Patient guidance on safe surgery: development and validation of an online newsletter

Orientação de pacientes sobre cirurgia segura: criação e validação de informativo online

Orientación a pacientes sobre cirugía segura: creación y validación de un informativo online

Miriam Rodrigues Dantas[1], Rachel de Carvalho[1,2*]

ABSTRACT: Objective: Develop and validate an online patient information guide on Safe Surgery Checklist. **Method:** Methodological study conducted in two stages: development of a document based on the World Health Organization Checklist and validation by 17 expert judges. A structured instrument of items related to the content, structure, presentation, and relevance was applied. A degree of agreement among the judges ≥80% was considered adequate, and content validity indices were calculated. The project was conducted according to recommendations of Resolution 466/2012. **Results:** The online information "Patient Guide on Safe Surgery" was developed through literature review, structured in three pages, with accessible language, purposes, steps, and benefits of the Checklist and the patient's participation in surgical safety. All items obtained agreement ≥80%; most of the items with 100% approval and averages above 3.5 on a 4-point Likert Scale. Suggestions were provided and will be incorporated in the final version for later application with surgical patients. **Conclusion:** The online information was elaborated and validated with a high degree of agreement and excellent validity indices, and is available in PDF for printing and online, through QRCode.
Keywords: Health education. Patient safety. Perioperative nursing. Checklist. Time out, healthcare.

RESUMO: Objetivo: Elaborar e validar informativo *online*, com orientações aos pacientes sobre "*Checklist* de Cirurgia Segura". **Método:** Estudo metodológico em duas etapas: elaboração de informativo baseado no *Checklist* da Organização Mundial da Saúde e validação por 17 juízes expertos em enfermagem perioperatória. Utilizou-se instrumento para análise de conteúdo, estrutura, apresentação e relevância. Foi considerado adequado grau de concordância ≥80% e calculados índices de validade de conteúdo. Projeto conduzido segundo Resolução no 466/2012. **Resultados:** O informativo *online* "Orientação sobre a Cirurgia Segura" foi construído por revisão de literatura, estruturado em três páginas, linguagem acessível, finalidades, etapas e benefícios do *Checklist* e participação do paciente na segurança em cirurgia. Todos os itens avaliados pelos juízes obtiveram concordância ≥80%; a maioria dos itens com 100% de aprovação e médias acima de 3,5 numa escala Likert de 4 pontos. Fornecidas sugestões pelos juízes, que serão acatadas na versão final, para posterior aplicação a pacientes cirúrgicos. **Conclusão:** O informativo foi criado e validado com alto grau de concordância e ótimos índices de validade, estando disponível em PDF para impressão e *online* via QRCode.
Palavras-chave: Educação em saúde. Segurança do paciente. Enfermagem perioperatória. Lista de checagem. Time out na assistência à saúde.

RESUMEN: Objetivo: Elaborar y validar un informativo *online* con orientaciones a los pacientes sobre la Lista de Verificación de Cirugía Segura. **Método:** Estudio metodológico en dos etapas: desarrollo de informativa basada en Lista de Verificación de Organización Mundial de Salud y validación por 17 jueces expertos en enfermería perioperatoria. Se utilizó un instrumento para el análisis de contenido, estructura, presentación y relevancia. Se consideró adecuado un grado de concordancia ≥80% y se calcularon los índices de validez de contenido. El proyecto se condujo según la Resolución 466/2012. **Resultados:** El informativo *online* "Orientación sobre la Cirugía Segura" se construyó a partir de revisión de la literatura, estructurado en tres páginas, con lenguaje accesible, indicando los propósitos, etapas y beneficios de lista de verificación, así como la participación del paciente en la seguridad quirúrgica. Todos los ítems evaluados por los jueces obtuvieron concordancia ≥80 %; la mayoría alcanzó 100 % de aprobación y medias superiores a 3,5 en una escala Likert de 4 puntos. Los jueces proporcionaron sugerencias que serán incorporadas en la versión final para su posterior aplicación a pacientes quirúrgicos. **Conclusión:** El informativo fue creado y validado con alto grado de concordancia y excelentes índices de validez, estando disponible en PDF para impresión y *online* mediante *QRCode*.
Palabras clave: Educación en salud. Seguridad del paciente. Enfermería perioperatoria. Lista de verificación. Pausa de seguridad en la atención a la salud.

