct the role plays.
- Write the numbers 1 to 20 on small pieces of paper, one number per piece of paper. Mix up the pieces of paper, and select three. The participants whose numbers on the participant list match the three numbers selected will conduct the role plays.
- Mark the backs of three blank name tags with a red dot. Mix the name tags with 17 completely blank name tags, and ask each participant to choose one. The three participants who choose the name tags with the red dots will conduct the role plays.

Selecting Role Plays

Randomly select one role play for each of the participants. The role plays included here are similar to the ones in the training activities in this manual. Each role play will begin with a sexual and reproductive health history taking and end with a mock male genital examination (using a male genital model or explaining what steps the service provider would perform). The history taking can vary for each role play; however, each of the seven major components of history taking should be addressed to determine if the provider needs to consider them for that particular client.

Note: If a male genital model is not available, the participant can still complete the sexual and reproductive health history taking, and both the beginning and the closing of the male genital examination in a role play situation with a facilitator playing the part of a client. For the section of the role play of actual techniques used during a male genital examination, ask the participant to explain in detail all the steps that he or she would use to perform a routine and complete male genital examination. Score the participant based on his or her detailed instructions and note on the evaluation form that a male genital model was unavailable (see Appendix I).

Implementing and Observing Role Plays

Explain to the participants that the purposes of this exercise are to help you assess the impact of the training on the participants' skills and to help you determine how the training can be improved in the future.

Also explain to the participants that they will be randomly selected to prevent biasing the evaluation. Participants who are not implementing or participating in any of the role plays will quietly observe the role plays. Each role play should take approximately 10 to 15 minutes.

If you ask a participant to play the role of the "client," take the participant aside before the role play begins and explain the role play so that he or she understands what to do.

Appendix I

Instructions for Rating the Role Plays

Instructions for Rating the Role Plays

Note to the observer: *Fill in the following information before the role play begins.*

Date of role play (month/day/year): _____/_____/_____

Location of workshop: _____

Is this the ...? (check one)

_____ Pretraining role play _____ Posttraining role play

"Service provider" ID number (ID #): (circle one)

1 2 3

Role-play number: (circle one)

1 2 3

It is important to evaluate the role plays in order to determine the impact of the training, to identify the parts of the training that need to be strengthened, and to give feedback to the participants about their sexual and reproductive health history taking/genital examination skills.

Rating the role play consists of two parts:

1. Evaluating the role play for 35 specific criteria
2. Evaluating the role play for five overall criteria

Evaluating Specific Criteria

1. When evaluating the role play, the observer gives a rating of 0 to 2 points to each specific criterion in the Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Specific Criteria (see Appendix J, page J.3). The ratings are defined as follows:
   - 0 points: **Not done**
     The observer gives this rating when the participant (the "service provider") did not meet the specific criterion or when the participant met the specific criterion in an inappropriate way.
   - 1 point: **Done, but needs improvement**
     The observer gives this rating when the participant ("the service provider") made an adequate attempt to meet the specific criterion but did not meet it.
   - 2 points: **Very well done**
     The observer gives this rating when the participant (the "service provider") met the specific criterion at a professional and skilled level.

2. The observer writes the rating he or she gives to each of the 35 specific criteria listed on the Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Specific Criteria. He or she also writes comments in the appropriate row and column on the form in order to explain each rating. If any of the criteria were not applicable, the observer should note this in the comments column where appropriate.
3. The observer calculates a total rating for the role play by adding the ratings given to the 35 specific criteria (1 through 35).

Note to the observer: *In order to effectively rate the role play, it is important for you to be familiar with the Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Specific Criteria ahead of time and to not focus on it during the role play. Ideally, you should only take notes during the role play and complete the form in private after the role play is over.*

Evaluating Overall Criteria

1. When evaluating the role play, the observer also needs to give a rating to the overall criteria in the Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Overall Criteria (see Appendix J, page J.7). To determine the ratings for these five criteria, the observer must consider the entire role play and how well the participant (the "service provider") conducted it. The observer gives a rating of 1 to 4 for each overall criterion. The ratings are defined as follows:
   - 1 point: **Rarely or never**
     The observer gives this rating when the participant (the "service provider") met this criterion less than 25% of the time.
   - 2 points: **Some of the time**
     The observer gives this rating when the participant (the "service provider") met this criterion between 25% and 50% of the time.
   - 3 points: **Most of the time**
     The observer gives this rating when the participant (the "service provider") met this criterion between 50% and 75% of the time.
   - 4 points: **All of the time**
     The observer gives this rating when the participant (the "service provider") met this criterion more than 75% of the time.
2. The observer calculates a total score for the role play by adding the ratings given to the five overall criteria (1 through 5).

