



The Effect of Using Surgical Safety Checklists on Team Communication: Systematic Review and Meta-analysis Study

Güvenli Cerrahi Kontrol Listelerinin Kullanımının Ekip İletişimi Üzerine Etkisi: Sistemik Derleme ve Meta-analiz Çalışması

Neşe ALTINÇEKİÇ¹, Tülin YILDIZ²

¹Tekirdağ Namık Kemal University Hospital, Department of Operating Theatre Nurse, Tekirdağ, Türkiye

²Tekirdağ Namık Kemal University Faculty of Health Sciences, Department of Surgical Nursing, Tekirdağ, Türkiye

ABSTRACT

Aim: The aim of the study is to determine the effect of the use of safe surgery checklists on team communication using the meta-analysis method.

Materials and Methods: The study utilised Google Scholar, Medline, PubMed, the National Thesis Centre, ScienceDirect, and the Tekirdağ Namık Kemal University Library catalogue and databases. Research studies published between 2009 and 2023 in Turkish or English, including postgraduate theses, national or international peer-reviewed journals, and national books, were included in the study. The following keywords were used to search for studies: “safe surgery”, “safe surgery checklist”, “checklist”, “team communication” in English and Turkish. According to the latest search conducted on 10 March 2023, a total of 172 research results were found. A meta-analysis was performed on 5 studies that met our research criteria.

Results: As a result of the meta-analysis of the five included articles, the studies were found to have a homogeneous structure. The five studies included in the meta-analysis, which evaluated the effect of using safe surgery checklists on team communication, were research articles published between 2011 and 2020. The mean effect size, expressed as the odds ratio, was positive (+1.806). The odds ratio for the effect of safe surgery checklists on team communication was 1.806 (95% confidence interval: 1.357-2.402; $p<0.001$), indicating a statistically significant effect.

Conclusion: It was found that surgical teams using safe surgery checklists could have 1.8 times more effective team communication compared to those not using them.

Keywords: Safe surgery, safe surgery checklist, checklist, surgical team communication, meta-analysis

ÖZ

Amaç: Çalışmanın amacı güvenli cerrahi kontrol listelerinin kullanımının ekip iletişimine etkisini meta-analiz yöntemi ile belirlemektir.

Gereç ve Yöntemler: Çalışmada Google Scholar, Medline, PubMed, Ulusal Tez Merkezi, ScienceDirect, Tekirdağ Namık Kemal Üniversitesi Kütüphanesi katalog ve veri tabanlarından yararlanıldı. Çalışmaya 2009-2023 yılları arasında Türkçe veya İngilizce dillerinde yayımlanmış, lisansüstü tezlerde, ulusal ya da uluslararası hakemli dergilerde ve ulusal kitaplarda yayın olmuş bilimsel makale niteliği taşıyan araştırmalar dahil edildi. Araştırmalar taranırken İngilizce “safe surgery”, “safe surgery checklist”, “checklist”, “team communication” ve Türkçe “güvenli cerrahi”, “güvenli cerrahi kontrol listesi”, “kontrol listesi”, “ekip iletişimi” kelimeleri kullanıldı. 10 Mart 2023 tarihli yapılan son taramaya göre toplamda 172 araştırma sonucuna ulaşıldı. Araştırma kriterlerimize uyan 5 çalışma ile meta analiz gerçekleştirildi.

Bulgular: Analize dahil edilen 5 makalenin meta-analizi ile yapılan inceleme sonucunda araştırmaların homojen bir yapıda olduğu belirlendi. Meta-analize dahil edilen, güvenli cerrahi kontrol listelerinin kullanımının ekip iletişimine etkisinin değerlendirilen 5 çalışma 2011 ile 2020 arasında yayımlanmış araştırma makaleleridir. Çalışmada ortalama etki büyüklüğü değeri (olasılıklar oranı) (+1,806) pozitif bulundu. Güvenli cerrahi kontrol listelerinin ekip iletişimi üzerindeki etki büyüklüğünün 1,806 (95% güven aralığı: 1,357-2,402; $p=0,000$) olan Odds oranı, istatistiksel olarak anlamlı olduğunu gösterdi.

