

Source ethics debate

Your goal: Argue whether peer-reviewed evidence should override a compelling but anecdotal patient story when validating a medical prototype.

One product: Three-sentence reflection: which source type you trust more for prototype validation and why.

Question: Which evidence should govern this specific design claim, while still treating the person's experience respectfully?

Start the work

1. Read the two-source briefing: one peer-reviewed trial, one viral patient testimonial.
2. Pick a side and list two reasons your evidence type is more trustworthy for a design claim.
3. Anticipate the opposing side's strongest objection and draft a rebuttal.
4. Debate in your assigned group, tracking which claims were backed by evidence.
5. Write a three-sentence reflection naming which source type you now trust more and why.

Save the same work locally if access is absent. Ask for what you need for actual posting, reply, official requirements and H1 historical evidence.

Words you will use

peer review

Expert assessment of a research manuscript before an editorial decision; it does not guarantee correctness.

anecdote

A report about an individual experience without a systematic comparison.

testimonial

A personal endorsement or account; E2 is fictional practice.

viral

Widely shared online; no actual sharing count is established here.

prototype

An early representation or version of a design.

validation

Collecting suitable evidence that a design meets its intended requirements.

causal claim

A claim that one factor produced a change.

evidence

A traceable observation or record used to support a claim.

controlled trial

A study comparing an intervention with a reference condition.

random assignment

Using chance to allocate conditions or their order.

crossover trial

A study in which participants receive different conditions over time and can serve as their own comparisons.

placebo

A comparison designed to resemble the intervention while lacking its proposed active component.

blinding / masking

Keeping relevant people unaware of assigned conditions to reduce bias.

bias

A systematic influence that can distort a result or interpretation.

outcome

The feature or result a study measures.

rheumatoid arthritis

An inflammatory disease affecting joints; E1 concerns this population, not migraines.

statistical significance

A result meeting a stated statistical threshold; it is not proof of importance or certainty.

equivalence

Similarity within specified bounds; it is not established merely by a nonsignificant difference.

uncertainty

What the available evidence leaves unresolved.

limitation

A boundary on what a study or record can show.

counterargument

A reasoned challenge to a position.

rebuttal

A response that addresses a counterargument with reasons or evidence.

reflection

An explanation of how the evidence affects your thinking.

replication

Repeating an investigation to examine whether findings recur.

generalization

Applying a finding beyond the people, conditions or setting studied.

case report

A documented account of an individual case; it may be peer-reviewed.

gastritis

Inflammation of the stomach lining.

MP3

Marking Period 3, the current grading period.

CER

Claim, Evidence, Reasoning: a position, support and the explanation connecting them.

effect estimate

A numerical estimate of how outcomes differ; none is supplied for the hypothetical inhaler.

E1: published trial briefing

Richmond and colleagues published this peer-reviewed rheumatoid-arthritis trial in 2013. Seventy participants were assigned a random order for four devices: standard magnetic, weaker magnetic, demagnetised wrist straps and a copper bracelet. Each participant served as their own comparison across treatment periods.

Sixty-five participants supplied complete self-report outcome data for all four devices. The study found no statistically significant differences among devices for pain or its other measured outcomes. The paper did not support the advertised therapeutic benefit.

Limits matter. Some participants could identify the demagnetised strap as inactive, weakening blinding. The authors did not call the study definitive. They warned that lack of statistical significance alone does not establish equivalence. The results concern these devices, outcomes, participants and study duration.

This is a real published trial. Its comparison does not prove exact zero effect or determine approval of a different prototype.

E2: original fictional viral-style testimonial

This invented social-media script is for practice. It is not a quotation from a real patient or a verified viral post. No view count, patient identity or measured outcome is supplied.

Fictional speaker: I wore a magnetic wrist strap and felt less joint pain afterward. That convinces me the strap works. I want the design team to listen to my experience instead of dismissing it.

The script describes a claimed before-and-after experience without a comparison. It supplies no independent measurement, medication record, follow-up or way to separate the strap from other changes. Do not invent any of those missing records.

