



BIBLIOGRAPHIE

Aschenbrener CA, Siders CT. Part 2, conflict management. Managing low-to-mid intensity conflict in the health care setting. *Physician Exec* 1999;25:44 - 50

Attri JP, Sandhu GK, Mohan B, Bala M, Sandhu KS, Bansal L. Conflicts in operating room: Focus on causes and resolution. *Saudi J Anaesth* 2015;9(4): 457-63.

Awad SS, Fagan SP, Bellows C, et al. Bridging the communication gap in the operating room with medical team training. *Am J Surg* 2005;190:770 - 4.

Booij LH. Conflicts in the operating theatre. *Curr Opin Anaesthesiol* 2007;20:152-6.

Breen CM, Abernethy AP, Abbott KH, Tulsy JA. Conflict associated with decisions to limit life-sustaining treatment in intensive care units. *J Gen Intern Med* 2001;16:283- 9.

Burns JP, Mello MM, Studdert DM, et al. Results of a clinical trial on care improvement for the critically ill. *Crit Care Med* 2003;31: 2107- 17.

Cooper JB. Critical role of the surgeon-anesthesiologist relationship for patient safety. *J Am Coll Surg* 2018:1-5.

Courtenay M, Nancarrow S, Dawson D. Interprofessional teamwork in the trauma setting. *Hum Resour Health* 2013; 5(11):57.

Davies JM. Team communication in the operating room. *Acta Anaesthesiol Scand*. 2005;49:898-901.

Doppia MA, Estryn-Béhar M, Fry C, Guetarni K, Lieutaud T. Burnout in French doctors: A comparative study among anaesthesiologists and other specialists in French hospitals (SESMAT study). *Ann Fr Anesth Réanim* 2011 ; 30(11):782-94.

Frederich ME, Strong R, von Gunten CF. Physician-nurse conflict: Can nurses refuse to carry out doctor's orders? *J Palliat Med*. 2002;5:155-8.

Gaba DM, Howard SK, Jump B. Production pressure in the work environment: California anesthesiologists' attitudes and experiences. *Anesthesiology* 1994;81:488-500.

Ginsburg LR, et al. Development and testing of an objective structured clinical exam (OSCE) to assess socio-cultural dimensions of patient safety competency. *BMJ Qual Saf* 2015;24(3):188-94.

Gotlib Conn L, Reeves S, Dainty K, Kenaszchuk C, Zwarenstein M. Interprofessional communication with hospital and consultant physicians in general internal medicine : a qualitative study. *BMC Health SErv Res* 2012;30(12):437.

Haller G, Laroche T, Clergue F. Undesirable events during the perioperative period and communications deficiencies. *Ann Fr Anesth Reanim* 2011; 30(12):923-9.

Howard SK, Rosekind MR, Katz JD, Berry AJ. Fatigue in anesthesia: Implications and strategies for patient and provider safety. *Anesthesiology*. 2002;97:1281-94.

Jones PM, Shariff SZ, Wijeyesundera DN. Anesthesia Care Handovers and Risk of Adverse Outcomes-Reply. *JAMA* 2018;319(21):2237-8.

Katz JD. Conflict and its resolution in the operating room. *Journal of clinical anesthesia* 2007(19):152-8.

Lee L, Berger DH, Awad SS, et al. Conflict resolution: practical principles for surgeons. *World J Surg* 2008;32:2331-5.

Lingard L, et al. Communication failures in the operating room : an observational classification of recurrent types and effects. *Qual Saf Health Care* 2004;13(5):330-4.

Mazzocco K, et al. Surgical team behaviors and patient outcomes. *Am J Surg* 2009;197(5):678-685.

Martinez W, et al. "Speaking up" about Patient Safety Concerns and Unprofessional Behavior among Residents: Validation of Two Scales. *BMJ Qual Saf* 2015. Published Online First: 21 Jul 2015. doi:10.1136/bmjqs-2015-004253 (3.03.2019)

Michel P, et al. Les événements indésirables graves dans les établissements de santé: fréquence, évitabilité, acceptabilité. *Etudes et résultats DRESS* 2011 ;76:1-8.

Mion G, Libert N, Journois D. Burnout-associated factors in anesthesia and intensive care medicine. 2009 survey of the French Society of anesthesiologists and intensive care. *Ann Fr Anesth Reanim* 2013; 32(3):175-188.

Neily J, et al. Association between implementation of a medical team training program and surgical mortality. *JAMA* 2010;304(15):1693-700.

Piper LE. Addressing the phenomenon of disruptive physician behavior. *Health Care Manag (Frederick)* 2003;22:335-9.

Puttagunta PS, Caulfield TA, Griener G. Conflict of interest in clinical research: direct payment to the investigators for finding human subjects and health information. *Health Law Rev* 2002;10:30- 2.

Rosenstein AH, O'Daniel M. Disruptive behavior and clinical outcomes: Perceptions of nurses and physicians. *Am J Nurs*. 2005;105:54-64.

Saltman DC, O'Dea NA, Kidd MR. Conflict management : a primer for doctors in training. *Postgrad Med J* 2006;82:9-12. Savoldelli GL. Résolution de conflits au bloc opératoire. *Prat Anesth Reanim* 2009;13:65-9.

Schaefer HG, Helmreich RL, Scheidegger D. Safety in the operating theatre — Part 1: Interpersonal relationships and team performance. *Curr Anaesth Crit Care*. 1995;6:48-53. Porter-O'Grady T. Constructing a conflict resolution program for health care. *Health Care Manage Rev* 2004;29:278-83.

Studdert DM, et al. Nature of conflict in the care of pediatric intensive care patients with prolonged stay. *Pediatrics* 2003;112:553 -8.

The Joint Commission. Sentinel Event alert Issue 30: Preventing infant death and injury during delivery. Juillet 2004. Disponible sur https://www.jointcommission.org/assets/1/18/SEA_30.pdf (5/03/2019).

Thomas EJ, Sexton JB, Helmreich RL. Discrepant attitudes about teamwork among critical care nurses and physicians. *Crit Care Med*. 2003;31:956-9.

Villafranca A, Hamli, C, Enns S, Jacobsohn E. Disruptive behaviour in the perioperative setting: a contemporary Review. *Can J Anaesth* 2017;64(2):128-40

Villafranca A, Fast I, Jacobsohn E. Disruptive behavior in the operating room: prevalence, consequences, prevention, and management. *Curr Opin Anesthesiol* 2018, 31:366-74

Wheelan SA, Burchill CN, Tilin F. The link between teamwork and patient's outcomes in intensive care units. *Am J Crit Care* 2003;12(6):527-34.