Address for Correspondence: Prof. Dr., Tülin YILDIZ, Tekirdağ Namık Kemal University Faculty of Health Sciences, Department of Surgical Nursing, Tekirdağ, Türkiye

E-mail: tyildiz@nku.edu.tr **ORCID ID:** orcid.org/0000-0002-4981-6671

Received: 09.12.2025 **Accepted:** 20.04.2026 **Publication Date:** 14.09.2026

Cite this article as: Altınçekiç N, Yıldız T. The effect of using surgical safety checklists on team communication: systematic review and meta-analysis study. Nam Kem Med J. 2026;14(3):289-296



©Copyright 2026 The Author(s). Published by Galenos Publishing House on behalf of the Tekirdağ Namık Kemal University. This is an open access article under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 (CC BY-NC-ND) International License.

Sonuç: Güvenli cerrahi kontrol listelerini kullanan cerrahi ekiplerde, kullanmayanlara göre ekip iletişiminin 1,8 kat daha fazla etkili olabileceği saptandı.

Anahtar Kelimeler: Güvenli cerrahi, güvenli cerrahi kontrol listesi, kontrol listesi, cerrahi ekip iletişimi, meta-analiz

INTRODUCTION

According to World Health Organization (WHO) data, 234 million surgical procedures are performed worldwide each year. Approximately 7 million patients are affected by complications related to surgical procedures each year. The WHO states that half of the complications arising from surgical procedures are preventable. The WHO has been put forward the “Safe Surgery Saves Lives” Project in 2008. The project aims to reduce the number of surgical deaths worldwide¹⁻³.

The checklist is a simple and useful tool designed to ensure that surgical teams act in a timely, consistent, and effective manner before, during, and after surgery. This tool aims to improve the performance of surgical teams to provide greater benefits to patients. Operating rooms are stressful environments where time is of the essence and complex procedures are performed. It is crucial that all members of the surgical team working in this complex environment coordinate their efforts. Safe surgery checklists are an important tool for ensuring this coordination, improving team communication, and preventing situations that may threaten patient safety. At this point, it is important to emphasize the team communication and awareness of the surgical team regarding the safe surgery checklist^{4,5}. Surgical team communication is vital due to the complexity and risks of surgical procedures. Research shows that team communication directly affects surgical outcomes⁶. Transparent and effective communication among team members contributes to each individual clearly understanding their roles and responsibilities. This helps surgical operations to be coordinated more effectively and reduces the risk of errors. Furthermore, internal team communication is necessary for dealing with unexpected situations and making immediate decisions⁷.

In this context, the study was conducted to determine the effect of the use of safe surgery checklists on team communication using the meta-analysis method.

MATERIALS AND METHOD

This study was analysed using meta-analysis methods, and a comprehensive and systematic literature review approach was adopted. Due to the use of a literature review format, no ethical committee approval was required for the study, as it did not involve any direct intervention, effect, or experiment on animals or humans.

Protocol and Registration

The study protocol is registered with PROSPERO (registration number: CRD42024518217). The study was reviewed in accordance with the PRISMA guideline for systematic reviews and meta-analyses.

Search Strategy

The study utilised Google Scholar, Medline, PubMed, the National Thesis Centre, ScienceDirect, and the Tekirdağ Namık Kemal University Library Catalogue and databases. The study included postgraduate theses published in English or Turkish between 2009 and 2023, articles published in national or international peer-reviewed journals, and studies related to the subject included in national books. The following keywords were used to search for studies: “safe surgery”, “safe surgery checklist”, “checklist”, “team communication” in English and Turkish. According to the latest search conducted on 10 March 2023, a total of 172 research results were found. The total sample size of the studies examined in the meta-analysis is 1,507, with sample sizes ranging from 96 to 747. The average sample size was calculated as 301. A meta-analysis was performed with 5 studies that met our research criteria. The study included 1 study published in 2011, 1 study published in 2012, 1 study published in 2016, and 2 studies published in 2020.

Inclusion and Exclusion Criteria

Full-text studies published in English and Turkish between 2009 and 2023, employing quantitative research methodology and examining the effect of safe surgery checklists on team communication, were included.

Qualitative studies and reviews that did not contain quantitative data, as well as studies for which the statistical data required for meta-analysis could not be obtained, were excluded.