Respecting a report does not require accepting its causal explanation. A story can identify an experience or question worth investigating. It cannot alone establish that a device caused improvement or that other people will benefit. The speaker may be sincere; sincerity and causal evidence are different questions.

E3: reviewed evidence rule

NCCIH explains that a randomized, placebo-controlled comparison helps assess whether changes relate to the tested intervention rather than chance. Expectations and interactions can also affect outcomes. Random assignment and suitable comparisons reduce alternative explanations; they do not eliminate every uncertainty.

PLOS describes peer review as expert assessment of a manuscript and editorial decision-making. Peer review is not the same thing as random assignment or a control group. A peer-reviewed article can report many types of research, including a single case.

For a causal design claim, examine the population, intervention, comparison, outcome and limitations. Prefer methods that directly test that claim. Consider source corrections and consistency with other evidence. Neither popularity, a large sample nor the peer-review label guarantees a correct conclusion.

A control does not show exactly what would have happened to every individual. A statistically nonsignificant result does not prove no effect. A single trial does not rule out chance or validate every future version of a design.

R1: warmups and five supplied claims

Start with one thing you would want established before using a new device. Then answer both warmups: how does one person's story differ from a study of many people? Why might a friend's reported supplement benefit not apply to everyone? Use general reasons, not personal health details.

Rank five invented evidence descriptions for the same causal claim: a new instruction card improves recall. A: a coin-flip guess says it works. B: one friend says it helped. C: a survey of 500 volunteers asks whether they liked it.

D: a group recalls more items after using the card, but has no comparison condition. E: a planned randomized comparison tests the card against the usual instructions using the same recall measure. These descriptions are hypothetical; none supplies actual results.

Rank from weakest to strongest for this specific claim and explain your ranking. For each description, ask whether it measures recall at all, whether it has a comparison condition, and whether it has actual results.

Different orderings of the middle items can be defended by identifying their different missing information. Do not rank by headcount alone. No ordering converts a planned study into a measured benefit.

C1: debate, counterargument and independent route

Choose which source should carry more weight for the claim that a magnetic wrist strap reduces rheumatoid-arthritis pain. Give two distinct reasons and tie each to E1, E2 or E3. Explain the method behind each reason, not just the source label.

Prepare the strongest objection to your position. A challenge to E1 is that a group result may miss a person's experience and its blinding was imperfect. A challenge to E2 is that improvement after use does not identify its cause.

For the group debate, record a claim, the cited evidence ID and whether it supports that claim. Answer an opposing reason. In the class debrief, identify the strongest argument and explain whether it changed your position.

If alone or absent, use both supplied objections as separate challenge rounds. Write your rebuttal and revised position, then identify the stronger argument with a reason. Label the record solo practice. Do not invent a group, classmate words or attendance.

The async branch requires a 150-word argument taking a side and a reply to one actual classmate with a counterpoint. You may develop the argument during the debate block. A supplied solo objection supports practice but cannot count as the required live reply. Save it as preparation when access is missing.

H1: hard extension and its unresolved premise

A real 1985 peer-reviewed case report by Marshall and colleagues describes one volunteer who developed gastritis after bacterial exposure. The report documented tissue findings. It proposed a possible link to later ulcer disease; it did not establish that long-term outcome in the volunteer.

This shows why a carefully documented single case can prompt investigation. It also shows why case report and peer-reviewed source are not opposites. This historical case is not a viral testimonial, and this abstract does not identify an earlier controlled study that it proved wrong.

The assigned extension asks for a real case where one patient story was right and early studies were wrong. The supplied case does not establish that whole premise. State this limitation rather than inventing a contradicted trial. Ask the teacher for approved evidence before using that exact historical example.

For a bounded extension now, explain what the case could support and what additional comparative evidence would still be needed for a general medical claim. Further research would need ethical review and appropriate methods. Do not repeat the historical exposure or conduct any testing.

X1: reflection, self-check and exit

Write exactly three sentences for the main reflection. Sentence one names which source type you now trust more for the specified prototype claim. Sentence two explains why using a source fact and method. Sentence three answers a counterargument and names a limitation or an appropriate role for a patient story.