[1]Faculdade Israelita de Ciências da Saúde Albert Einstein – São Paulo (SP), Brasil.
[2]Universidade de São Paulo, Escola de Enfermagem – São Paulo (SP), Brasil.
*Corresponding author: prof.rachelcarvalho@gmail.com
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INTRODUCTION

Health education has undergone significant evolution in recent decades, transitioning from a professional-centered model to an approach that emphasizes patient autonomy and shared care. Preoperative education is currently recognized as a critical strategy for preparing patients for anesthetic and surgical procedures and for promoting improved clinical outcomes. The benefits of this practice are multifaceted, encompassing heightened professional awareness of its importance, the necessity of integrating it into training curricula, and the potential application of innovative technologies. Studies highlight the significance of demonstrating the relationship between the education provided and improvements in postoperative health indicators[1].

The communication of health information, traditionally conducted through direct interaction between professionals and patients, has expanded with the use of educational materials and technological resources. Advances in technology have facilitated the extension of educational strategies to digital platforms, including websites, applications, and social media, thereby promoting continuous and decentralized access to information. This transformation reflects not only technological progress but also changes in the patient profile, with individuals increasingly engaged and interested in understanding and monitoring their care[2]. Although these digital tools have become more widespread, evidence regarding their effectiveness in specific contexts, such as post-surgical hospital discharge, remains limited. Studies emphasize the need for more robust methodological designs to evaluate the actual impact of these strategies on clinical outcomes and patient knowledge[3].

Promoting safety in the surgical environment requires active involvement from the multidisciplinary team and the adoption of strategies that foster professional integration. The implementation of the World Health Organization's (WHO) internationally recognized Safe Surgery Checklist has demonstrated positive outcomes; however, its incorporation into clinical routines continues to exhibit variability and challenges[4]. The manner in which professionals integrate this tool into clinical risk management processes directly affects its effectiveness in practice[5].

Additionally, the use of educational technologies, including videos, training sessions, and simulations, has been shown to be an effective strategy for reinforcing a culture of patient safety and for promoting the training and engagement of teams across diverse care settings[6].

Despite advances in the use of digital resources to promote surgical safety, substantial deficiencies persist in the quality and standardization of information available online. Research indicates that a significant portion of surgical educational materials accessible via the internet exhibit gaps in accuracy, reliability, and consistency, potentially compromising patient safety. The adoption of collaborative platforms, with content reviewed by field experts, has emerged as a promising strategy to enhance material quality and to align surgical safety standards more closely with those observed in sectors such as aviation[7].

A study conducted by researchers at Universidade de Pernambuco demonstrated that digital formats enable broad reach and public engagement, enhancing care safety initiatives when utilized by trained professionals[8]. Although patients frequently seek information online, healthcare professionals remain the primary source of knowledge, and their conduct is essential for fostering trust in both the care team and the institution[9].

The increasing number of anesthetic and surgical procedures performed worldwide has prompted patients to seek information on pre- and postoperative stages through digital sources. Surgical safety has become a global priority, and the "Safe Surgery Saves Lives" campaign, launched by the WHO in 2008, established the "Safe Surgery Checklist" as a key tool for standardizing practices and reducing risks[4,10]. A literature review conducted by researchers from the United Kingdom and Canada indicates that its implementation is associated with improved clinical outcomes and the prevention of complications, provided that there is effective adherence by the healthcare team[11].

Effective communication between healthcare professionals and patients is essential for promoting patient engagement in care, thereby enhancing safety and satisfaction with the services provided[12,13]. However, a notable gap exists in guidance materials on safe surgery specifically designed to inform patients and their care teams, which prompted the conduct of this study.

OBJECTIVES

To develop and validate an online information sheet providing patient guidelines based on the WHO's "Safe Surgery Checklist."