Study Selection

A total of 172 studies examining the impact of the use of Safe Surgery Checklists on team communication were identified. After removing duplicates (32), 58 studies for which full texts were not accessible, 56 studies lacking quantitative data on team communication, and 21 studies published in languages other than English and Turkish were evaluated by two independent reviewers according to the inclusion and exclusion criteria. The study was conducted with 5 research articles (Figure 1).

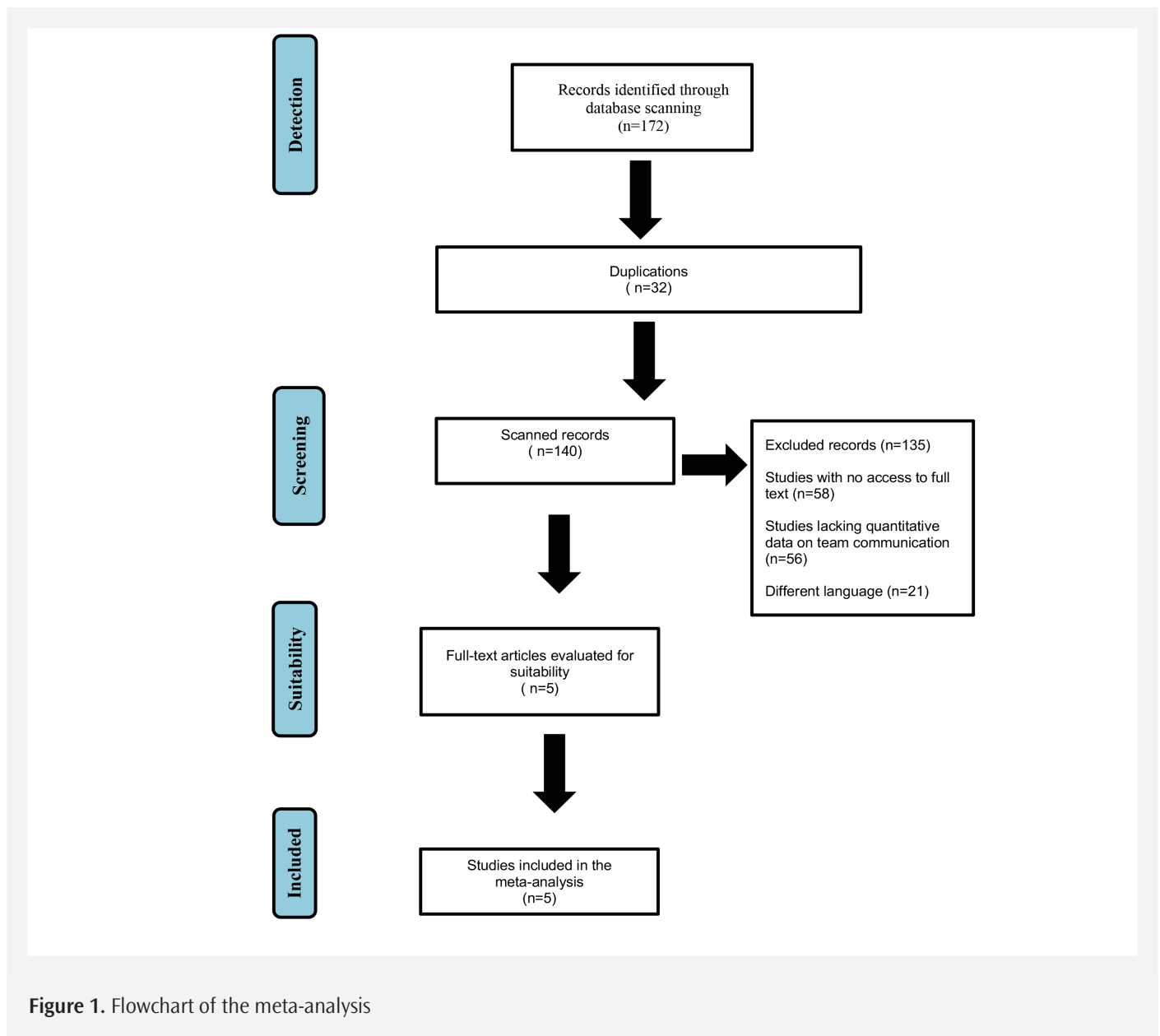


Figure 1. Flowchart of the meta-analysis

Methodological Quality Assessment

Following the review of the articles, the Joanna Briggs Institute MASTARI Critical Appraisal Tool was used for five publications adapted into Turkish by Nahcivan and Seçginli⁸ for Descriptive/Case Series studies. This tool contains a total of 9 items. During the review of each study, the fulfilment of each of the 9 features found in these forms was evaluated in detail. Where the relevant feature was fulfilled, 1 point was awarded, and where it was not fulfilled, 0 points were awarded. All articles belonging to the subgroups included in the study were reviewed independently by two researchers, and articles scoring 6 or higher in the quality assessment were considered high quality. Inter-coder agreement was found to be 81% based

on the quality assessment scores, indicating a very good level of agreement between coders.

Statistical Analysis

The licensed software “Comprehensive Meta Analysis Academic/Non-profit Pricing (version 3)” was used for data analysis. Data from all articles meeting the inclusion criteria and selected for inclusion in the study were entered into this software, and the heterogeneity of the articles was assessed. In the heterogeneity test, the random effects model was used for group analyses with $p < 0.05$, while the fixed effects model was used for group analyses with $p > 0.05$. The effect sizes, study weights, 95% confidence intervals (CIs), and overall effect size of all studies

