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Safety at the Sharp End is a general guide to the theory and practice of non-technical skills for safety. It

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covers the identification, training and evaluation of non-technical skills and has been written for use by individuals who are studying or training these skills on CRM and other safety or human factors courses.

Safety at the Sharp End: A Guide to Non-Technical Skills ...

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Safety at the Sharp End - University of Aberdeen

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Safety at the Sharp End | Taylor & Francis Group

Safety at the Sharp End. : Rhona H. Flin, Paul O'Connor, Margaret Crichton. Ashgate Publishing, Ltd., 2008 - Business & Economics - 317 pages. 2 Reviews. Non-technical skills are the cognitive and social skills that complement workers' technical skills. This book describes the basic non-technical skills and

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explains why they are important for safe and efficient performance in a range of high risk work settings from industry, health care, military and emergency services.

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There are no short cuts, no quick fixes. 14 Experience at the sharp end of clinical practice bears this out and is illustrated by an evaluation of a major patient safety initiative, again sponsored by The Health Foundation, Safer Clinical Systems, to which the author contributed, that some problems identified by safety teams seem insoluble, no matter how committed the team or how ingenious the approach. These larger problems need more resource, policy development or other interventions ...

The systems approach at the sharp end

Active failures are unsafe acts (errors and violations) committed by those at the "sharp end" of the

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system (e.g. anaesthetists, surgeons, nurses). They are the people whose actions can have immediate adverse consequences. Latent failures are created as the result of decisions taken at the higher echelons of the organisation.

Safety in the operating theatre □ Part 2: Human error and ...

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Many 21st century operations are characterised by teams of workers dealing with significant risks and complex technology, in competitive, commercially-driven environments. Informed managers in such sectors have realised the necessity of understanding the human dimension to their operations if they hope to improve production and safety performance. While organisational safety culture is a key determinant of workplace safety, it is also essential to focus on the non-technical skills of the system operators based at the 'sharp end' of the organisation. These skills are the cognitive and social skills required for efficient and safe operations, often termed Crew Resource Management (CRM) skills. In industries such as civil aviation, it has long been appreciated that the majority of accidents could have been prevented if better non-technical skills had been demonstrated by personnel operating and maintaining the system. As a result, the aviation industry has pioneered the development of CRM training. Many other organisations are now introducing non-technical skills training, most notably within the healthcare sector. Safety at the Sharp End is a general guide to the theory and practice of non-

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Wife and mother. Teacher and musician. Marathoner and rock climber. At 66, Dierdre Wolownick-Honnold became the oldest woman to climb El Capitan in Yosemite--and in *The Sharp End of Life: A Mother's Story*, she shares her intimate journey, revealing how her climbing achievement reflects a broader story of courage and persistence. Dierdre grew up under the watchful eyes of a domineering mother and realized early on that her parents' plans for her future weren't what she wanted for herself.

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Later, what seemed like a storybook romance brought escape, with new experiences and eye-opening travel, but she quickly discovered that her husband was not the happy-go-lucky man he had first appeared. Adapting as best she could, Dierdre juggled work and raising two young children, encouraging them to be fearlessly confident. She noted with delight how her "little lady" Stasia took it upon herself to look out for her baby brother, and watched in amazement as Alex (Honnold of "Free Solo" fame) started climbing practically before he could crawl. After years of struggle in her marriage and her ultimate divorce, Dierdre found inspiration in her now-adult children's passions, as well as new depths within herself. At Stasia's urging, she took up running at age 54 and soon completed several marathons. Then at age 58, Alex led her on her first rock climbs. A world of friendship and support suddenly opened up to her within the climbing "tribe," culminating in her record-setting ascent of El Cap with her son. From confused young wife and busy but lonely mother to confident middle-aged athlete, Dierdre brings the reader along as she finds new strength, happiness, and community in the outdoors--and a life of learning, acceptance, and spirit.

Providing a practical guide to the training and assessment of non-technical skills within high-risk industries, this book will be of direct interest to safety and training professionals working within aviation, healthcare, rail, maritime, and other high-risk industries. Currently, each of these industries are working to integrate non-technical skills into their training and certification processes, particularly in light of increasing international regulation in this area. However, there is no definitive guidance to assist practitioners within these areas with the design of effective non-technical skills training and assessment programs. This book sets out to fully meet this need. It has been designed as a practically focussed companion to the 2008 book *Safety at the Sharp End* by Flin, O'Connor and Crichton. While *Safety at*

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the Sharp End provides the definitive exploration of the need for non-technical skills training, and examines in detail the main components of non-technical skills as they relate to safe operations, the text does not focus on the "nuts and bolts" of designing training and assessment programs. To this end, *Training and Assessing Non-Technical Skills: A Practical Guide* provides an extension of this work and a fitting companion text.