METHODS

Type and location of the study

This methodological study was conducted in two stages: the first involved the development of an online information sheet on the "Safe Surgery Checklist," and the second comprised its validation by experts.

The first phase was conducted through a literature review of articles, books, theses, and dissertations related to the topic, with an emphasis on the role of the nursing team in safe surgeries. The search was performed in databases and electronic resources, including publications in Portuguese, Spanish, and English, using a personal computer and the library of a private college in São Paulo. The second phase involved validation of the information sheet by expert judges in perioperative nursing.

Sample and selection criteria

The sample comprised 17 judges, all nurses with expertise in perioperative nursing and experience in applying the "Safe Surgery Checklist." Inclusion criteria were: nurses with a minimum of two years of experience in the field who agreed to participate and signed the Informed Consent. Nurses unavailable for the validation process were excluded. The selection of judges employed the snowball technique, a non-probabilistic sampling method in which participants refer additional eligible contacts, thereby expanding the network of experts[14]. Initially, a known group of experts was recruited, who then indicated other participants with similar profiles, resulting in a final sample of 17 nurses meeting the eligibility criteria.

Operationalizing data collection

Phase 1. Development of the online information sheet on safe surgery

A bibliographic survey was conducted in the databases and electronic resources of the Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature in Health Sciences (LILACS), National Library of Medicine (MEDLINE), and Virtual Health Library (VHL) over the past ten years, using the descriptors "Time Out Healthcare," "Checklist," "Health Education," and "Patient Safety," combined with the Boolean operators "AND" and "OR." In addition, recommendations and legislation from professional associations, councils, and government agencies were considered.

The selected materials included scientific articles, theses, dissertations, and professional recommendations, and were analyzed for thematic relevance to support the development of the informational booklet containing guidelines for surgical patients. This phase culminated in a literature review article recently published by the authors[13].

Phase 2. Validation of the report by expert judges

The 17 expert judges evaluated the newsletter using a data collection instrument divided into two sections: characterization (age, gender, education, qualifications, and years of experience in perioperative nursing) and assessment of the newsletter's content, structure, presentation, and relevance.

A four-point Likert scale was used:

1. Inadequate;
2. Partially adequate;
3. Adequate;
4. Fully adequate.

The approach was conducted via email, including the distribution of the Informed Consent, the information sheet, and the evaluation instrument, along with a request for each specialist to recommend one or more colleagues to participate in the study.

Data analysis and processing

The quantitative data were analyzed statistically. The significance levels assigned by the judges to each item enabled the calculation of content validity indices. An agreement of 80% or higher among the judges for each item was considered adequate. To present the results, tables displaying numerical distributions with absolute and percentage values were constructed. The index for each item of the information sheet, as evaluated by the judges using a Likert scale, was calculated using means and standard deviations.

The qualitative data, consisting of the judges' suggestions and recommendations, were grouped and are presented narratively at the end of the Results section.

Ethical and legal aspects

Prior to data collection, the research project was approved by the Research Ethics Committee of the authors' institution via Plataforma Brasil (CAAE 77448724.0.0000.0071; Opinion 6.841.890). Data collection was conducted between August 2024 and April 2025, following all necessary approvals and

authorizations, in accordance with the recommendations of Resolution No. 466/2012 of the National Health Council.

RESULTS

The online informational document titled "Guidelines for Safe Surgery" was developed to provide accessible information to the general public, particularly patients undergoing anesthetic and surgical procedures. The material comprises three pages and presents, concisely, the concept, purpose, and steps of the WHO's Safe Surgery Checklist, using clear language and practical guidance (Appendix).

The first page covers explanatory topics, including the function of the Checklist, the patient's role, and the benefits of its implementation. The second and third pages summarize the three stages of the Checklist (before anesthetic induction, before skin incision, and at the end of surgery), emphasizing key verification points, the importance of communication between the care team and the patient, and the overall significance of the Checklist.