were calculated. For analyses performed on binary data, the “risk ratio and odds ratio” values were used as the basis for evaluating the overall effect size. Cohen’s *d* coefficient was used to compare means and calculate the overall effect size. A statistical significance threshold of $p < 0.05$ was accepted for evaluating the overall effect. The kappa statistic was used in the SPSS programme to assess inter-rater reliability.

RESULTS

Each of the five studies included in the meta-analysis, which evaluated the effect of using safe surgery checklists on team communication, is a research article and has been published in peer-reviewed journals. The total sample size of the studies examined in the meta-analysis is 1.507, with sample sizes ranging from 96 to 747. The average sample size is 301. Three of the studies included in the research are descriptive, and two are retrospective research articles. The studies were published between 2011 and 2020.

Following the review of the articles, the Joanna Briggs Institute MASTARI Critical Appraisal Tool was used for the Descriptive/Case Series studies adapted into Turkish by Nahcivan and Seçginli⁸ for the remaining five publications. All articles belonging to the subgroups included in the study were independently reviewed by two researchers, and articles scoring 6 or higher in the quality assessment were considered high quality. Inter-coder agreement was found to be 81% based on the quality assessment scores. The Kappa value was used to determine the degree of agreement. The Kappa value (0.81) indicated a very good level of agreement between coders (Table 1).

To assess potential publication bias, a funnel plot, Rosenthal’s Safe N method, and Orwin’s Safe N method were prepared. However, as the meta-analysis included only five studies, statistical evaluation of publication bias is limited. Therefore, publication bias could not be formally assessed, although a funnel plot was constructed for visual inspection (Figure 2).

