

Medicine: Evidence, Ethics and Uncertainty

Clinical Trials, Diagnostic Reasoning and Medical Ethics

Seminar code	AD-MED-121
Duration	Eight sessions of 60 minutes
Schedule	Set for each delivery and confirmed in writing. Sessions run one or two a week; Session 8 is held after the essay has been marked
Format	Online and discussion-led, for one to three students aged 14 to 18, with guided reading, worked clinical examples and research activities
Independent study	One to two hours between sessions
Assessment	One research essay of 1,000 to 3,000 words (90%) and seminar engagement (10%)
Mentor	A doctoral or postdoctoral researcher in medicine or the health sciences, confirmed in writing before the seminar begins
Sample syllabus: This sample shows how an Aldevere Field Seminar is written, with medicine as the field. A family who enrolls receives a syllabus like this one, written for their student before the first session, together with an assessment brief, a research toolkit and a reading bank. The structure, assessment and marking criteria stay the same in every delivery; the assigned mentor reviews the syllabus and adapts its examples and reading to the students. The sample assessment brief follows this syllabus.	

1. Seminar Overview

Medicine: Evidence, Ethics and Uncertainty introduces the reasoning underneath every clinical decision: how medicine knows that a treatment works, what a test result means for the person who receives it, and what doctors owe the people they treat. The seminar moves from the history of the fair test and the randomised trial, through bias, diagnosis and screening, to consent and the question of who is treated when not everyone can be. Medical degrees teach this early, and school biology barely touches it. Medical-school interviews often test it too, through an ethical scenario or a question about evidence.

It is deliberately selective. The seminar does not survey diseases or teach clinical skills. Examining a few real decisions carefully teaches more than accurate but shallow summaries of many conditions. The mentor adapts examples and reading to the students, and each student chooses the question their final essay answers.

Educational boundary: This is an academic seminar. It does not give medical advice, and no student is asked to discuss their own health or anyone else's. Clinical cases are taken from published sources or invented for teaching.

2. Educational Aims

- Show how medicine decides whether a treatment works, and why plausible treatments so often fail a fair test.
- Understand the randomised controlled trial, and the biases that can mislead observational research.
- Introduce diagnostic reasoning: what a test result means for one patient and for a screening programme.
- Apply the principles of medical ethics to consent, capacity and the allocation of scarce resources.
- Strengthen the student's ability to read a clinical paper and separate evidence from assertion.
- Prepare the student to write a concise, well-supported essay using credible sources and APA referencing.

3. Learning Outcomes

By the end of the seminar the student should be able to:

1. Explain why experience, authority and plausible mechanisms are poor guides to whether a treatment works.
2. Describe what randomisation, blinding and a control group each protect against, and express a trial result as an absolute risk difference and a number needed to treat.
3. Explain confounding and related biases, and why a randomised trial can overturn an observational finding.
4. Calculate sensitivity, specificity and predictive values, and weigh the benefits and harms of screening.
5. Apply the principles of medical ethics to consent, capacity and confidentiality, and recognise where they conflict.
6. Read a clinical paper: its design, its main result and confidence interval, and what it does not establish.
7. Formulate a focused research question that can be answered honestly in 1,000 to 3,000 words.
8. Construct a referenced academic argument that reaches a defensible conclusion and is candid about its limits.

4. Teaching and Learning Approach

- Short interactive explanation rather than extended lecture.
- Worked examples from real trials, tests and ethical cases, with each calculation done together, step by step.
- Brief pre-session reading, normally twenty to thirty minutes, selected by the mentor.
- The final fifteen minutes of each session are given to the student's own research.
- A short task between sessions, reviewed at the next session, building to the essay step by step.
- In a group, students debate cases together; each writes their own essay and receives individual feedback.
- Sensitive topics discussed through published evidence and invented cases, never through personal disclosure.

5. Weekly Seminar Plan

Each session states a guiding question, its focus, the evidence skill it develops, the reading, the preparation expected and the milestone the student completes. The reading listed is what your mentor draws from; they confirm the exact sections before each session, normally twenty to thirty minutes.

Session 1. How Medicine Knows What Works

Guiding question	How can a treatment that doctors trusted for years turn out to do more harm than good?
Length	60 minutes, including orientation
Focus	Why 'it worked for me' is not evidence: natural recovery, the placebo effect and wishful thinking. Treatments built on untested theory, from advice on how babies should sleep to heart drugs that raised the death rate. The fair test, from James Lind's scurvy trial of 1747 to the Medical Research Council's streptomycin trial of 1948. What evidence-based medicine is, and is not.
Evidence skill	Separating what was observed from what was concluded.
Core reading	Evans et al. (2011), <i>Testing Treatments</i> , Chapter 2, 'Hoped-for effects that don't materialize'.
Optional reading	Sackett et al. (1996), a two-page classic. Or Lind's own account of his trial (Lind, 1753), in the James Lind Library.
Preparation	None. The first session includes orientation and a short baseline task.
Milestone	Baseline written task, interest map, and one area to pursue.