Analyzing the Role-Play Results

Analyzing the results of the role-play observations is important because it enables the observer to:

- Determine the impact of the training
- Identify the parts of the training that need to be strengthened

- Give feedback to the participants about their sexual and reproductive health history taking/genital examination skills

Reviewing the ratings is especially important when the participants conducted the role plays both before and after the training course. Ideally, the ratings the observer gave to the posttraining role plays will be higher than the ratings he or she gave to the pretraining role plays.

When analyzing the results of observing role plays, the observer should determine if the three "service providers" were exceptionally weak or strong in any specific sections of the sexual and reproductive health history taking/genital examination and highlight these sections. The observer should also write a short paragraph explaining the changes that these observations represent.

Entering the Role-Play Data

After observing the pretraining and/or posttraining role plays, the observer uses the Observing Sexual and Reproductive Health History Taking/Genital Examination Summary Table Form (Appendix J, page J.9) to record his or her impressions about how the participants conducted the role plays. You should make enough copies of this form so that the observer can fill out one form for each of the "service providers" for the pretraining and/or posttraining role plays.

1. The observer writes the "Subtotal" ratings for each of the four parts of the sexual and reproductive health history taking/genital examination for each "service provider" from the pretraining or posttraining Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Specific Criteria in the appropriate box on the Observing Sexual and Reproductive Health History Taking/Genital Examination Summary Table Form.
2. The observer adds the four "Subtotal" ratings and writes this number in the "Total rating for specific criteria" box for each "service provider."
3. The observer writes the "Total" rating from the pretraining or posttraining Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Overall Criteria (Appendix J, page J.7) in the "Total rating for overall criteria" box for each "service provider."

Appendix J

Observation Forms for Role Plays

Sexual and Reproductive Health History Taking/Genital Examination
Observation Form for Specific Criteria

Sexual and Reproductive Health History Taking/Genital Examination
Observation Form for Overall Criteria

Observing Sexual and Reproductive Health History Taking/Genital Examination
Summary Table Form

Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Specific Criteria

	Not done	Done, but needs improvement	Very well done	Comments
Sexual and Reproductive Health History Taking				
1. Greeted the client and introduced himself or herself	0	1	2	
2. Put the client at ease	0	1	2	
3. Asked the client why he came to the health care facility	0	1	2	
4. Explained the importance of a sexual and reproductive health history	0	1	2	
5. Listened attentively to what the client said	0	1	2	
6. Gave accurate information to the client	0	1	2	
7. Appropriately addressed the client's sexual and reproductive health concerns	0	1	2	
8. Gave the client at the end of the history taking an opportunity to bring up other concerns	0	1	2	
Used open-ended questions to discuss:				
9. Number and type of sexual partners	0	1	2	
10. Sexual activities	0	1	2	
11. Risk for contracting STIs	0	1	2	
12. Symptoms of infections, injuries, and disorders	0	1	2	
13. Sexual satisfaction	0	1	2	
14. Contraception	0	1	2	
15. Infertility and pregnancy	0	1	2	
Subtotal for Sexual and Reproductive Health History Taking (sum of ratings for specific criteria 1 to 15)				
Before the Genital Examination				
16. Conducted a preliminary assessment of the client, including recording his height, weight, and blood pressure	0	1	2	
17. Assured the client of confidentiality	0	1	2	

Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Specific Criteria *(continued)*

	Not done	Done, but needs improvement	Very well done	Comments
18. Explained to the client what he or she plans to do during the genital examination	0	1	2	
19. Explained to the client that the client is in charge and has the right to tell him or her to stop at any time	0	1	2	
20. Asked the client which position he found most comfortable	0	1	2	
Subtotal for Before the Genital Examination (sum of ratings for specific criteria 16 to 20)				
During the Genital Examination				
21. Examined the lower abdomen for masses or tenderness and for direct or umbilical hernias	0	1	2	
22. Examined the groin area for inguinal swelling or enlarged lymph nodes	0	1	2	
23. Checked the cremaster reflex	0	1	2	
24. Inspected the pubis	0	1	2	
25. Inspected the penis	0	1	2	
26. Inspected the scrotum	0	1	2	
27. Palpated the scrotal contents	0	1	2	
28. Palpated for an inguinal hernia	0	1	2	
29. Inspected the perineum and anal orifice	0	1	2	
30. Examined the prostate gland	0	1	2	
Subtotal for During the Genital Examination (sum of ratings for specific criteria 21 to 30)				
After the Genital Examination				
31. Gave the client tissues to wipe away excess lubricant used during the examination	0	1	2	
32. Explained to the client that the examination was over and that he could get dressed	0	1	2	
33. Left the examination room to give the client privacy to get dressed	0	1	2	

Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Specific Criteria *(continued)*

	Not done	Done, but needs improvement	Very well done	Comments
34. Once the client had dressed, met with him to review the examination findings, answered any questions that he may have had, discussed treatment and management plans and referrals, and provided client education. Asked the client to return to the facility if necessary. If he or she would need to take a urethral smear during the second visit, explained to the client that he cannot urinate for one to two hours beforehand, to prevent washing away any urethral secretions.	0	1	2	
35. Wrote the examination findings on the client's chart as soon as possible after the examination to avoid omitting any important details. Drew diagrams as needed to record any abnormal findings, including their locations and dimensions.	0	1	2	
Subtotal for After the Genital Examination (sum of ratings for specific criteria 31 to 35)				

Sexual and Reproductive Health History Taking/Genital Examination Observation Form for Overall Criteria

	Rarely or never	Some of the time	Most of the time	All of the time	Subtotal
Overall Sexual and Reproductive Health History Taking/Genital Examination Skills					
1. Established a rapport with the client	1	2	3	4	
2. As he or she went through each step of the examination, explained to the client what he or she was about to do and why	1	2	3	4	
3. Responded appropriately to the client's sexual and reproductive health concerns or questions	1	2	3	4	
4. Used appropriate infection prevention techniques during the genital examination (e.g., washing hands, wearing examination gloves)	1	2	3	4	
5. As he or she confirmed normal findings, commented on them	1	2	3	4	
Total (sum of ratings for the five overall criteria for sexual and reproductive health history taking/genital examination)					

Do you think this client would return to the health care facility for another appointment? (check one box)

- ❑ 1. Yes
- ❑ 2. No

Please explain your answer:

_____

_____

_____

Do you think this client would refer a friend for sexual and reproductive health services with this service provider? (check one box)

- ❑ 1. Yes
- ❑ 2. No

Please explain your answer:

_____

_____

_____

Observing Sexual and Reproductive Health History Taking/Genital Examination Summary Table Form

	"Service Provider 1"		"Service Provider 2"		"Service Provider 3"	
	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation
Subtotal for Sexual and Reproductive Health History Taking						
Subtotal for Before the Genital Examination						
Subtotal for During the Genital Examination						
Subtotal for After the Genital Examination						
Total rating for specific criteria (sum of the four subtotals; minimum rating of 0, maximum rating of 70)						

	"Service Provider 1"		"Service Provider 2"		"Service Provider 3"	
	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation	Pretraining observation	Posttraining observation
Total rating for overall criteria (sum of the five subtotals; minimum rating of 0, maximum rating of 20)						

Appendix K

End-of-Training Evaluation Form

End-of-Training Evaluation Form

Please complete all sections of this evaluation form. Place a check mark (✓) in the box ("Agree," "Disagree," or "Not sure or not applicable") that best describes how you feel about each element. Write any additional comments you have on the reverse side if needed. Your responses will assist the training organizers in determining what modifications, if any, should be made to this program.

Element	Agree	Disagree	Not sure or not applicable	Comments
1. The training objectives were clear and achievable.				
2. The materials and visual aids were clear, accurate, and complete.				
3. The artificial/nonhuman dummy models were realistic and available for practice when I needed them.				
4. The human training models (the men who were examined) helped me learn by giving me valuable feedback.				
5. The clinical setting (the clinic, facilities, infrastructure, environment, and surroundings) had adequate space.				
6. The clinical setting was private.				
7. The clinical setting was suitable for the work to be done.				
8. The clinical setting had adequate supplies.				
9. The clinical setting had the required, functioning equipment.				
10. The trainers gave clear, nonjudgmental feedback.				
11. The trainers were knowledgeable and skilled.				
12. The trainers promoted joint problem solving or strategizing for skills improvement.				
13. The trainers modeled attitudes and behavior that communicated openness and caring, and encouraged the client to actively participate in his own health care.				

End-of-Training Evaluation Form

14. The trainers facilitated learning by...

15. The trainers hindered learning by...

16. I suggest the following be SAVED and included in future training (include reasons why):

17. I suggest the following be CHANGED for future training (include reasons why):

18. I suggest the following be REMOVED from future training (include reasons why):

19. Other comments: