

2027-02-17 · 80 minutes

ER-ethics debate

Your goal: Debate an ethical tradeoff in ER prototype design, such as privacy versus visibility in floor-plan layout.

One product: CER contribution on an ER layout ethics tradeoff (e.g., privacy versus visibility), plus two questions and a reflection connecting the ethics to a prototype decision.

Question: For the supplied ER bay, would you choose glass or solid walls, and which privacy or visibility tradeoff would you accept?

Start the work

A design brief names the problem and its constraints. Today's scenario restates the inputs needed for this debate.

1. Read E1 to E3. Name the privacy-versus-visibility tradeoff in the supplied room.
2. Prepare two questions about the wall choice. Draft a CER choosing glass or solid and support it with a source-card fact.
3. Debate with peers and record a strong counterargument. Working asynchronously, post the same CER and reply to one classmate on the teacher-designated board.
4. Use the supplied opposing point if working alone. Label your reply solo practice and ask how to complete any required board interaction.
5. Connect your argument to the specific wall and a possible safeguard in your prototype. Write a reflection addressing the counterargument and the evidence limit.
6. Submit the questions, CER and reflection through the confirmed route. Keep the counterpoint and reply with this same record.
7. Preview the next floor-plan task: rough sketch, actual criteria list and tool or paper readiness.

If the board, form or assignment is unavailable, save your record and label the counterpoint reply solo practice. Ask your teacher for the correct route. After posting, check that your post appears; after submitting the assignment, check that Schoology shows Submitted.

Words you will use

ER / triage

Emergency room; triage is assessment of how urgently people need care by trained staff.

Ethics / ethical principle

Reasoning about what ought to be done; a value used to judge a choice, such as respect for privacy.

Tradeoff

A benefit gained while accepting a cost or limitation in another goal.

Privacy / dignity

Control over access to a person or their information; recognition that a person deserves respect.

Visibility / sightline

What can be seen from a place; a clear path of view between locations.

Opaque / safeguard

Blocking a view through a material; a measure intended to reduce a risk.

Clinical monitoring

Checking a patient's condition through appropriate professional observation or tools. A clear wall alone is not a complete monitoring plan.

CER

Claim, Evidence, Reasoning: your position, its supporting fact, and the explanation linking them.

Counterargument / reflection

A reason challenging your position; review of how your reasoning changes or stays justified.

Criterion / constraint

A feature used to judge a design; a limit the design must meet.

Prototype / floor plan

A model used to explore a design; a view from above showing spaces and routes.

Protected health information

Identifiable health information protected under the applicable U.S. privacy rules. None is supplied or requested here.

Multidisciplinary

Involving people from different professional fields.

CAD

Computer-aided design, software used to make a design drawing or model.

E1: Glass and solid wall scenario

Original scenario: choose glass or solid walls for the treatment bay in a paper ER prototype. The scenario contains no actual patient record.

Text layout: entrance leads to triage, then a corridor, then the treatment bay, then the exit. A staff station faces the bay across the corridor. Visitors also use the corridor.

Glass option: the facing wall is clear glass. With its privacy screen open, the bay is visible from the staff station and corridor. Closing the screen blocks that view.

Solid option: the facing wall is opaque. With the door closed, that wall blocks the view from the station and corridor. Staff can enter through the door.

Both options have the same bay, door location and route. Keep those features in place for this comparison. You may propose a safeguard after choosing one wall.

No sound transmission, staff coverage, monitoring equipment, clinical urgency, dimensions, costs or response times are supplied. Do not invent them. The model shows a sightline tradeoff, not a measured health outcome.

E2: Privacy safeguards

HHS explains that the Privacy Rule requires reasonable safeguards for protected health information. It does not require every facility to add private rooms or soundproof walls.

HHS gives curtains and dividers as examples that may help protect privacy in some settings. It also says decisions should consider privacy risks and effects on patient care.

This is U.S. information-privacy guidance. It does not certify either classroom wall design or show that glass or solid walls improve survival.

E3: Observation and privacy in design

Department of Health design guidance identifies a possible conflict between patient observation and privacy in emergency departments. Section 16.20 calls for a design response developed with a team from different professions.

The guidance says the team should understand its priorities and consider risk and good clinical practice. It does not declare one wall type best in all rooms.