The newsletter was evaluated by 17 judges with respect to content, structure, presentation, and relevance. All judges were subject-matter experts and had a minimum of two years of experience in perioperative nursing, meeting the inclusion criteria. The experts had a mean age of 42.06 years, an average of 14.5 years of formal training, and 10 years of experience in perioperative nursing. Most were specialists, with some holding master's or doctoral degrees (Table 1).

Table 2 presents the results of the evaluation of the online information sheet "Guidelines for Safe Surgery" conducted by the 17 judges, showing high levels of adequacy and agreement among evaluators in categories 3 and 4 (Adequate and Fully Adequate).

Continuing the evaluation of the online newsletter, a quantitative analysis of the scores assigned by the judges to the validated items was performed, considering the means and standard deviations for each aspect. This analysis enables assessment of the degree of numerical agreement among the experts and identification of any variations in individual perceptions regarding the adequacy of the proposed material (Table 3).

During the validation of the online information sheet, several judges provided qualitative suggestions and additional recommendations aimed at enhancing both the content and structure of the material, making it clearer, more accessible, and more functional for the target audience. These suggestions focused on specific aspects to improve the effectiveness of the information sheet in promoting surgical safety and in educating both nursing staff and patients.

The most significant suggestions and recommendations included: increasing the color contrast on the first page, standardizing the use of the word Checklist in italics and uppercase, clearly identifying the responsibilities of the nursing team in applying the Checklist, and specifying that the Checklist is generally implemented by the nurse or the circulating nursing technician in the operating room.

Considering the quantitative and qualitative results, and given that suggestions and recommendations of critical relevance to the final outcome were not observed, the decision was made to maintain the information sheet in its original form, as it demonstrated high levels of agreement and adequacy across all evaluated items. The final adjustments will be applied to the version intended for patients, who constitute the target audience for the online information sheet.

The online information sheet is provided as an appendix in two formats: a printable portable document format (PDF) and a version accessible via quick response code (QR code).

Table 1. Characterization of the sample of expert judges (total=17).

Characteristic	Number	Percentage (%)
Gender		
Female	16	94.1
Male	01	5.9
Role/Position		
Nurse	11	64.7
Professor	05	29.4
Nursing Manager	01	5.9
Academic Degree		
Specialist	11	64.7
PhD	04	23.5
Master's	02	11.8
Area of specialization		
SC/AR/SPD*	12	70.6
Other†	05	29.4
	Mean (years)	**Standar deviation (years)**
Age	42.06	9.86
Time since graduation	14.50	10.82
Perioperative nursing experience	10.00	9.60

*SC/AR/SPD: Surgicenter/Anesthetic Recovery/Sterile Processing Department; †Other areas of specialization: Health Sciences, Perioperative Nursing, Enterostomal Therapy, Health Education, and Adult Health.

Table 2. Analysis of the adequacy level of the online newsletter by expert judges (total=17).

Item	Fully adequate n (%)	Adequate n (%)	Adequacy n (%)
1. Content			
1.1. The information/content is consistent with the needs of the target audience.	10 (58.8)	07 (41.2)	17 (100.0)
1.2. The information/content is important to identify the responsibilities of the nursing team in safe surgery.*	10 (58.8)	06 (35.3)	16 (94.1)
1.3. The online newsletter helps to perform a safer procedure.	12 (70.6)	05 (29.4)	17 (100.0)
1.4. The online newsletter can be disseminated within the scientific community.	12 (70.6)	05 (29.4)	17 (100.0)
1.5. The online newsletter meets the objectives of institutions providing/ aiming to provide safe surgeries.	12 (70.6)	05 (29.4)	17 (100.0)
2. Structure and presentation			
2.1. The online newsletter is appropriate for the target audience.	11 (64.7)	06 (35.3)	17 (100.0)
2.2. Items are presented clearly and objectively.	12 (70.6)	05 (29.4)	17 (100.0)
2.3. The information is scientifically correct.	12 (70.6)	05 (29.4)	17 (100.0)
2.4. There is a logical sequence of the proposed items.	12 (70.6)	05 (29.4)	17 (100.0)
2.5. Items are well-structured, with correct agreement and spelling.†	11 (64.7)	05 (29.4)	16 (94.1)
2.6. The writing style is consistent with the purpose of the online newsletter.	11 (64.7)	06 (35.3)	17 (100.0)
2.7. The information is coherent.	12 (70.6)	05 (29.4)	17 (100.0)
2.8. The overall presentation is adequate.	12 (70.6)	05 (29.4)	17 (100.0)
3. Relevance			
3.1. Prioritizes the main information for applying the online newsletter.	12 (70.6)	05 (29.4)	17 (100.0)
3.2. Allows the online newsletter to be applied in other contexts.	12 (70.6)	05 (29.4)	17 (100.0)
3.3. The content of the online newsletter is necessary for the activities of the nursing team in safe surgery.	11 (64.7)	06 (35.3)	17 (100.0)
3.4. The online newsletter is suitable for application with the target audience.‡	09 (75.0)	03 (25.0)	12 (100.0)