Remediation after missing the debate: read E1 and E2, use E3, and write the same three-sentence reflection with a reason. C1 supplies an independent counterargument. Complete live participation and any required board reply before saying you did them.

Self-check scenario, not an actual study: a company claims a new inhaler reduces asthma attacks. Compare 50 testimonial videos with a controlled trial of 200 participants using a suitable placebo comparison. Which design offers stronger support, and what must you still inspect?

Decide which design could offer stronger causal evidence, then list what you would still need to inspect before trusting it. No results are supplied here. Neither 200 participants nor the presence of a placebo automatically establishes an effect.

Exit: write one sentence explaining when anecdote can inform but cannot validate a design. Restart by rereading E1/E2 and completing the first missing reason before moving to the rebuttal and reflection.

P1: dated course work and missing inputs

Today is Monday, March 22, 2027. Submit to the Exit Tickets folder. Your teacher may also assign Activity 3.1.1 Evolution of a Product or unfinished Problem 2 work; ask which applies.

Confirm with your teacher whether a partner lesson or an alternate activity replaces today's debate.

No actual viral testimonial or assigned two-source briefing is available here. E1 is a real trial; E2 is an explicitly fictional recovery script.

This week requires prototype-validation notes, an evidence debate, decision matrix and validation plan. Its lab is Prototype testing; its asynchronous route is a simulated validation plan. No actual testing is authorized by this packet.

The broader unit also requires three credible sources with facts and peer-review status, a scored design matrix, two validation metrics and a test plan. Its notebook, prototype materials, matrix template and measurement tools remain separate inputs. This reflection does not complete that work.

Ask your teacher which other work, such as an MP3 tracker audit, is also due this week.

March 19's proposal and missing Problem 2 analysis remain separate. No homework is due before this class. March 23 is catch-up; March 24 lists Activity 3.1.2 Gathering the Facts and three-source literature work. March 25 lists a weighted matrix with Problem 3.1.3; March 26 is no school.

Save the three-sentence reflection and supporting debate record. Submit through the confirmed Exit Tickets route. For async work, save the 150-word argument and reply plan; complete the actual posting and classmate counterpoint before saying those actions occurred. Record the exact H1 extension evidence gap separately.

M1: different complete reasoning model

Original fictional design case: a team compares two clinic direction signs. One volunteer says the new sign seems easier. A proposed randomized route-finding comparison would count correct destinations using the same start point. No study has been conducted and no performance result exists.

The model question is narrower: which word on the sign should the team examine first? Two reasons to use the volunteer's report for that question: it names a specific confusing word, and the proposed comparison has no results yet. Objection: one person's reaction may not match other readers. Rebuttal: that is why the report only chooses what to examine; it does not show that the sign works or fails.

Model three-sentence reflection: For choosing which wording to examine first, I would rely more on the volunteer's specific report than on a study that has not been run. E3 still says a claim that the new sign improves route-finding needs a comparison that measures that outcome. The report sets the next question, while neither source currently validates this sign.

Notice that the more useful source changed because the claim changed. Transfer the reasoning structure to E1/E2 and the wrist-strap claim; do not reuse these invented sign details as trial findings.

Try the decision

Which conclusion respects both sources and the claim?

- Weigh E1 and E2 by their methods for the pain claim, use each for what it shows, and state your favored source's limits.
- Approve the prototype because a sincere story defeats a study with any limitation.
- Reject every patient story and call a nonsignificant trial proof of exact zero effect.

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

Your 80-minute flow

0–5 minutes	Answer the device question and both R1 warmups; begin the five-claim ranking.
5–20 minutes	Finish R1, read E1/E2/E3 and choose a side with two reasons.
20–40 minutes	Track claims, answer the strongest objection and develop the async argument if using that route.
40–55 minutes	Explain which argument persuaded you and revise your position; finish the 150-word argument when working asynchronously.
55–70 minutes	Write and revise the reflection; use H1 if ready and record its unresolved historical premise.
70–80 minutes	Answer X1, write the one-sentence exit, and save or submit; make the actual board reply when available.

