

Innovation-safety debate

Your goal: Debate how much safety testing an innovation needs before it reaches patients.

One product: CER contribution on pre-release safety testing requirements for medical innovations, plus two questions and a reflection linking the argument to the ER prototype.

Question: Which safety claim is supported, and what evidence is still missing?

Start the work

A revision log makes a change and its reason traceable; a claim of improved performance needs its own evidence.

1. Prepare two questions about balancing innovation speed with patient safety.
2. Draft a CER position on the right level of pre-release testing.
3. Debate with peers and capture the strongest opposing point.
4. Connect the debate to your own ER prototype's safety claims.
5. Submit two questions, one CER contribution, and a reflection.

If blocked, save locally and ask for help with the missing input or assignment access.

Words you will use

innovation

A new or changed design or approach.

pre-release

Before a design is made available for its intended real use.

safety testing

Evaluation intended to reveal whether a design can cause harm under relevant conditions; this task supplies no testing procedure.

claim

A statement you argue is justified.

evidence

An identifiable observation or record used to support a statement.

reasoning

The explanation linking evidence to a claim.

CER

Claim, evidence and reasoning presented together.

risk

The possibility of harm considered with its likelihood and severity; no measured risk is supplied here.

harm

An adverse consequence.

possible benefit

An improvement that might occur but is not established simply by proposing it.

uncertainty

What available evidence does not settle.

tradeoff

A choice in which competing priorities or consequences must be considered.

stakeholder

A person or group with an interest in a decision.

value judgment

A stated preference about what matters, distinct from an observed result.

counterargument

A reasoned point challenging or qualifying a position.

response

An answer that addresses another argument using reasons and evidence.

prototype

A preliminary representation of a design.

paper comparison

A check of supplied words or drawn relationships, without observing real use.

performance

How a design functions under stated conditions; a paper revision does not measure it.

limitation

A boundary on what evidence can establish.

evidence gap

A needed input or observation that is missing.

criterion

A stated requirement used to judge a specific feature.

constraint

A limit a design must preserve.

revision

A documented change to a prior version.

failure mode

A way a design might fail to do what is intended, not a measured event unless observed.

accessibility

Whether people with differing needs can access and use a design; no accessibility result is supplied.

authorization

Permission from the responsible authority; a classroom argument grants none.

official completion

Work completed under the actual enrolled task's requirements, supported by evidence.

Schoology submission check

Confirmation that a submission reached its intended destination.

H1: Start with the evidence boundary

The teacher selects one route. With the assigned debate case, evidence and rubric, use that actual work instead of the original practice. Without them, use the fully supplied fictional paper case below. Neither route gives a medical release authorization.

Opening example: a fictional sign changes from "Guest Area" to "Waiting Room" to match its destination door. The words now match. Nobody checked whether a visitor noticed the sign or arrived safely. A paper correction supports a claim about matching words; it does not establish safe use.

Opening, original route: name the observed change and one unanswered safety question using H1 only. Actual route: use one genuine finding and unanswered question from the teacher-assigned evidence instead; skip the fictional sign response. If that actual input is missing, ask the teacher for it. Give one chosen-route response only. Neither route requires personal medical experiences or patient information.

Innovation means a new or changed design. A possible benefit is an improvement someone hopes for; a possible harm is an adverse consequence. Neither is an observed outcome merely because someone names it.

C1: A complete fictional review question

Original route only. A classroom team proposes a visitor-information display for a fictional ER. Its scope is destination words and a drawn route. It makes no diagnosis, triage decision or treatment recommendation. This is a paper design discussion; there is no actual hospital, patient, device trial or

release decision.

Question: what evidence would be needed before this proposed display could reasonably carry a claim of safe real use? Choose and defend a bounded recommendation. You may say the available evidence cannot decide the needed extent of testing. Do not invent a test result, required legal sequence, calendar delay or acceptable risk threshold.

Position A: withhold a claim of safe real use until relevant use conditions, possible harms and authorized evaluation evidence are supplied. Paper consistency alone leaves critical questions unanswered.

Position B: allow the proposal to advance to a design-review presentation now, clearly labeled “paper consistency checked; safety not established,” while withholding real release. Waiting to share even a limited proposal could delay feedback. No delay length or benefit is measured.

These positions emphasize different next steps; they need not disagree about withholding real release. The genuine tension is how to progress with an unproven idea while keeping claims within evidence. Your CER must address the safety-evidence requirement, not merely vote for a presentation.

Stakeholder priorities are classroom stipulations: a visitor advocate values understandable directions; a design team values timely feedback; a safety reviewer values finding and addressing consequential failure modes. No stakeholder interview occurred. A value judgment states which priority you emphasize and why.

E1: Supplied paper evidence and unknowns

E-A, fictional document comparison: the earlier sign read “Guest Area,” while its chart destination and door read “Waiting Room.” The revised sign, destination and door all read “Waiting Room.” The comparison supports consistent naming only.

E-B, fictional route comparison: the only plan route is entrance to lobby, then corridor to Waiting Room door. The earlier chart had a direct lobby-to-room arrow through a wall without a door. The revised chart includes the corridor step. No room, door or corridor was added.

E-C, evidence inventory: no actual user observations, accessibility review, failure analysis, emergency-condition evidence, measured outcome or authorized safety evaluation is supplied. These are missing inputs, not findings that the proposal is dangerous or safe. No probability or severity ranking has been measured.

E-D, scope record: this exercise compares written labels and drawn connections. No real building, clinical workflow, staffing plan, patient-care action, physical prototype or operating display exists in these records. Thus paper agreement cannot establish clinical effectiveness or safety.

Use E-A or E-B for a specific supported paper claim. Use E-C/E-D to explain the limit. The records come from one fictional case, not independent studies. Naming two IDs does not make them independent or prove safety. Actual route: use the teacher-assigned debate, genuine evidence and rubric instead; skip the original case-specific response. Do not do both.

D1: Debate or complete the same argument alone

Original route: prepare two questions that seek missing evidence or expose a priority tradeoff. Then draft a short CER: one bounded claim, one paper fact from E-A/E-B, one limit from E-C/E-D, and reasoning connecting them. Identify one value judgment separately from observed evidence. No word quota or second essay is required.

With an available teacher-approved peer discussion, take turns stating a claim and its evidence, asking a question, and paraphrasing the strongest opposing point. Respond with a named record and revise or retain the same CER. Identify a comment as a peer comment only if it was actually made. Follow the teacher's participation directions.

Solo opposing argument O1, fully supplied: "Holding every proposal until all uncertainty disappears can prevent useful feedback. E-A and E-B show specific paper improvements. Present those limited improvements now, disclose E-C's gaps, and do not claim permission to release." This argues for feedback with disclosure, not for exposing patients to an untested system.

Solo route: label O1 "supplied opposing argument," capture its strongest point, respond using a record and revise or retain your original CER. A defensible response can accept limited presentation while explaining why real-use safety claims still need relevant evidence. If your first position already matches O1, test it against Position A's concern that an audience may mistake advancement for approval; make the claim boundary explicit.

Recovery: separate "the labels match" from "the display is safe." Locate E-A for the first and E-C/E-D for the gap. Use that distinction to finish the same CER, both questions and opposing-point response. A written solo exchange does not prove peer participation or complete an assigned online reply. Actual route: use the teacher-assigned debate, genuine evidence and rubric instead; skip the original case-specific response. Do not do both.

P1: Full fictional prototype connection

Original route only. The following is the February 22 fictional visitor-information case, included in full for this connection. It is not your actual ER prototype. Use it to link one revision to the debate's evidence limit; do not produce a new revision log.

B1 brief: help a reader match a destination name and a drawn route. C1 criterion: the sign, chart destination and destination door use the exact name "Waiting Room." C2 criterion: every chart connection follows the shown plan. C3 constraint: keep the existing rooms, doors and corridor; add no opening or space. These are exercise rules, not building codes.

P1 plan, complete text equivalent: an entrance opens into a lobby. A corridor connects the lobby to the Waiting Room door. The lobby and Waiting Room share a wall with no door through it. There is no direct lobby-to-room connection; the corridor is the only shown route. The Waiting Room door says "Waiting

Room.” The lobby sign says “Guest Area.” No other spaces or connections exist in this model. The plan is not to scale.

T1 chart, complete text equivalent: START is “Enter lobby.” An arrow goes directly to END, “Arrive at Waiting Room.” It omits the corridor step and describes a direct lobby-to-room connection through the wall. These are the only two nodes and the only arrow.

P2 revised paper plan: every P1 room, door and connection is unchanged. The lobby sign now says “Waiting Room”; the destination door still says “Waiting Room.” Nothing else changed.

T2 revised paper chart, complete text equivalent: START “Enter lobby” connects to ACTION “Follow corridor to Waiting Room door”; ACTION connects to END “Arrive at Waiting Room.” Those are all three nodes and both arrows. No clinical route or new physical connection is added.

P2 and T2 are supplied completed fictional paper versions. Their changes are implemented in these paper records only. No actual prototype was changed and no user performance was measured.

Original route only. R-A simulated review comment: “The lobby sign says Guest Area, but the door and destination say Waiting Room. Compare all names with C1.” The mismatch is visible in P1/T1.