* Item 1.2 received a response of "Partially adequate" from Judge 6; †Item 2.5 received a response of "Partially adequate" from Judge 4; ‡ Item 3.4 was not answered by five judges (judges 13, 14, 15, 16, and 17), resulting in 12 responses.

DISCUSSION

The characterization of the expert judges demonstrates the appropriateness of the group for evaluating the proposed material, as it comprised professionals with proven experience and practice in perioperative nursing, thereby strengthening the quality of the content assessment. The predominance of women among the judges aligns with the gender distribution in Brazilian nursing, which is largely female, as reported by the Federal Nursing Council (*Conselho Federal de Enfermagem* – COFEn)[15].

The diversity of roles among the judges, with a predominance of clinical practice followed by teaching and management positions, enabled a multidimensional analysis of the material, incorporating different perspectives on perioperative care. In terms of qualifications, a high level of academic achievement was observed, with more than one-third of the judges holding master's and/or doctoral degrees. The heterogeneity of participants' profiles is considered a positive feature in methodological studies, as it broadens the evaluative perspective[16]. Alignment between the judges' professional profiles and the focus of the material is crucial for validating educational content, as highlighted by studies emphasizing the importance of professional experience, qualifications, and practice in the specific area when selecting specialists for validation processes[17,18].

Data analysis revealed that all evaluated items were considered adequate according to the predefined criteria, with high agreement in the Adequate and Fully Adequate categories. Of the 17 items analyzed, 15 achieved 100% agreement, reinforcing the acceptance and quality of the newsletter's content. Quantitative data demonstrated strong consensus among the judges regarding the adequacy of the items comprising the online newsletter. The overall mean score approached the maximum value of the scale, indicating a high level of approval of the material.

Table 3. Quantitative evaluation of the online newsletter, according to the judges' assessment.

Item	Mean	Standard deviation
1. Content		
1.1 The information/content is consistent with the needs of the target audience.	3.588	0.507
1.2 The information/content is important to identify the responsibilities of the nursing team in safe surgery.	3.529	0.624
1.3 The online newsletter helps to perform a safer procedure.	3.706	0.470
1.4 The online newsletter can be disseminated within the scientific community.	3.706	0.470
1.5 The online newsletter meets the objectives of institutions providing/aiming to provide safe surgeries.	3.706	0.470
2. Structure and presentation		
2.1 The online newsletter is appropriate for the target audience.	3.647	0.493
2.2 Items are presented clearly and objectively.	3.706	0.470
2.3. The information is scientifically correct.	3.706	0.470
2.4. There is a logical sequence of the proposed items.	3.706	0.470
2.5. Items are well-structured, with correct agreement and spelling.	3.588	0.618
2.6. The writing style is consistent with the purpose of the online newsletter.	3.647	0.493
2.7. The information is coherent.	3.706	0.470
2.8. The overall presentation is adequate.	3.706	0.470
3. Relevance		
3.1. Prioritizes the main information for applying the online newsletter.	3.706	0.470
3.2. Allows the online newsletter to be applied in other contexts.	3.706	0.470
3.3. The content of the online newsletter is necessary for the activities of the nursing team in safe surgery.		
3.4. The online newsletter is suitable for application with the target audience.*	3.647	0.493

* Item 3.4 was not answered by five judges (judges 13, 14, 15, 16, and 17), resulting in 12 responses.