Your response record

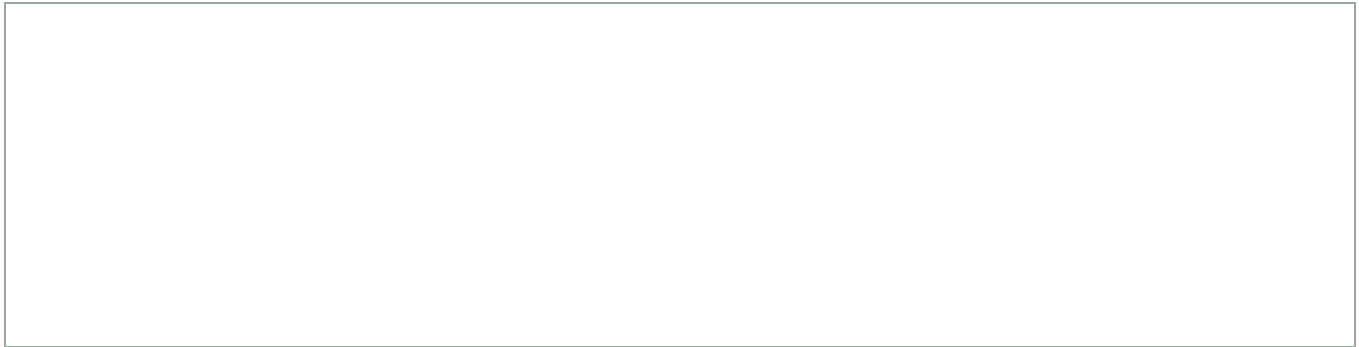
Use these labels on paper or in your document. The space below also works when this page is printed.

Warmups and five-claim sort

Answer R1's device question and both warmups. Rank A through E for the recall claim and explain one placement.

These are hypothetical descriptions. Ask what each description measures and compares.

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

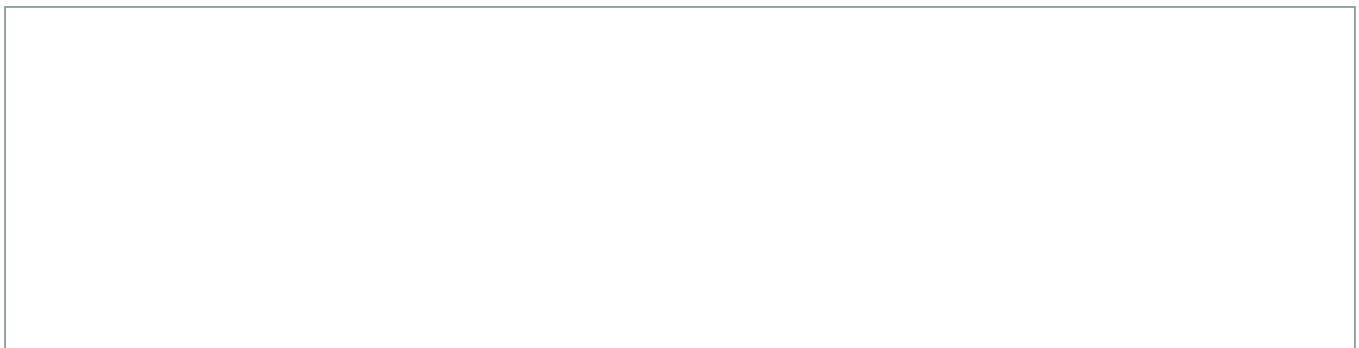


Position and two reasons

Choose which source carries more weight for the wrist-strap claim. Give two reasons tied to evidence IDs and explain how the methods reduce bias.

Compare the same claim and outcome; do not claim the trial proves every possible effect is zero.

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



Counterargument, rebuttal and claim tracking

Record the strongest objection, your rebuttal and whether a cited claim is supported. Join the debate and debrief, or complete both C1 challenge rounds alone.

Label actual versus solo participation. Identify which argument changed or confirmed your position.