Session 2. Testing a Treatment Fairly: The Randomised Controlled Trial

Guiding question	What makes a trial a fair test, and what does its headline result mean for a patient?
Length	60 minutes
Focus	How new treatments are tested in people, from first-in-human studies to phase 3 trials. Comparing like with like: control groups, random allocation, blinding and complete follow-up. Relative and absolute risk, and the number needed to treat. The RECOVERY trial, which found within months in 2020 that a cheap steroid, dexamethasone, reduced deaths among the sickest Covid-19 patients.
Evidence skill	Turning a trial's result into absolute numbers: the number needed to treat, worked out from RECOVERY's results.
Core reading	Evans et al. (2011), Chapter 6, 'Fair tests of treatments', from 'So what are fair tests?' to 'Ways of using unbiased (random) allocation'.
Optional reading	RECOVERY Collaborative Group (2021), the trial report, free on PMC as the preliminary report.
Preparation	Read the core material. Find a health headline that gives a percentage: is it relative or absolute?
Milestone	Three candidate research questions.

Session 3. Bias, Confounding and the Limits of Observation

Guiding question	If people who take a medicine live longer, does the medicine make them live longer?
Length	60 minutes
Focus	What observation can and cannot show: confounding, the healthy user effect and reverse causation. Hormone replacement therapy, linked to less heart disease by observational studies until randomised trials found no such protection in the women they studied. Surrogate outcomes, which a drug can improve without helping the patient. Smoking and lung cancer, where converging observational evidence was enough to establish a cause.
Evidence skill	Distinguishing a cause from a correlate: mapping the confounders behind the HRT finding.
Core reading	Aronson, Bankhead, and Nunan (2018) on confounding, and Wu et al. (2026) on healthy user bias: two Catalogue of Bias entries, both built around hormone replacement therapy.
Optional reading	Aronson, Bankhead, Mahtani, et al. (2018) on confounding by indication, for when the reason for treatment is the real cause of the outcome.
Preparation	Read the core material and write down two questions it raises about your area of interest.
Milestone	Your approved research question and its scope. This is the question you keep.

Session 4. Diagnosis, Screening and Uncertainty

Guiding question	A test is 90 per cent accurate and your result is positive. How likely is it that you have the disease?
Length	60 minutes
Focus	Sensitivity, specificity and predictive values. Why the same result means different things in a specialist clinic and in a screening programme. Screening, lead-time bias and overdiagnosis: finding more disease without saving more lives, with breast and prostate cancer as cases.
Evidence skill	Working out, with natural frequencies, what a positive result means in a clinic and in screening.
Core reading	Lalkhen and McCluskey (2008), the whole article: three pages.
Optional reading	Evans et al. (2011), Chapter 4, 'Earlier is not necessarily better': the breast and prostate sections.
Preparation	Find two sources that speak directly to your question. Begin the evidence table.
Milestone	A working answer, an argument map, and the first entries in your evidence table.

Session 5. Consent, Capacity and the Principles of Medical Ethics

Guiding question	When may a doctor treat a patient who refuses, and who decides for a fifteen-year-old?
Length	60 minutes
Focus	The four principles of respect for autonomy, beneficence, non-maleficence and justice, and what happens when they collide. UK law and GMC guidance as the case study: consent after the Supreme Court's Montgomery judgment of 2015, capacity under the Mental Capacity Act 2005, Gillick competence for under-16s, and confidentiality, including when a doctor may break it.
Evidence skill	Arguing from principles and law, tested on one consent case and one confidentiality case.
Core reading	Gillon (1994), the whole article.
Optional reading	General Medical Council (2020), the seven principles of decision making and consent; and General Medical Council (2017), the eight principles of confidentiality, with the guidance on patients' fitness to drive linked from the same page.
Preparation	Draft your strongest evidence paragraph and one paragraph that complicates it.
Milestone	An evidence table containing at least one finding that cuts against the working answer.

Session 6. Reading a Clinical Paper Critically

Guiding question	How much confidence should we place in this trial, and in the headline written about it?
Length	60 minutes
Focus	Consolidating the skills used since Session 1. Chance, confidence intervals, and what 'statistically significant' does and does not mean. Systematic reviews, meta-analyses and the forest plot. Publication bias and trial registration. Tracing a news headline back to the paper.
Evidence skill	Appraising one trial with the CASP checklist, then tracing a headline back to what the paper reported.
Core reading	Greenhalgh (1997), with the Critical Appraisal Skills Programme (2024) checklist for randomised trials.
Optional reading	Evans et al. (2011), Chapters 7 ('Taking account of the play of chance') and 8 (systematic reviews).
Preparation	Bring the study your argument relies on most.
Milestone	A checked source set and a paragraph-level outline.