The item with the lowest mean score was 1.2, "The information/content is important for identifying the nursing team's responsibilities in safe surgery." Despite being the lowest score recorded, it remained above 3.5, reflecting a positive evaluation, albeit with slight variability among the evaluators. This finding suggests that the content could be refined to provide greater clarity regarding the role of the nursing team, an aspect also highlighted in the qualitative suggestions offered by two judges.

In contrast, item 3.4, "Is the online newsletter suitable for use with the target audience?" received the highest mean score; however, it was evaluated by only 12 of the judges, which limits the generalizability of this result.

Overall, the items in the "Structure and Presentation" and "Relevance" sections achieved mean scores above 3.6 with low variability, indicating consistency in the evaluations. The high level of agreement highlights the clarity, relevance, and practical applicability of the material. These findings align with similar studies validating educational materials for nursing and patient safety, which emphasize the importance of accessible language, clear visual structure, and expert validation as key elements for developing effective instruments[19,20].

The judges' suggestions underscore the need for specific adjustments to make the material more objective and patient-centered. Notably, recommendations emphasized explicitly stating the nursing team's role in applying the Checklist and enhancing the highlighting of text to ensure standardization and accessibility. These observations are consistent with the literature on health literacy, which emphasizes that textual clarity and appropriate language are essential for the effectiveness of educational materials[21,22].

Another aspect identified was the need for visual adjustments to the material, including modifications to contrast and font size, which are important for readability and accessibility, particularly for audiences with varying levels of education. This concern aligns with health communication guidelines, which recommend the use of visual resources adapted to patients' needs[22].

Despite the high acceptance rate among expert judges and the positive validation of the proposed material, some

qualitative suggestions were provided to further improve the content. However, not all suggestions were incorporated into the final version of the online newsletter, as they were limited in number, specific in scope, and did not compromise the overall quality of the material.

It is worth noting that the suggestions not incorporated were not discarded but postponed for consideration in future versions of the newsletter, particularly following apparent and semantic validation with the target audience. At that stage, more specific input is expected to inform potential adjustments, ensuring that the material remains accessible, technically accurate, and aligned with the actual needs of users.

Despite the positive results, this study has some limitations. Item 3.4 was evaluated by only 12 judges, which may have influenced the mean score and reduced the analytical power for this aspect. Additionally, the absence of a patient validation phase precludes assessment, at this stage, of the material's practical effectiveness with the intended target audience. Therefore, it is recommended that the study be extended to include face and semantic validation among users, specifically surgical patients.

As a contribution to nursing, the online informational material, validated by a panel of expert judges, represents an innovative educational tool that can reinforce patient safety in the surgical environment, support communication between staff and patients, and promote patient autonomy in the care process. The availability of validated educational resources contributes to strengthening evidence-based practice and consolidating a culture of safety within healthcare services.

CONCLUSION

The online informational material "Guidelines for Safe Surgery," designed for surgical patients and their families, was developed and validated by a panel of expert judges. According to the assessment of 17 perioperative nursing specialists, the material was considered adequate in terms of content, structure, presentation, and relevance.

The qualitative suggestions and recommendations will help improve the newsletter, making it clearer, more accessible, and better tailored to the needs of the target audience, which will be reached in future applications of the online newsletter with patients.

Content validation reinforces the potential of the informational material as an educational tool in the surgical context, with practical applicability for promoting patient safety and enhancing communication between the nursing team and health service users. It is recommended that the validation process be extended to include patient participation to further broaden its effectiveness and reach.

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CONFLICT OF INTERESTS

The authors declare there is no conflict of interests.

AUTHORS' CONTRIBUTIONS

MRD: Conceptualization, Data curation, Investigation, Methodology, Resources, Writing – original draft, Validation. RC: Project administration, Formal analysis, Methodology, Writing – review & editing, Supervision, Visualization.