R-B simulated review comment: “T1 describes a direct route through the wall. P1 only shows a corridor route. Compare each connection with C2.” Check both P1 and T1 rather than treating the comment alone as proof.

R-C simulated suggestion: “Add a new door through the shared wall and keep the direct chart.” This is the rejected alternative. Check it against C1, C2 and C3 to name the rule it conflicts with.

Reflection on this supplied case: name one P1-to-P2 or T1-to-T2 change, the criterion it meets, and a safety claim that these paper records cannot support. State which actual prototype input would be needed for your genuine connection. Actual route: use the teacher-assigned debate, genuine evidence and rubric instead; skip the original case-specific response. Do not do both.

Q1: Review the one combined product

Original route: retain two questions, one CER, the strongest opposing point with your response, and the prototype reflection in one document. The CER should distinguish a checked paper fact, an evidence gap and a value judgment. Its recommendation must not authorize patient use.

Check whether your counterargument response engages the strongest point rather than claiming the other side ignores safety. Keep or revise your position and name the record that supports that choice. This is a check on the same CER, not another contribution.

Actual route: check only the genuine assigned product and teacher rubric. The original two-record pattern and paper case are not authentic quotas. Preserve the dated two questions, CER and reflection unless the teacher changes the assignment; do not invent a peer response or real prototype evidence.

Both routes: read back any claim of better, faster or safer. Identify its actual evidence or change it to a proposed benefit, unanswered question or limited paper finding.

S1: Work checks, assignment and next class

Keep ten checks distinct: assigned debate instructions; genuine case/evidence; teacher rubric; actual peer discussion or assigned online exchange; actual ER prototype/version; prototype performance/safety evidence; presentation readiness; assignment access; official completion; whether Schoology shows Submitted. Give a brief non-private basis for what you did or a next action you need. Begin notes during work and update only changes; an existing record can serve.

Original practice does not show that the corresponding actual work was completed. Solo O1 is not a classmate comment. A presentation preview is not an extra deck-building task. For February 25, record ready only if the actual presentation is ready; otherwise name the missing input or next action.

Confirm today's enrolled instructions with the teacher. Do not infer an official debate activity or completion from this preparation.

Open the linked BI assignment and check its posted deadline and submission format. Open the linked BI assignment and follow its posted instructions. If blocked, save locally and record the missing destination and next action. After uploading, check that Schoology shows Submitted; saving a file does not upload it.

Keep private records, patient information and personal medical histories out of this paper task. No actual experiment, patient testing, construction, external posting or clinical action is assigned by this preparation.

M1: Different non-clinical CER model

Optional method example: a fictional library shelf directory has two versions. L-A labels a shelf "Travel" but the directory says "Trips." L-B changes the directory to "Travel"; the shelf stays "Travel." L-C states that no reader observation occurred. Criterion: directory and shelf labels must match. These are invented paper records, not research results.

Worked CER: "L-B meets the label-matching criterion. L-A had different words and L-B repeats Travel at both locations. Matching words satisfies the stated criterion, but L-C leaves successful reader navigation untested. I recommend showing this limited correction for review, without claiming faster navigation."

Worked counterpoint: "The word Travel may still be unclear to a reader." Response: "That does not undo the exact matching finding, but it identifies another unresolved requirement; no evidence here resolves clarity." This separates an observed paper match from an unmeasured benefit.

Use the method, not its library facts, in the ER debate. Actual route: follow the genuine case and rubric instead; no library response is required.

Try the decision

Original route: a presenter says E-A/E-B prove the display is safe for patient use. What revision is justified? Actual route: use the genuine case claim and teacher rubric instead; skip this practice decision.

- State the limited paper matches and explicitly keep real-use safety unestablished.
- Keep the patient-use safety claim because the revised version looks better.
- Treat E-C's missing evidence as proof that harm definitely occurs.

Explain your choice using the reading. Discuss it or say it to yourself. This practice does not add another submission.

Your 80-minute flow

0–10 minutes	Original route: read H1 and the opening definitions; name the observed change and an unanswered question. Actual route: use a genuine finding and unanswered question from the assigned evidence instead, or ask for the missing actual input. Give one response only.
10–25 minutes	Original route: read C1/E1 and draft two questions and a short CER. Actual route: use the supplied assigned evidence/rubric instead.
25–55 minutes	Original route: use D1/O1, review the evidence, capture the strongest opposing point, respond and revise the same CER. Actual route: follow the teacher-approved discussion task instead.
55–65 minutes	Original route: read P1 and add the short fictional connection. Actual route: use the genuine prototype and evidence instead; ask for missing inputs.
65–77 minutes	Use Q1 on the same product, update S1 work checks and use the linked assignment or save locally if blocked.
77–80 minutes	Record actual presentation readiness or one missing input/next action. Do not build another deck in this slot.

