

2027-02-03 · 80 minutes

# Speed-vs-equity debate

**Your goal:** Argue a claim-evidence-reasoning position on whether ER design should prioritize speed or equity of care.

**One product:** Written CER contribution arguing a position on ER speed versus equity, plus two debate questions and a reflection note.

**Question:** How should an ER design improve timely care while protecting urgency-based triage and fair care?

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## Start the work

Name the observed problem, who it affects, and a constraint. The necessary February 2 example is restated below; your previous entry is not required to begin.

1. Read E1-E3 and the definitions of triage, acuity, and equity. The cards summarize named health agencies; no outside search is required.
2. Record what setup work you did and what you need next. Use paper or a local document if your notebook or course access is unavailable.
3. Write two questions about triage tradeoffs. Draft a claim about speed and equity, cite the supplied source cards, and explain your reasoning.
4. Discuss a counterpoint with the class. For asynchronous work, post your CER and reply to one classmate when the teacher provides the board. Use C1 if discussion or board access is unavailable.
5. Write your reflection and qualify any claim that goes beyond the sources. Do not invent patient outcomes or a classmate's words.
6. Keep the questions, CER, and reflection together. Follow the turn-in directions and name your next action for unfinished setup items.

If the board, class discussion, or assignment is unavailable, keep your work and report the barrier. Respond to supplied C1 in the same reflection field. Do not invent a classmate response or claim posting or submission succeeded.

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## Words you will use

### ER

Emergency room, the hospital area for urgent evaluation and care.

**speed**

How quickly care or work proceeds; speed alone does not establish quality.

**equity of care**

Care whose quality does not depend on unfair differences such as a person's background or economic position.

**barrier**

Something that makes a service harder to use.

**stakeholder**

A person or group affected by a design choice.

**constraint**

A limit the design must work within.

**tradeoff**

A choice that can serve one need while making another harder to meet.

**claim**

The position you argue.

**evidence**

Supplied information that supports or limits your claim.

**reasoning**

The explanation of how your evidence supports your claim.

**CER**

Claim, evidence, and reasoning together.

**counterpoint**

A reason that challenges or qualifies a position.

**reflection**

An explanation of what you reconsidered and why.

**simulated**

Invented for a classroom model rather than measured in a real event.

**Still needed**

Not yet completed or confirmed.

**clinical**

Related to evaluating or treating a patient.

**triage**

Sorting patients by assessed urgency to guide the priority of care.

**acuity**

How urgent a patient's need for care is.

**urgency**

How quickly a need requires attention.

**timeliness**

Providing care without unnecessary waits or harmful delay.

**throughput**

How much work a service completes in a period of time.

**resource**

Something used to provide care, such as staff time, a test, or equipment.

**Emergency Severity Index**

An emergency-department triage system described by AHRQ that considers acuity and resource needs.

**source summary**

An original explanation of information from a named source.

**outpatient department**

A hospital service that evaluates people without an overnight admission being required for every visit.

**implementation**

Putting a tool or plan into use.

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## Recover the prior idea

February 2 used invented clinic cards that showed missing information, not a measured delay. Keep that distinction between evidence and inference today.

An ER is an emergency room. Today you debate design priorities for an ER. You are not diagnosing a patient or assigning an individual triage category.

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## Triage considers urgency

Triage sorts patients by assessed urgency. Acuity describes how urgent the need for care is. Different needs can justify different care priorities. E1 supplies the source for this principle.

Arrival order alone does not describe urgency. Likewise, the shortest task is not automatically the highest-priority task. These are deductions from the urgency principle, not reported trial results.

Clinical staff apply triage tools and local procedures. This lesson supplies the design principle, not the training or patient information needed to use a clinical tool.

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## Compare quality goals without collapsing them

Timely care and equitable care are both quality goals. Fairness does not require identical waits for people with different clinical needs. E1 and E3 support that distinction.