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APPENDIX. Online newsletter – Patient guidance on Safe Surgery.

APPENDIX. Continuation.

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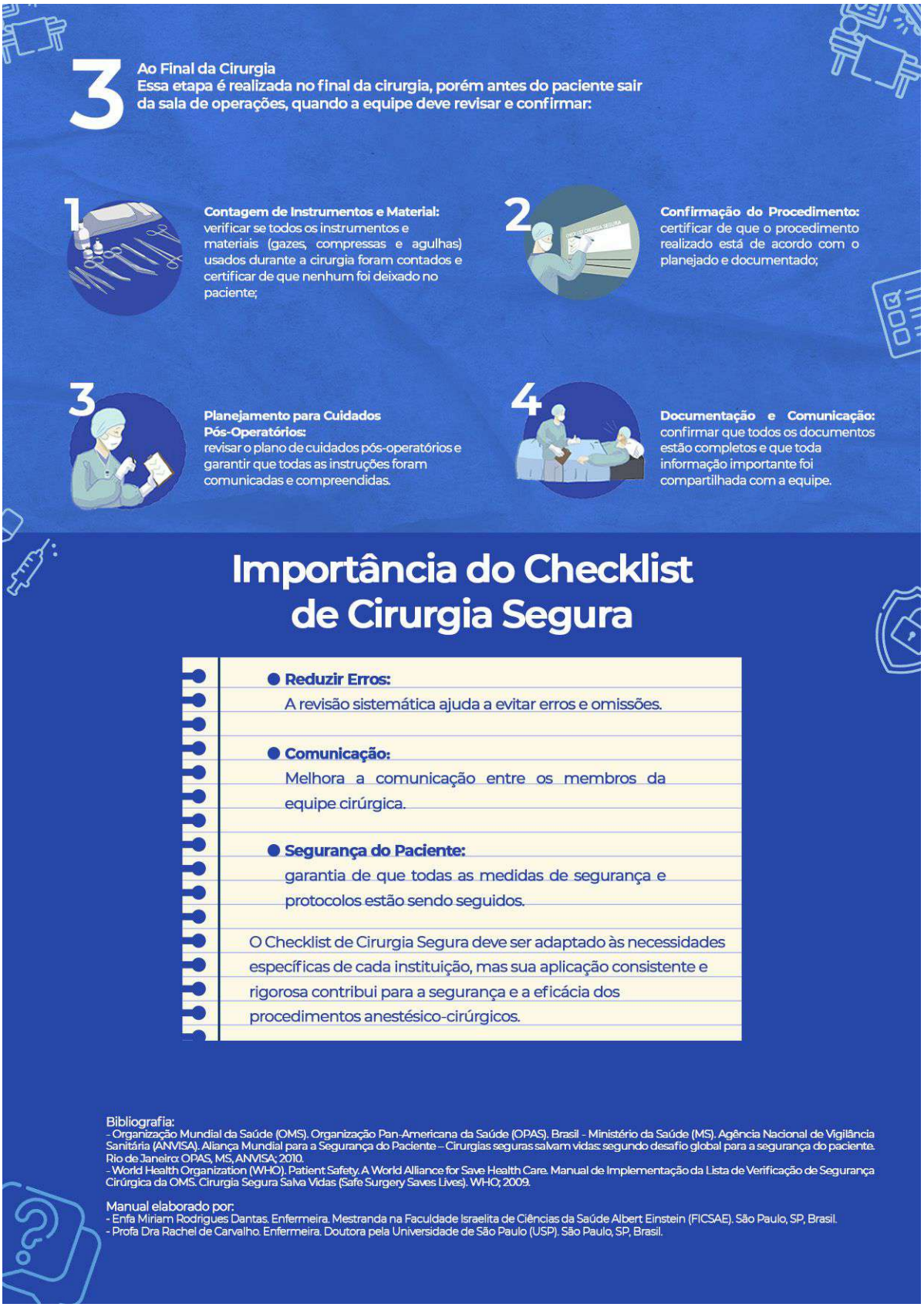

APPENDIX. Continuation.