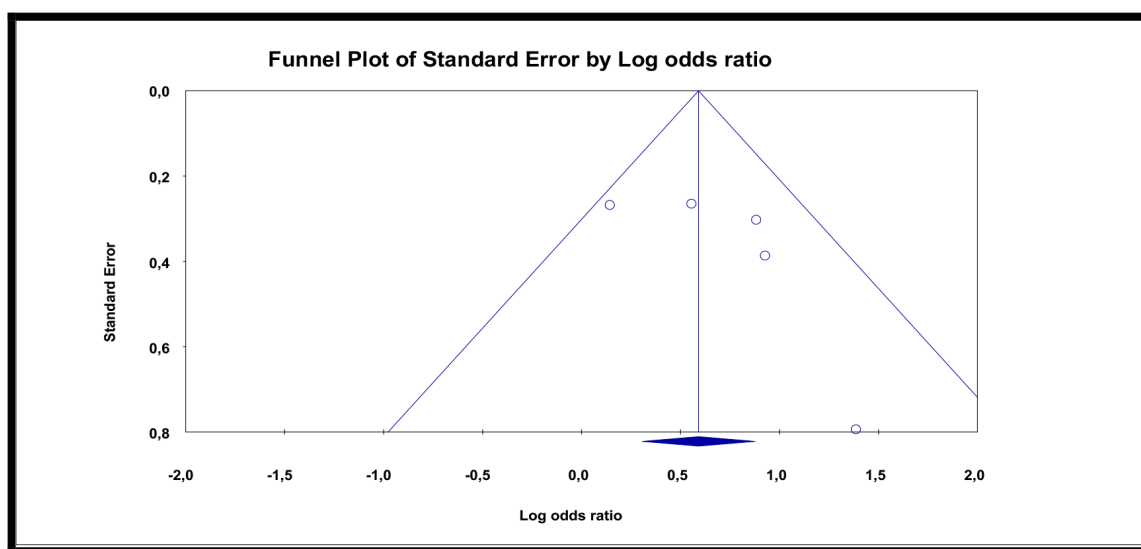


Figure 2. Funnel plot of five studies using the meta-analysis method to determine the effect of using safe surgery checklists on team communication

Table 1. Evaluation details of all studies subjected to quality assessment (n=5)

Score												
No	Author name-date	Type	S1*	S2*	S3*	S4*	S5*	S6*	S7*	S8*	S9*	Total score
1	Cabral ¹⁰	Descriptive Semi-experimental	1/1	1/1	1/1	1/0	1/1	1/1	1/1	1/1	0/1	9/9
2	Govindappagari ¹⁶	Retrospective	1/1	0/0	1/1	1/0	1/1	1/1	1/1	1/1	0/0	8/8
3	Helmiö ¹⁷	Descriptive	1/1	0/0	1/1	1/1	1/1	1/1	1/1	1/1	1/1	8/8
4	Mohammed ¹⁸	Retrospective	0/1	0/0	1/1	1/1	1/1	1/0	1/1	1/1	1/0	7/7
5	Solsky ¹⁹	Descriptive	0/1	1/0	1/1	1/1	1/1	1/1	1/1	1/1	1/1	8/8

*S1...S9: S1-S9 represent the items of the Joanna Briggs Institute MASTARI Critical Appraisal Tool. Each item (S) assesses a specific aspect of methodological quality, such as randomization, blinding, completeness of outcome data, or appropriate statistical analysis. S1 corresponds to the first criterion, S2 to the second, and so on

When the Begg-Mazumdar and Egger tests were evaluated for the skewness indicators of the funnel plot, Kendall's tau value was found to be 0.300 and the p-value was 0.462 for the Begg-Mazumdar test. The analyses revealed no skewness. Rosenthal's fail-safe number data also supported the findings in the funnel plot (Table 2).

Table 2. Graphical table showing publication bias in studies	
Begg and Mazumdar rank collections	
Kendall's statistics (P-Q)	4,00000
Kendall's tau without continuity correction	
Tau	0,40000
z-value for tau	0,97980
P-value (1-tail)	0,16359
P-value (2-tail)	0,32719
Kendall's tau with continuity correction	
Tau	0,30000
z-value for tau	0,73485
P-value (1-tail)	0,23122
P-value (2-tail)	0,46243
Classic fail-safe N	
Z-value for observed studies	4,33289
P-value for observed studies	0,00001
Alpha	0,05000
Tails	2,00000
Z for alpha	1,95996
Number of observed studies	5,00000
Number of missing studies that would you bring p-value to> alpha	200,000
Orwins fail-safe N	
Odds ratio in observed studies	1,80568
Creterion for a "trivial" odds ratio	1,00000
Mean odds ratio in missing studies	1,00000
Criterion must fall between other values	

A heterogeneity test was applied to determine the effect of the use of safe surgery checklists on team communication in the articles included in the study. The p-value obtained from the heterogeneity test was greater than 0.05 ($p=0.241>0.05$) and the Q-value (0.548) was found to be less than the value corresponding to the degree of freedom [(df=4 for χ^2 (0.95)=0.711)]. These results indicate that the studies examined in the meta-analysis have a homogeneous structure. The Z-test calculations performed for statistical significance yielded a Z value of 3.493. The I² statistic was calculated as 27.014%, indicating homogeneity. The effect size distribution was assessed according to the fixed-effects model ($p>0.05$) (Table 3).