A design may aim to reduce unnecessary work while protecting urgent care. Whether it succeeds requires evidence about the people it serves. No redesign results are supplied here.

For this debate, ask which need a proposal serves, whose need it might overlook, and what evidence would be needed before calling it successful.

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## Write a source-backed CER

State your claim about speed and equity. Cite an E-card label and the named source beside it. Explain how that information supports or limits your position.

E1-E3 supply guidance and a real implementation example. E2 describes what researchers examined, not proof that your proposed layout improves care.

A counterpoint challenges or qualifies a position. Your reflection explains what you kept, changed, or qualified after considering it. Use C1 if no class discussion is available.

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## Keep setup checks separate

For your notebook, first entry, contract return and course access, write what you actually did or what you need next. A debate contribution cannot complete a missing safety or signature step.

Use paper when a notebook folder is unavailable. Keep your work and report the barrier.

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## E1-E3: source summaries for the triage debate

E1. Urgency-based triage. World Health Organization, Interagency Integrated Triage Tool. WHO describes prioritizing patients according to the urgency of intervention. This separates patients needing immediate intervention from those able to wait. Source: <https://www.who.int/tools/triage> . This establishes a triage principle, not an individual patient decision.

E2. Acuity, resources, and a real implementation example. Agency for Healthcare Research and Quality, Hospital Resources. AHRQ describes the Emergency Severity Index as considering both acuity and resource needs. Source: <https://www.ahrq.gov/patient-safety/settings/hospital/resource/about.html> . This shows that clinical need and resource use both matter; it does not say to treat the easiest cases first. Concrete real scenario: Rovati and colleagues studied an adapted WHO triage tool in the outpatient department of Dr Ambrosoli Memorial Hospital, Uganda. They compared care before and after

implementation, examining both waiting times and identification of urgent cases. This was an outpatient department, not a US ER. The study is a real example of examining speed alongside urgency; it does not establish equitable care across social groups. Source: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12495705/> .

E3. Timely, equitable, efficient care. World Health Organization, Quality of care. WHO includes timely, equitable, and efficient care among quality goals. It connects timeliness with reduced waits and delays, equity with quality unaffected by social differences, and efficiency with avoiding waste. Source: <https://www.who.int/health-topics/quality-of-care> . These are goals, not proof of a particular redesign.

M1. Worked reasoning move. E1 makes urgency relevant to priority; E3 includes fair and timely care. Therefore, equal arrival order alone cannot establish that an ER design meets all these goals. That is a reasoned interpretation of the sources, not a measured outcome.

C1. Original solo counterpoint: Timeliness also matters. A design that preserves urgency-based triage but removes unnecessary steps could help patients; fairness should not be used to ignore avoidable delays. E3 supports timeliness as a goal. The proposed benefit still requires testing.

Use the supplied summaries as credible-source evidence, including the real implementation example in E2. All required facts are supplied. Do not mix clinical tools into a new triage algorithm.

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## Try the decision

A proposal claims that serving everyone strictly in arrival order is automatically fair ER triage. Which response is supported by E1-E3?

- Challenge the claim: urgency matters to priority, and fair, timely care requires more than identical arrival order.
- Accept the claim because every patient must wait the same way regardless of urgency.
- Withhold every design principle until a new hospital trial is performed.

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

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## Your 80-minute flow

|                  |                                                                                                                       |
|------------------|-----------------------------------------------------------------------------------------------------------------------|
| 0–10<br>minutes  | Read source summaries and identify what each supports.                                                                |
| 10–25<br>minutes | Write two triage questions and draft a priority claim.                                                                |
| 25–55<br>minutes | Develop the CER and examine a counterpoint.                                                                           |
| 55–70<br>minutes | Revise the CER and write a source-connected reflection; an asynchronous classmate reply may serve as that reflection. |
| 70–78<br>minutes | Keep the questions, CER, and reflection together; save or submit.                                                     |
| 78–80<br>minutes | Identify how the claim respects urgency or fair care.                                                                 |

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## Your response record

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

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## Setup checks

For your notebook setup, first evidence entry, contract return and BI course access, write what you actually did or what you need next.

Report only what happened. Do not include account details or personal records.

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



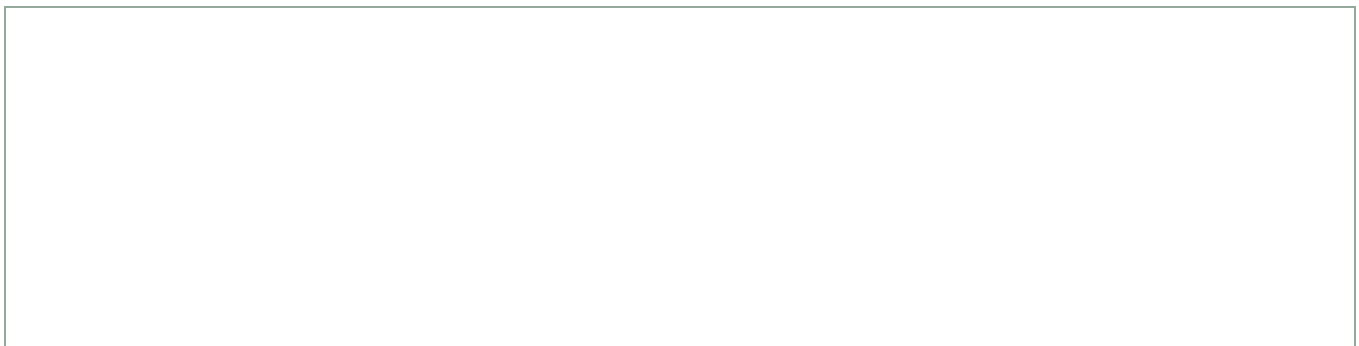
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## Next setup action

Name your next step for an unfinished item, or write no known gap.

A safety or signature step remains with the teacher's existing process.

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



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## Debate question 1

Write a question about urgency-based triage and fairness using E1 and E3.

Consider whether equal arrival order always meets different clinical needs.

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



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## Debate question 2

Write a question about improving speed while respecting urgency and resource needs.

Use E2 and E3; do not invent waiting-time results.

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



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## My claim

State whether and how ER design should prioritize speed or equity of care.

Defend a priority or conditional balance while respecting urgency-based triage.

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



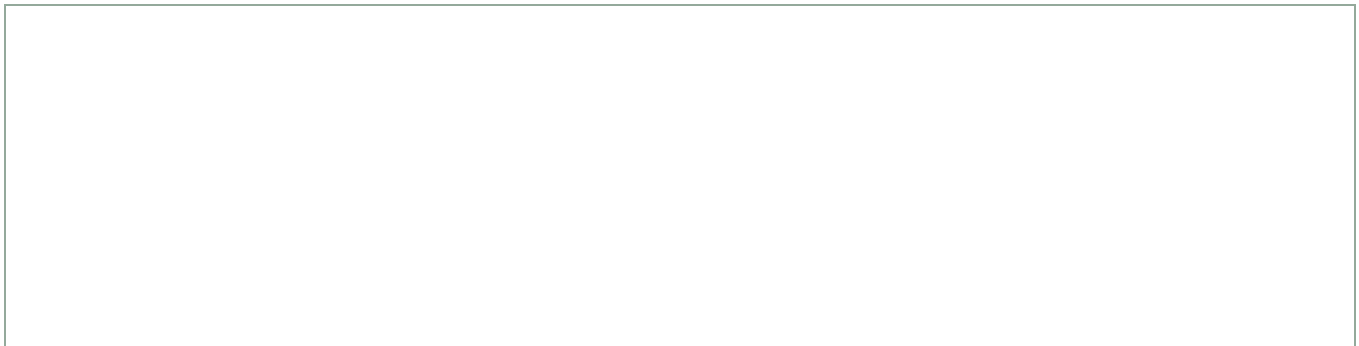
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## My evidence

Cite at least two E-card labels and their named sources. Include E2's real hospital example and explain why examining waiting times and urgent-case identification both matters.