This is healthcare design guidance from England, not a U.S. building code or a trial comparing glass and solid walls.

Build an ethical argument

Privacy concerns control over access to a person or their information. Dignity means treating a person as worthy of respect. Avoiding unwanted exposure can support dignity.

Visibility means what staff can see from a location. A sightline is the clear path of that view. Seeing into a room alone does not establish adequate clinical monitoring.

Choose glass or solid for E1. Name the benefit you prioritize and the real limitation you accept. A safeguard may reduce a drawback, but it cannot be assumed to remove every risk.

A claim states your choice. Evidence is a fact from a named source or the clearly labeled scenario. Reasoning explains why that evidence supports the choice and the value you prioritize.

Use E2 or E3 for a source-backed privacy or dignity argument. Use E1 to connect it to the exact wall. You do not need a clinical-outcome number.

Prepare two questions that invite reasons, such as which need receives priority or what information a safeguard needs. Ask each side to acknowledge what its wall makes harder.

Discussion, recovery and the next floor plan

Warm up with a hypothetical school meeting room. A clear door lets a teacher see whether the room is occupied. It also lets people in the hallway see inside. Name the tradeoff without describing any real person or private school-health event.

For the class debate, share your CER and listen for the strongest counterargument. Record it fairly and explain whether it changes your wall choice or safeguard.

For asynchronous work, post the same CER on the teacher-designated class board and reply to one classmate's reasoning. Address a reason or source, not the person.

If the board or classmates are unavailable, use the supplied opposing point for your wall. Glass counterpoint: an open view also exposes the bay to corridor users. Solid counterpoint: a closed wall also blocks the station's direct view.

Write a reply to that supplied point and label it solo practice. Ask your teacher for the board route or an accepted alternative before counting the CER post and classmate reply as done. Do not invent a peer response.

Optional extension: argue convincingly for the wall you did not choose. Explain its strongest value and acknowledge its drawback.

For the next floor-plan session, review your assigned brief's criteria and constraints and sketch triage, treatment areas and patient paths. Mark the wall choice from your reflection on the rough sketch.

If the assigned brief is missing, E1 supplies a rough practice layout only. Label it practice and ask for the actual criteria before final modeling. Do not invent dimensions or approval.

Check access to the teacher-approved modeling tool if one is assigned. Otherwise prepare paper, pencil and a ruler for the paper route. Keep the sketch and criteria list for February 18; this preview is not a finished scale model.

Parallel argument model: a school meeting-room door

Original hypothetical example. A school meeting room has a clear door facing a public hallway. No person, conversation or outcome is observed.

Claim: I would use an opaque door for private meetings. Evidence: in this example, the clear door allows hallway users to see inside. Reasoning: blocking that view supports privacy during a meeting.

Counterpoint: the opaque door also hides whether the room is occupied. I would propose an occupied sign. That sign communicates room use without a direct view inside.

Limit: the sign has not been tested, and it does not address every access or safety need. For your ER CER, choose a wall in E1 and use E2 or E3; the school example is a structure model, not clinical evidence.

Try the decision

A team claims its chosen wall is ethical just because it maximizes one value. Which check should guide the same CER? No extra response is required.

- Choose a wall, name its benefit and drawback, and justify a bounded decision with the source cards.
- Select solid walls and claim that maximizing privacy removes every safety concern.
- Refuse to draft a classroom position until clinical survival data are collected.

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	Read the scenario and source cards. Name the two needs.
10–25 minutes	Write two questions and draft a wall-choice CER using E2 or E3.
25–55 minutes	Debate and record the strongest counterpoint. Async: post CER and reply to one classmate if the board is available. Solo: label the supplied point and write a reply.
55–65 minutes	Write the reflection with wall choice, safeguard if proposed, and remaining limit.
65–77 minutes	Check and submit the combined record in the posted format. Retain it if the route is missing.
77–80 minutes	Check what preparation you have done and what you need next. Mark missing brief or tool inputs for recovery.

Your response record

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

Debate question 1

Write one question about which value should guide the glass-versus-solid wall choice.

Ask for a reason about privacy, dignity or staff visibility.

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



Debate question 2

Write a different question about a drawback, safeguard or missing evidence for the wall choice.

Both sides should be able to answer with reasons.