Your response record

Use these labels on paper or in your document. The space below also works when this page is printed.

Chosen route: separate finding from question

Original route: from H1, name the sign change and one unanswered safety question. Actual route: name a genuine finding and unanswered question from the assigned evidence instead, or ask for the missing actual input.

Original route uses H1 only. Actual assigned evidence replaces the fictional sign response; do not complete both. Neither route requires a personal medical example.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Chosen route: prepare two questions

Original route: write two questions about needed evidence or competing priorities in C1/E1.

Actual route: use the teacher-assigned debate, genuine evidence and rubric instead; skip the original case-specific response. Do not do both.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Chosen route: draft one bounded CER

Original route: answer C1's safety-evidence question with a paper fact, a limit and reasoning; identify one value judgment.

Actual route: use the teacher-assigned debate, genuine evidence and rubric instead; skip the original case-specific response. Do not do both.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

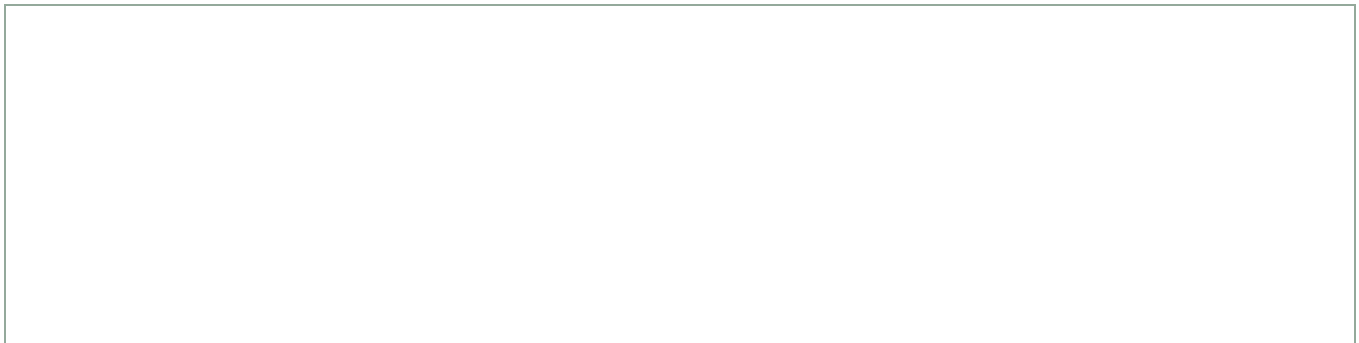


Chosen route: engage an opposing point

Original route: record a genuine peer point if available, or label and use supplied O1. Respond with a record and retain or revise the same CER.

Actual route: use the teacher-assigned debate, genuine evidence and rubric instead; skip the original case-specific response. Do not do both. Solo writing does not establish actual peer participation.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.



Chosen route: connect the prototype

Original route: use the full P1 case to identify one change, its criterion and an unsupported safety claim; name a missing genuine prototype input.

Actual route: use the teacher-assigned debate, genuine evidence and rubric instead; skip the original case-specific response. Do not do both.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Both routes: retain one product and accurate work checks

Check the combined document against Q1. Record the S1 work checks and the next presentation input or action.

Actual route uses the real rubric and existing work-check record. Check readiness, official completion and Schoology submission using genuine evidence rather than inventing them.

Use this space or the same labeled section in your existing document. Add paper when your table, graph or drawing needs more room.

Check your product

- Both routes: retain the dated two questions, one CER contribution and prototype reflection in one combined product.
- Original route: distinguish a named paper fact, a missing safety input and a value judgment; answer the strongest supplied or genuine opposing point.
- Actual route: the assigned case, evidence, debate and teacher rubric replace all original-case counts and practice responses. Do not complete both.
- Both routes: describe the source of the opposing point honestly and check real prototype evidence, presentation readiness, official completion and Schoology submission separately.

Keep the limit: A fictional paper comparison supports only the stated label/connection findings. It cannot measure risk, establish patient benefit, authorize clinical use or complete authentic debate, prototype or submission work.

Turn in your work

Use the linked February 24 BI assignment and check its rubric, format and posted deadline. After submitting, check that Schoology shows Submitted.

If blocked, save locally and ask for help with the missing input or assignment access.

[Open this assignment in Schoology.](#)

Carry forward

A bounded recommendation separates checked evidence, unanswered safety questions and the values behind the choice.

On February 25, present the ER redesign with claims that match the evidence actually available. Which evidence will you show for the redesign's most important claim?

Sources and resources

[Open today's page](#)