Use the reported study setting and comparison. Do not claim that it proved social equity or that your design works.

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



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## My reasoning

Explain how the source facts support your claim and address a competing need.

Separate a design principle from a claim that a redesign has already improved care.

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



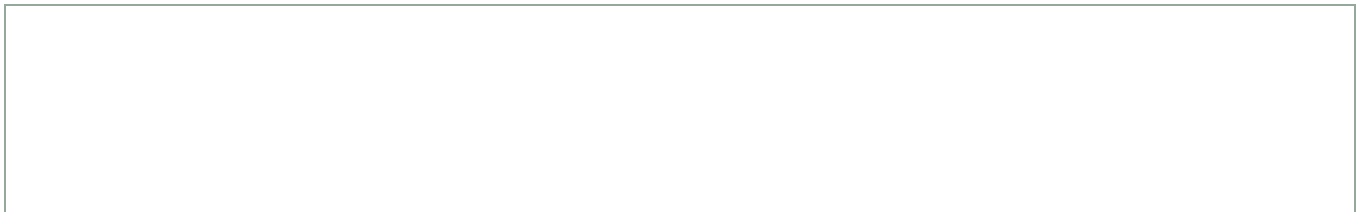
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## My reflection

Identify a real discussion counterpoint or C1. Explain what you kept, changed, or qualified and connect it to a source card. For asynchronous work, use your reply to one classmate as this reflection when the teacher provides the board.

If the board or class discussion is unavailable, respond to C1 in the same reflection field. Do not invent a peer response or claim you posted.

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



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## Check your product

- I wrote two questions about ER triage tradeoffs.
- My CER cites named source cards, includes E2's real hospital example, and connects evidence to my position.
- I distinguish urgency-based priority from identical waiting order.
- I consider timely and fair care without inventing a redesign result.
- My reflection responds to a real counterpoint or C1. In the available asynchronous board, I posted my CER and replied to one classmate.
- My setup notes describe what I actually did or what I need next.

**Keep the limit:** The supplied sources support triage and quality principles and document one hospital implementation example. The example is an outpatient-department before-and-after comparison, not proof of social equity or of your proposed redesign. Do not diagnose, assign triage categories, or recommend treatment. This original debate cannot complete a separate official PLTW activity.

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## Turn in your work

Keep your two questions, CER contribution, and reflection together as one lesson product. For asynchronous work, post the CER and reply to one classmate on the board Mr. Mendoza provides; the reply can serve as your reflection. Submit the same product through the linked BI assignment and check that Schoology shows Submitted. Follow his separate directions for the setup check.

If the board, class discussion, or assignment is unavailable, keep your work and report the barrier. Respond to supplied C1 in the same reflection field. Do not invent a classmate response or claim posting or submission succeeded.

[Open this assignment in Schoology.](#)

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## Carry forward

Judge speed together with urgency and fairness; one goal cannot stand in for every patient's needs.

Build a stakeholder map connecting groups, their needs, and a possible conflict. Which groups' needs could conflict in the stakeholder map?

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## Sources and resources

[Open today's page](#)

### **WHO-TRIAGE · Interagency Integrated Triage Tool**

World Health Organization

<https://www.who.int/tools/triage>

### **AHRQ-ESI · Hospital Resources: Emergency Severity Index**

Agency for Healthcare Research and Quality

<https://www.ahrq.gov/patient-safety/settings/hospital/resource/about.html>

### **WHO-QUALITY · Quality of care**

World Health Organization

<https://www.who.int/health-topics/quality-of-care>

### **ROVATI-2025-TRIAGE · Effectiveness of a structured triage system in improving timeliness of emergency care in a resource-limited rural hospital in Uganda**

Rovati and colleagues, International Journal of Emergency Medicine (2025)

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12495705/>