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



CER contribution

Choose glass or solid for E1. State a claim, cite a fact from E2 or E3, and explain why it supports your choice. Connect it to the scenario and acknowledge the competing need.

Start with three sentences: claim, evidence, reasoning. Add a limit if needed. A source fact is enough; no invented number is needed.

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

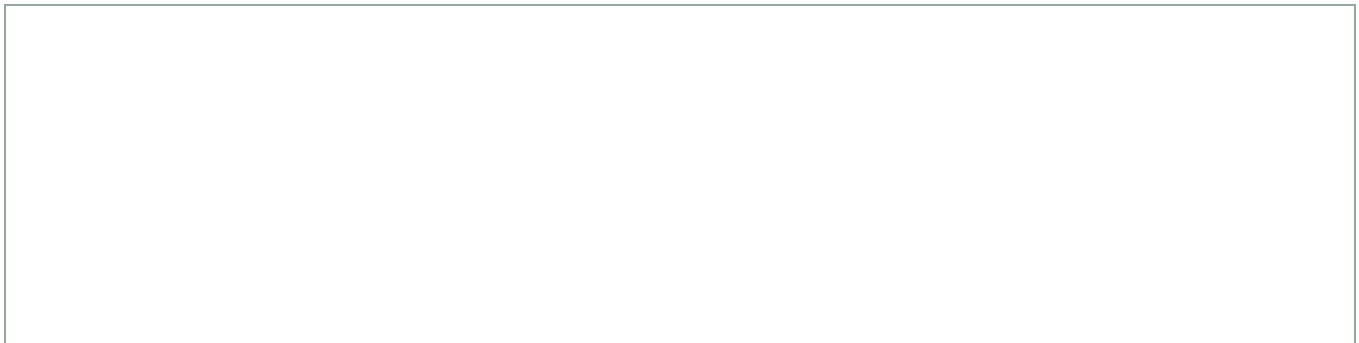


Counterargument and reply

Record the strongest opposing reason and your reply. Identify whether it came from the debate, a classmate's board reasoning or the supplied solo point.

If asynchronous, reply to one classmate on the confirmed board. A solo reply completes practice but does not prove a board interaction occurred.

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



Reflection and prototype decision

Explain whether the counterargument changes your position. Name the specific wall and any safeguard you would mark on your rough prototype. State one limitation that remains.

Connect a value to a visible design feature. Label untested effects as possible; do not claim a patient was harmed or a life was saved.

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

- The CER chooses glass or solid, uses a named source-card fact and connects the reason to E1.
- Two questions invite reasoning about the ethical tradeoff.
- The counterpoint is represented fairly and answered without inventing participation.
- The reflection names a specific prototype feature, accepted drawback and evidence limit.

Keep the limit: The layout is an original classroom scenario. No patients, medical events, staff response times or outcomes were observed. The source cards support privacy and design reasoning, not proof that either wall is clinically safe or legally compliant. Actual care and construction require qualified review. It cannot support conclusions beyond these stated limits.

Turn in your work

Keep the two questions, CER, counterpoint/reply and reflection together. Use the linked ER-ethics assignment and its posted format and deadline. For asynchronous work, also post the same CER and reply to one classmate on the designated board. After submitting, check that Schoology shows Submitted.

If the board, form or assignment is unavailable, save your record and label the counterpoint reply solo practice. Ask your teacher for the correct route. After posting, check that your post appears; after submitting the assignment, check that Schoology shows Submitted.

[Open this assignment in Schoology.](#)

Carry forward

An ethical design argument names a benefit, an accepted cost and the evidence limit.

Carry the wall decision into your rough floor-plan sketch. Confirm the actual design brief before the February 18 modeling session. How will your sketch represent the privacy and visibility tradeoff?

Sources and resources

[Open today's page](#)

HHS · Privacy Rule FAQ: private rooms, soundproofing and reasonable safeguards

U.S. Department of Health and Human Services, Office for Civil Rights

<https://www.hhs.gov/hipaa/for-professionals/faq/must-facilities-have-private-or-soundproof-rooms/index.html>

NHS · Health Building Note 15-01: Accident & emergency departments, section 16.20

Department of Health; published by NHS England

https://www.england.nhs.uk/wp-content/uploads/2021/05/15_01final3_v3.pdf