



Surgical Safety Checklist Implementation Training Course

9 – 13 May 2027
Zanzibar



Surgical Safety Checklist Implementation Training Course

Ref: 1399_203330 **Date:** 9 – 13 May 2027 **Location:** Zanzibar **Fees:** 5500 Euro

Overview

Surgical Safety Checklist Implementation Training Course is a one-week advanced course for perioperative leaders, surgeons, anaesthesia teams, nurses, quality specialists, and patient-safety teams who leave with a Surgical Checklist Implementation Bundle. Participants connect readiness assessment, workflow mapping, safe checklist adaptation, team facilitation, simulation, observation, feedback, measurement, and spread. The course addresses ritual use, skipped pauses, weak speaking-up behaviours, and unreliable follow-through. Agile Leaders Training Center presents surgical checklist implementation as a clinical teamwork and reliability system.

Who Should Attend

- Functions responsible for perioperative quality and patient safety
- Clinical teams leading operating-theatre workflow and coordination
- Functions governing surgical policy, audit, and improvement
- Educators preparing simulation and team-learning activities
- Teams measuring checklist use, reliability, and outcomes
- Leaders sponsoring change across surgical services

The course assumes participants already work with perioperative processes or patient-safety improvement and leaves out surgical technique, clinical diagnosis, and procedure-specific treatment decisions.

Departments and Industries

The course serves departments and healthcare settings responsible for safe surgical and procedural care.

- Operating theatres and perioperative services
- Surgery, anaesthesia, and nursing departments
- Quality, patient safety, and clinical governance functions
- Hospitals, ambulatory surgery centres, and procedural units
- Medical education and simulation centres
- Audit, accreditation-readiness, and improvement teams

Learning Objectives

By the end of this course, participants will be able to:



- Analyze checklist readiness and workflow barriers
- Apply safe local adaptation principles
- Build reliable sign-in, time-out, and sign-out practices
- Use facilitation and speaking-up methods
- Evaluate checklist performance through observation and data
- Prioritize pilot, feedback, spread, and sustainment actions

Course Agenda

Day 1: Checklist Purpose and Readiness

- WHO Surgical Safety Checklist Structure
- Perioperative Risk and Reliability Map
- Implementation Readiness Assessment
- Stakeholder and Clinical Champion Map
- Baseline Workflow Observation Sheet

Day 2: Workflow and Safe Adaptation

- Sign-In Process Design
- Surgical Time-Out Facilitation
- Sign-Out and Handover Design
- Local Adaptation Decision Rules
- Pre-Procedure Verification Crosswalk

Day 3: Team Communication and Simulation

- Checklist Coordinator Role Card
- Operating Theatre Team Communication Brief
- Speaking-Up and Escalation Protocol
- Simulation Scenario Design
- Facilitated Debrief Guide

Day 4: Measurement and Improvement

- Checklist Implementation Audit Tool
- Completion and Quality Observation Rubric
- Barrier and Workaround Log
- Feedback and Coaching Cycle
- Reliability Dashboard and Review Cadence



Day 5: Implementation Practice

- Exercise: Map the Surgical Workflow
- Exercise: Adapt Checklist Language Safely
- Exercise: Facilitate a Simulated Time-Out
- Exercise: Interpret Audit and Observation Data
- Capstone Exercise: Surgical Checklist Implementation Bundle

Practical Exercises

The course uses suggested activities based on operating-theatre, ambulatory, and procedural-service implementation challenges.

- Suggested activity: map handoffs, pause points, interruptions, responsibilities, and failure modes in a current surgical workflow.
- Suggested activity: adapt wording and roles while preserving critical verification and team-communication safeguards.
- Suggested activity: facilitate sign-in, time-out, and sign-out during simulation, then conduct a structured debrief.
- Suggested activity: combine readiness, adaptation, simulation, audit, feedback, and spread plans in the capstone bundle.

FAQs

Who suits surgical safety checklist implementation training, and what does it assume?

Surgical safety checklist implementation training suits healthcare professionals who already contribute to perioperative care, quality, governance, education, audit, or patient-safety improvement.

How does surgical checklist implementation differ from general patient-safety training?

Surgical checklist implementation concentrates on perioperative pause points, team verification, workflow integration, facilitation, observation, feedback, and sustained reliability rather than the full range of patient-safety risks.

What are the main surgical safety checklist pause points?

The main pause points are sign-in before induction of anaesthesia, time-out before skin incision, and sign-out before the team leaves the operating room.



Can a surgical safety checklist be adapted locally?

Local adaptation can align language, roles, and workflow with the setting while preserving critical safety checks, avoiding unnecessary length, and validating changes through clinical review and pilot use.

How should surgical checklist reliability be measured?

Reliability should be measured through direct observation of quality and participation, completion patterns, identified barriers, feedback actions, and carefully interpreted process and outcome indicators.

Conclusion

The course connects clinical governance, workflow design, safe adaptation, facilitation, simulation, observation, feedback, and measurement. Participants take back a Surgical Checklist Implementation Bundle containing readiness, workflow, role, simulation, audit, dashboard, and spread tools. The bundle helps teams move from nominal checklist availability to consistent, engaged use at critical perioperative moments.