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

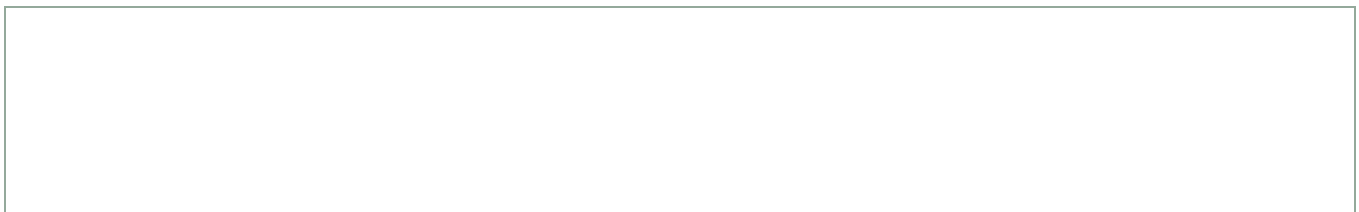


Three-sentence reflection

Write exactly three sentences naming the source type you trust more and why, with evidence, a counterargument and a limitation.

Use X1's sentence roles. This is the exact main daily product.

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

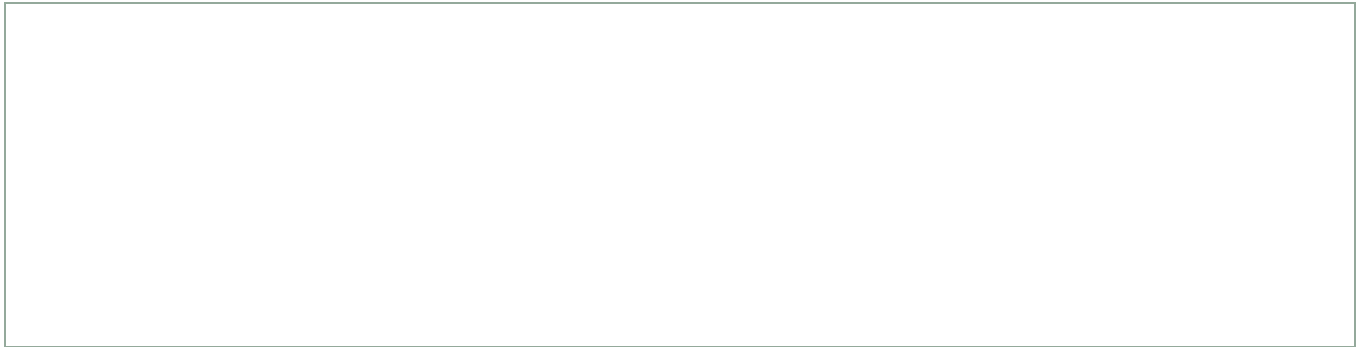


150-word argument and classmate counterpoint

For the async branch, write a 150-word argument taking one side and reply to one actual classmate with a counterpoint.

If access is missing, save the argument and a reply plan. A fictional objection cannot count as an actual classmate reply.

