

Competency-based Skills Checklist for Male Condoms

Date of Assessment: _____ Dates of Training: _____

Place of Assessment: Facility: _____ Classroom: _____

Name of Facility: _____

Type of Facility: ☐ MOH/Gov't ☐ NGO ☐ Other

Level of Facility: ☐ Primary ☐ Secondary ☐ Tertiary

Name of the Student: _____

Name of the Assessor: _____

This assessment tool contains the detailed steps that a student should follow in counseling and providing client instructions for male condoms. The checklist may be used during training to monitor the progress of the student as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the student has reached a level of competence in performing the skills. It may also be used by the trainer or clinical instructor/mentor when following up or monitoring the student. The student should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.
2. Begin the assessment when the student greets the client.
3. Use the following rating scale:
1= Needs Improvement. Step or task not performed correctly or out of sequence (if necessary) or is omitted.
2= Competently Performed. Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently.
3= Proficiently Performed. Step or task efficiently and precisely performed in the proper sequence (if necessary).
Not observed: Step, task, or skill not performed by the student during evaluation by the trainer.
4. Continue assessing the student throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the student misses a critical step or compromises the safety of the client.
6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the student. Do this in private, away from the client or other students.

TASK/ACTIVITY	CASES			COMMENTS
1. Provides basic facts about condoms:				
– How they work and their effectiveness				
– Stresses that consistent and correct use with every act of intercourse is the key to effectiveness				
– Explains their ability to prevent both pregnancy and STIs				
– Asks if client/partner has any allergies to latex				
– Tells where to obtain them and the cost				
2. Asks if client has any questions and responds to them				
3. Provides very specific instruction on how to correctly use and when to use condoms:				
– Package must be torn open carefully				
– Use during every act of intercourse				
– Use with spermicide whenever possible				
– Do not "test" condoms by blowing up or unrolling				
– Put on when penis is erect				
– Put on before penis is near/introduced into vagina				
4. Demonstrates how to correctly put on condom by using a model, banana, or two fingers:				
– Cautions client not to unroll condom before putting it on				
– Shows how to place rim of condom on penis and how to unroll up to the base of penis				
– Instructs how to leave 1/2 inch space at tip of condom for semen, which must not be filled with air or the condom may burst				
– Shows how to expel air by pinching tip of condom as it is put on				

TASK/ACTIVITY	CASES			COMMENTS
– Cautions about tearing accidentally with fingernails/rings				
5. Counsels client what to do if condom breaks or slips off during intercourse:				
– See doctor/clinic where woman can be assessed for emergency contraception				
– Request emergency contraceptive pills within 72 hours (the earlier the better) of unprotected intercourse or condom breakage				
6. Has client demonstrate and practice putting on condom using the model/banana/fingers. Corrects any technique errors.				
7. Counsels client on how to remove penis from vagina with condom intact and with no spillage of semen:				
– Hold on to rim of condom when withdrawing				
– Be careful not to let semen spill into vagina when penis is flaccid				
8. Discusses use of lubricants and what not to use:				
– Do NOT use: petroleum-based products (Vaseline)				
– Do NOT use: mineral, vegetable, or cooking oil				
– Do NOT use: baby-oil				
– Do NOT use: margarine or butter				
– Use a water-based lubricant if one is needed				
9. Advises client to dispose of condoms by burning, burying, or throwing in the latrine and to not flush down the toilet				

TASK/ACTIVITY	CASES			COMMENTS
10. Provider repeats major condom messages to client:				
– Be sure to have a condom before you need one				
– Use a condom with every act of intercourse				
– Do not use a condom more than once				
– Do not rely on condom if package is damaged, torn, outdated, dry, brittle, or sticky				
11. Provides client with at least a three-month supply (about 30–40 condoms).				
12. Reassures client s/he should return at any time for advice, more condoms or when s/he wants to use another method.				

Comments: _____

Case Study

Adam is a 17-year-old unmarried adolescent who has a new girlfriend. He does not want her to become pregnant, and wants to talk about using condoms.

Question Set A:

You ask Adam what he knows about condoms. Adam says he has not used male condoms before, but he heard a community outreach worker talk about condoms and wants to know more.

1. How well do condoms work to prevent pregnancy?
2. How well do condoms work to prevent STIs, including HIV? Will using male condoms keep me from getting any kind of STI?
3. What are some advantages of male condoms?
4. What are the limitations of male condoms?

Question Set B:

Earlier in the counseling session, you answered Adam's questions and assessed his risk for STI/HIV infection. He has one girlfriend now but sometimes has more than one. You counsel him on dual protection and HIV risk reduction and advise consistent condom use. Adam says he has heard some things about condoms that concern him. How do you respond to each of these concerns?

1. I think using a condom means I don't love or trust my girlfriend.
2. If I use condoms, people will think I have HIV/AIDS.
3. Condoms make sex less enjoyable and make it difficult to keep an erection.
4. I feel too embarrassed to buy condoms.

Question Set C:

After you address Adam's fears and concerns, he decides he will use condoms with his current girlfriend and any other sexual partners.

1. How will you screen Adam for eligibility to use male condoms?
2. What issues or topics should you cover when counseling a client who has not previously used condoms?
3. What are the steps of correct condom use?
4. What practices should Adam avoid?

Question Set D:

Adam has been using male condoms for the past two months. He returns to the clinic for more condoms, and reports that he has been having some problems using condoms.

1. How will you advise him about each of the problems he reports?
 - He has had difficulty maintaining an erection.
 - A few times the condom has slipped off during sex.
 - He has had some itching and a red rash on his penis after condom use.
2. What else should you say or do during the session?