Figure 3 shows the meta-analysis results of five studies included in the research examining the effect of using safe surgery checklists on team communication, presented as a forest plot. The mean effect size (odds ratio) was found to be (+1.806). According to this result, the effect size of the use of safe surgery checklists on team communication (G.A; 1.357-2.402; $p=0.000$) was found to be statistically significant, as it exceeded the odds ratio value of +1. It was determined that surgical teams using safe surgery checklists were 1.8 times more likely to have better team communication than those not using them (95% CI).

DISCUSSION

In this systematic review and meta-analysis, data from five studies with a sample size of 1.507, in which safe surgical checklists were used, were evaluated, and the effects of using safe surgical checklists on team communication were discussed. Operating theatres are fast-paced, stressful work environments where multidisciplinary staff work, complex tasks are performed, and real-time information from patients, colleagues, and monitors must be responded to⁹. Effective surgical team communication is vital for establishing a reliable safety culture in operating theatres¹⁰. The use of the WHO safe surgery checklist is an established practice worldwide and contributes to patient safety and collaborative teamwork. It is also used as a standard tool for team communication during

Table 3. Results of the heterogeneity test for the effect of using safe surgical checklists on team communication				
Effect size and 95% interval				
Model	Number studies	Point estimate	Lower estimate	Upper limit
Fixed	5	1.805	1.357	2.401
Random	5	1.857	1.312	2.628
Test of null (2-tail)				
Model	Z-value	P-value		
Fixed	3.493	0.001		
Random	7.258	0.000		
Heterogeneity				
Model	Q-value	Df (Q)	P-value	I-squared
Fixed	0.548	4	0.241	27.014

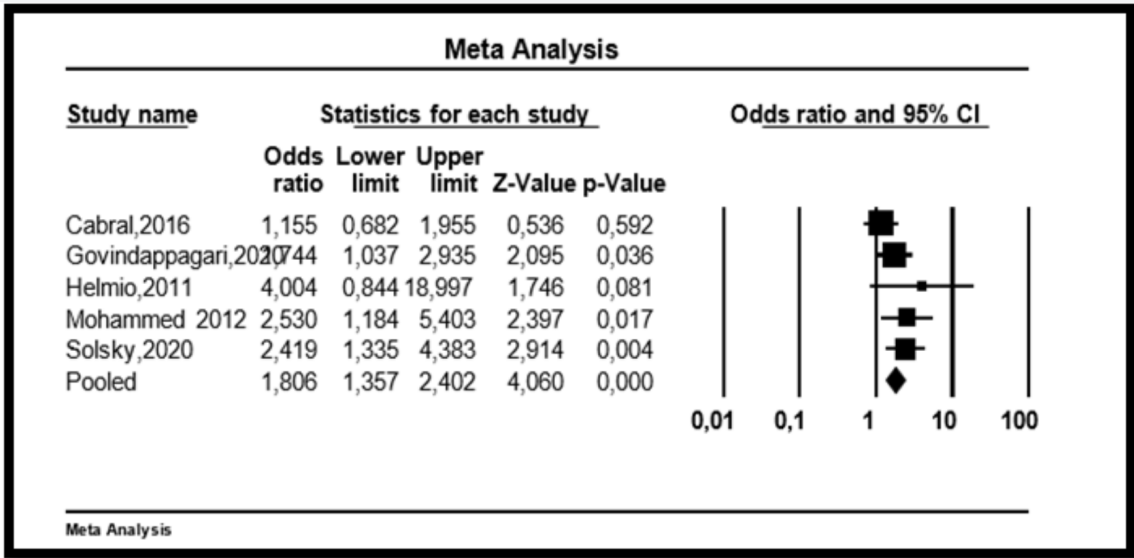


Figure 3. Forest plot of the effect of using surgical safety checklists on team communication
CI: Confidence interval

surgical procedures to encourage communication and reduce hierarchy. Challenges in communication and collaboration can arise within surgical teams; a hierarchical environment, team members not knowing each other, different communication patterns, and conflicting views on teamwork are some of the issues mentioned¹¹. Cabral et al.¹⁰ attempted to implement a programme for the use of a safe surgery checklist in their study, conducting the study with a pre-test and post-test. They found that 30% of the 114 surgical team members used the safe surgical checklist, that communication had the highest internal consistency, and that nurses' perception of communication increased the most from the pre-test to the post-test.

Another study evaluating whether the use of safe surgical checklists improves communication in the operating theatre investigated the benefits of preoperative briefings in cardiac surgery. It found that the number of miscommunication events in the briefing group was reduced by 50 per cent compared to the group that did not use the briefing tool^{12,13}.

A proven communication tool, safe surgical checklists incorporate a standardised surgical checklist to minimise human error. Communication of the checklist has been shown to reduce mortality rates by improving teamwork, the safety environment and surgical outcomes¹.

The WHO reports that surgical safety checklists significantly reduce morbidity, mortality and complication rates^{1,14}. It is estimated that more than half of the complications occurring in hospital settings are related to surgical procedures. Therefore, safety in operating theatres is a major concern¹³.

The surgical process is a complex procedure encompassing preoperative, intraoperative, and postoperative phases. Care is provided to the patient through multidisciplinary collaboration at every stage of the surgical process. In this multidisciplinary collaboration, team communication is paramount during transitions between surgical procedures¹⁵. Communication gaps are considered one of the main causes of preventable adverse outcomes in obstetrics. A study investigating whether the use of an obstetric safe surgery checklist, based on the WHO safe surgery checklist for caesarean sections, could improve communication found that the implementation of the safe surgery checklist did improve communication¹⁶. The use of surgical safety checklists in ear, nose, and throat (ENT) and head and neck surgery procedures has been found to positively contribute to the surgical workflow in ENT and head and neck surgery and to improve the sharing of patient-related medical information among team members¹⁷. A study examining the effect of the safe surgery checklist (WHO checklist) on perioperative communication between anesthesiologists and obstetricians concluded that the implementation of the safe surgery checklist positively improved communication¹⁸. The WHO also emphasizes that the checklist should not lose its ability to influence teamwork and communication. In a study conducted by Solsky et al.¹⁹, 155 checklists were examined to investigate whether communication and teamwork were emphasized in surgical safety checklist modifications. This study concluded that increased team communication would lead to an improvement in safety culture.

As the roles of the surgical team during an operation are interdependent, effective communication between the team, including anaesthetists, nurses and surgeons, is crucial in preventing avoidable complications such as operating on the wrong area and inappropriate antibiotic use.

Study Limitations

This study aims to determine the effect of safe surgery checklists on team communication using the meta-analysis method. This meta-analysis has several limitations. First, the number of included studies is relatively small, which may limit the statistical power and generalizability of the findings. Second, despite clinical and methodological heterogeneity among the studies, a fixed-effect model was used in some subgroup analyses because the number of studies was small ($n \leq 5$) and heterogeneity tests were not statistically significant ($p > 0.05$). Inter-study variance could not be reliably estimated using a random-effects model, which may further limit generalizability. Third, due to the limited number of studies, although funnel plots and safe N methods were created for visual inspection, publication bias could not be formally assessed. In conclusion, the limited number of studies included in the study, the fact that they were only observational and descriptive studies, differences in the use of safe surgery checklists, the limited number of studies examining only the effect on communication, cultural and clinical differences in practice, and limited reporting in some studies may affect the interpretation of the results.

CONCLUSION

The complexity of the surgical environment can lead to communication errors. This study evaluated the effect of using the safe surgery checklist on team communication in hospitals, starting from the clinic where the checklist was first implemented, using a meta-analysis method. The study included surgeons, nurses, anaesthetists, anaesthesia technicians, and surgical teams working in the surgical field. According to the analysis results, it was found that team communication was 1.8 times higher in surgical teams using safe surgical checklists than in those not using them. However, the meta-analysis was conducted with only five studies included in the study, which creates limitations and cannot be generalised. It is recommended that different studies be conducted to determine the effect of variables affecting team communication in the use of safe surgical checklists.

Ethics

Ethics Committee Approval: This study was analysed using meta-analysis methods, and a comprehensive and systematic literature review approach was adopted. Due to the use of

a literature review format, no ethical committee approval was required for the study, as it did not involve any direct intervention, effect, or experiment on animals or humans.

Informed Consent: These data were analyzed using meta-analytic methods.

Footnotes

Authorship Contributions

Concept: N.A., Design: T.Y., Data Collection or Processing: N.A., Analysis or Interpretation: T.Y., Literature Search: N.A., T.Y., Writing: N.A., T.Y.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study received no financial support.