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

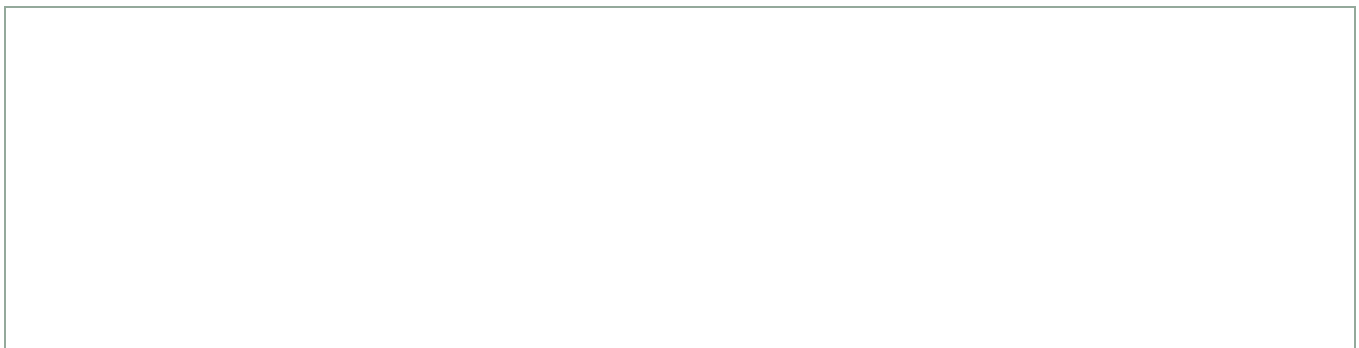


Self-check and one-sentence exit

Answer X1's inhaler comparison with a method and limitation. Write the one-sentence exit about when an anecdote can inform without validating.

No inhaler results are supplied. Sample size alone does not prove a claim.

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



Historical extension and evidence needed

Use H1 to explain why a documented single case deserves attention and why further comparative evidence is still needed. Identify the exact assigned historical claim not established here.

Do not label an earlier trial wrong without a source showing what it tested and found. Ask for the evidence needed before completing that exact extension.

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

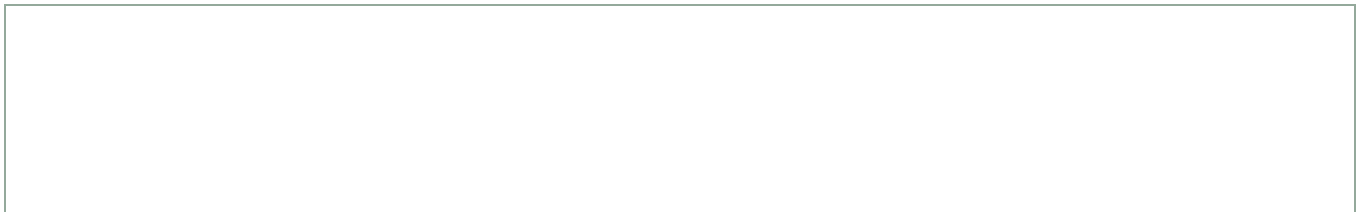


Submission and required-input checks

Save or submit the reflection and supporting record. Describe what you actually posted or replied to and name unresolved P1 or H1 inputs.

Original practice does not complete the official activity, other weekly work or the missing historical evidence.

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

- Distinguish a peer-reviewed trial from an uncontrolled anecdote without treating either label as a guarantee.
- Defend a position with two reasons and address a counterargument.
- Write the three-sentence reflection and track actual async requirements separately.

Keep the limit: The real trial supports a bounded comparison; the fictional testimonial supplies no empirical outcome. Peer review, controls and sample size reduce some uncertainty but cannot guarantee truth, zero effect or validation of a new prototype.

Turn in your work

Submit the three-sentence reflection through the linked BI assignment. The async branch additionally requires the 150-word argument and an actual classmate counterpoint. After uploading, check that Schoology shows Submitted.

Save the same work locally if access is absent. Ask for what you need for actual posting, reply, official requirements and H1 historical evidence.

[Open this assignment in Schoology.](#)

Carry forward

Match the evidence method to the claim and keep its limits visible.

Keep original practice separate from the actual literature review, matrix, validation plan and unresolved course milestones. Which source finding is strong enough to influence your next design decision?

Sources and resources

[Open today's page](#)

TRIAL · Copper Bracelets and Magnetic Wrist Straps for Rheumatoid Arthritis: A Randomised Double-Blind Placebo Controlled Crossover Trial

Richmond and colleagues, PLOS ONE, 2013; primary research

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0071529>

NCCIH · Placebo Effect

National Center for Complementary and Integrative Health, NIH

<https://www.nccih.nih.gov/health/placebo-effect>

PLOS · Editorial and Peer Review Process

PLOS ONE

<https://journals.plos.org/plosone/s/editorial-and-peer-review-process>

CASE · Attempt to fulfil Koch's postulates for pyloric campylobacter

Marshall and colleagues, Medical Journal of Australia, 1985; primary abstract in UWA research repository

<https://research-repository.uwa.edu.au/en/publications/attempt-to-fulfil-kochs-postulates-for-pyloric-campylobacter/>