Human error is cited over and over as a cause of incidents and accidents. The result is a widespread perception of a 'human error problem', and solutions are thought to lie in changing the people or their role in the system. For example, we should reduce the human role with more automation, or regiment human behavior by stricter monitoring, rules or procedures. But in practice, things have proved not to be this simple. The label 'human error' is prejudicial and hides much more than it reveals about how a system functions or malfunctions. This book takes you behind the human error label. Divided into five parts, it begins by summarising the most significant research results. Part 2 explores how systems thinking has radically changed our understanding of how accidents occur. Part 3 explains the role of cognitive system factors - bringing knowledge to bear, changing mindset as situations and priorities change, and managing goal conflicts - in operating safely at the sharp end of systems. Part 4 studies how the clumsy use of computer technology can increase the potential for erroneous actions and assessments in many different fields of practice. And Part 5 tells how the hindsight bias always enters into attributions of error, so that what we label human error actually is the result of a social and psychological judgment process by stakeholders in the system in question to focus on only a facet of a set of interacting contributors. If you think you have a human error problem, recognize that the label itself is no explanation and no guide to countermeasures. The potential for constructive change, for

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progress on safety, lies behind the human error label.

Increased concern for patient safety has put the issue at the top of the agenda of practitioners, hospitals, and even governments. The risks to patients are many and diverse, and the complexity of the healthcare system that delivers them is huge. Yet the discourse is often oversimplified and underdeveloped. Written from a scientific, human factors perspective, *Patient Safety: A Human Factors Approach* delineates a method that can enlighten and clarify this discourse as well as put us on a better path to correcting the issues. People often think, understandably, that safety lies mainly in the hands through which care ultimately flows to the patient—those who are closest to the patient, whose decisions can mean the difference between life and death, between health and morbidity. The human factors approach refuses to lay the responsibility for safety and risk solely at the feet of people at the sharp end. That is where we should intervene to make things safer, to tighten practice, to focus attention, to remind people to be careful, to impose rules and guidelines. The book defines an approach that looks relentlessly for sources of safety and risk everywhere in the system—the designs of devices; the teamwork and coordination between different practitioners; their communication across hierarchical and gender boundaries; the cognitive processes of individuals; the organization that surrounds, constrains, and empowers them; the economic and human resources offered; the technology available; the political landscape; and even the culture of the place. The breadth of the human factors approach is itself testimony to the realization that there are no easy answers or silver bullets for resolving the issues in patient safety. A user-friendly introduction to the approach, this book takes the complexity of health care seriously and doesn't oversimplify the problem. It demonstrates what the approach does do, that is offer the substance and guidance to consider the issues in all their nuance and complexity.

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This edited collection of articles addresses aspects of medical care in which human error is associated with unanticipated adverse outcomes. For the purposes of this book, human error encompasses mismanagement of medical care due to: * inadequacies or ambiguity in the design of a medical device or institutional setting for the delivery of medical care; * inappropriate responses to antagonistic environmental conditions such as crowding and excessive clutter in institutional settings, extremes in weather, or lack of power and water in a home or field setting; * cognitive errors of omission and commission precipitated by inadequate information and/or situational factors -- stress, fatigue, excessive cognitive workload. The first to address the subject of human error in medicine, this book considers the topic from a problem oriented, systems perspective; that is, human error is considered not as the source of the problem, but as a flag indicating that a problem exists. The focus is on the identification of the factors within the system in which an error occurs that contribute to the problem of human error. As those factors are identified, efforts to alleviate them can be instituted and reduce the likelihood of error in medical care. Human error occurs in all aspects of human activity and can have particularly grave consequences when it occurs in medicine. Nearly everyone at some point in life will be the recipient of medical care and has the possibility of experiencing the consequences of medical error. The consideration of human error in medicine is important because of the number of people that are affected, the problems incurred by such error, and the societal impact of such problems. The cost of those consequences to the individuals involved in medical error, both in the health care providers' concern and the patients' emotional and physical pain, the cost of care to alleviate the consequences of the error, and the cost to society in dollars and in lost personal contributions, mandates consideration of ways to reduce the likelihood of human error in medicine. The chapters were written by leaders in a variety of fields,

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including psychology, medicine, engineering, cognitive science, human factors, gerontology, and nursing. Their experience was gained through actual hands-on provision of medical care and/or research into factors contributing to error in such care. Because of the experience of the chapter authors, their systematic consideration of the issues in this book affords the reader an insightful, applied approach to human error in medicine -- an approach fortified by academic discipline.

This title was first published in 2002: This field guide assesses two views of human error - the old view, in which human error becomes the cause of an incident or accident, or the new view, in which human error is merely a symptom of deeper trouble within the system. The two parts of this guide concentrate on each view, leading towards an appreciation of the new view, in which human error is the starting point of an investigation, rather than its conclusion. The second part of this guide focuses on the circumstances which unfold around people, which causes their assessments and actions to change accordingly. It shows how to "reverse engineer" human error, which, like any other component, needs to be put back together in a mishap investigation.

Gangs rule Cantilucca. Two syndicates dominate the planet. Guns are the only law. Both sides are arming for a bloody showdown that can only end with a handful of survivors sifting for subsistence in the ruins of what could be a rich world. Then the survey team arrives . . . David Drake introduces a new kind of Hammer's Slammer. At the publisher's request, this title is sold without DRM (Digital Rights Management).

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