REFERENCES

- Dirie NI, Elmi AH, Ahmed AM, Ahmed MM, Omar MA, Hassan MM, et al. Implementation of the WHO surgical safety checklist in resource-limited Somalia: a new standard in surgical safety. *Patient Saf Surg.* 2024;14:18:30.
- Anderson O, Davis R, Hanna GB, Vincent CA. Surgical adverse events: a systematic review. *Am J Surg.* 2013;206:253-62.
- Mahajan RP. The WHO surgical checklist. *Best Pract Res Clin Anaesthesiol.* 2011;25:161-8.
- Gökay P, Taştan S, Ayhan H, İyigün E, Can MF. Dünya Sağlık örgütü güvenli cerrahi kontrol listesinin kullanımı: sistematik inceleme. *Gülhane Tıp Derg.* 2016;58:136-42.
- Soyer Ö, Yavuz Van Giersbergen M. Güvenli cerrahi kontrol listesinin etkinliği: sistematik inceleme. *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi.* 2017;20:286-98.
- Tawfik GM, Dila KAS, Mohamed MYF, Tam DNH, Kien ND, Ahmed AM, et al. A step by step guide for conducting a systematic review and meta-analysis with simulation data. *Trop Med Health.* 2019;47:46.
- Manser T, Foster S, Flin R, Patey R. Team communication during patient handover from the operating room: more than facts and figures. *Hum Factors.* 2013;55:138-56.
- Nahcivan N, Seçginli S. Joanna Briggs Institute MASTARI critical appraisal tools: psychometric testing of the Turkish versions. In: 2nd International Clinical Nursing Research Congress; 24-27 June 2015; İstanbul, Türkiye. p. 1.
- Urban D, Burian BK, Patel K, Turley NW, Elam M, MacRobie AG, et al. Surgical teams' attitudes about surgical safety and the surgical safety checklist at 10 years: a multinational survey. *Ann Surg Open.* 2021;6;2:e075.
- Cabral RA, Eggenberger T, Keller K, Gallison BS, Newman D. Use of a surgical safety checklist to improve team communication. *AORN J.* 2016;206-16.
- Willassen ET, Jacobsen ILS, Tveiten S. Safe surgery checklist, patient safety, teamwork, and responsibility-coequal demands? A Focus Group Study. *Glob Qual Nurs Res.* 2018;5:2333393618764070.
- Henrickson SE, Wadhera RK, Elbardissi AW, Wiegmann DA, Sundt TM 3rd. Development and pilot evaluation of a preoperative briefing protocol for cardiovascular surgery. *J Am Coll Surg.* 2009;208:1115-23.
- Pugel AE, Simianu VV, Flum DR, Patchen Dellinger E. Use of the surgical safety checklist to improve communication and reduce complications. *J Infect Public Health.* 2015;8:219-25.

14. Treadwell JR, Lucas S, Tsou AY. Surgical checklists: a systematic review of impacts and implementation. *BMJ Qual Saf.* 2014;23:299-318.
15. Verdi KG, Wesson HK, Higgins R. Chapter 6 - Structured perioperative team communication. In: *Handbook of perioperative and procedural patient safety.* Elsevier; 2023. p. 63-74.
16. Govindappagari S, Guardado A, Goffman D, Bernstein J, Lee C, Schonfeld S, et al. Is communication improved with the implementation of an obstetrical version of the World Health Organization Safe Surgery Checklist? *J Patient Saf.* 2020;16:279-83.
17. Helmiö P, Blomgren K, Takala A, Pauniah SL, Takala RS, Ikonen TS. Towards better patient safety: WHO surgical safety checklist in otorhinolaryngology. *Clin Otolaryngol.* 2011;36:242-7.
18. Mohammed A, Wu J, Biggs T, Ofili-Yebovi D, Cox M, Pacquette S, et al. Does use of a World Health Organization obstetric safe surgery checklist improve communication between obstetricians and anaesthetists? A retrospective study of 389 caesarean sections. *BJOG.* 2012;120:644-8.
19. Solsky I, Berry W, Edmondson L, Lagoo J, Baugh J, Blair A, et al. World Health Organization surgical safety checklist modification: do changes emphasize communication and teamwork? *J Surg Res.* 2020;246:614-22.