Session 7. Research Workshop

Guiding question	What is the strongest evidence supporting your argument, and what is its main limitation?
Length	60 minutes
Focus	Student-led discussion of each student's question. Developing the argument, integrating evidence and refining structure. Presenting and defending an outline and, in a group, questioning one another's evidence. Responding to feedback and revising for clarity, accuracy and evidence. Making the essay answer its question rather than describe its topic.
Evidence skill	Synthesis, and handling the objection you would rather avoid.
Core reading	No new reading. Bring a full outline and any draft.
Optional reading	Re-read the two sources your argument depends on.
Preparation	A full outline and whatever draft exists.
Milestone	Prioritised mentor feedback and a revision plan. The essay is due three days after this session.

Session 8. Who Gets Treated? Scarce Resources, and Research Conversation

Guiding question	When a health service cannot afford every treatment, who should decide what it pays for, and how?
Length	60 minutes
Focus	Why every health system rations care, openly or not. How NICE weighs value for money: the quality-adjusted life year, the rule of rescue it does not apply, and the higher benchmark it sets for very rare conditions. A one-off gene therapy listed at £1,795,000 as a test of fairness. The second half is the research conversation: each student presents their findings, answers questions on evidence and limits, and discusses the marked essay.
Evidence skill	Weighing an argument about fairness against the evidence it depends on, and defending your own essay aloud.
Core reading	National Institute for Health and Care Excellence (n.d.), the introduction and Principle 7, on value for money.
Optional reading	Rawlins and Culyer (2004). Or NICE's guidance on onasemnogene abeparvovec (National Institute for Health and Care Excellence, 2021).
Preparation	Read the marked essay and feedback. Complete the reflection page of the toolkit.
Milestone	The written report on your work, a skills summary and a recommendation for what comes next.

6. Reading

Everything set here is free to access, and the journal articles are free on PubMed Central or the publisher's site. You will never be asked to buy a paper. Tell your mentor if something asks you to pay and an alternative will be found. Core reading is normally twenty to thirty minutes. Optional reading is genuinely optional, and your mentor may swap any of it for something closer to your question.

- The essay normally uses four to six sources, at least three of them scholarly.
- At least one source should report or synthesise primary evidence, such as a clinical trial, a cohort study, a systematic review or a meta-analysis.
- Open and read what you cite. Citing from an abstract or another author's reference list is not acceptable.
- Cite in APA style, as this syllabus does. APA Style's basic principles of citation (American Psychological Association, n.d.) cover what you need.
- Recent work is preferable for live debates. Older research is welcome where its relevance is explained: some of medicine's most important papers are decades old.
- No student is required to purchase a source. Tell your mentor if something sits behind a paywall.

Reading list

American Psychological Association. (n.d.). *Basic principles of citation*. APA Style. <https://apastyle.apa.org/style-grammar-guidelines/citations/basic-principles>

Aronson, J. K., Bankhead, C., Mahtani, K. R., & Nunan, D. (2018). *Confounding by indication*. Catalogue of Bias. <https://catalogofbias.org/biases/confounding-by-indication/>

Aronson, J. K., Bankhead, C., & Nunan, D. (2018). *Confounding*. Catalogue of Bias. <https://catalogofbias.org/biases/confounding/>
Critical Appraisal Skills Programme. (2024). *CASP checklist: For randomised controlled trials (RCTs)*. <https://casp-uk.net/casp-tools-checklists/randomised-controlled-trial-rct-checklist/>

Evans, I., Thornton, H., Chalmers, I., & Glasziou, P. (2011). *Testing treatments: Better research for better healthcare* (2nd ed.). Pinter & Martin. <https://en.testingtreatments.org/book/>

General Medical Council. (2017). *Confidentiality: Good practice in handling patient information*. <https://www.gmc-uk.org/professional-standards/the-professional-standards/confidentiality>

General Medical Council. (2020). *Decision making and consent*. <https://www.gmc-uk.org/professional-standards/the-professional-standards/decision-making-and-consent>

Gillon, R. (1994). Medical ethics: Four principles plus attention to scope. *BMJ*, 309(6948), 184–188. <https://doi.org/10.1136/bmj.309.6948.184>

Greenhalgh, T. (1997). How to read a paper: Getting your bearings (deciding what the paper is about). *BMJ*, 315(7102), 243–246. <https://doi.org/10.1136/bmj.315.7102.243>

Lalkhen, A. G., & McCluskey, A. (2008). Clinical tests: Sensitivity and specificity. *Continuing Education in Anaesthesia, Critical Care & Pain*, 8(6), 221–223. <https://doi.org/10.1093/bjaceaccp/mkn041>

Lind, J. (1753). *A treatise of the scurvy*. Sands, Murray and Cochran. <https://www.jameslindlibrary.org/lind-j-1753/>

National Institute for Health and Care Excellence. (n.d.). *Our principles*. <https://www.nice.org.uk/about-us/our-principles>

National Institute for Health and Care Excellence. (2021). *Onasemnogene abeparvovec for treating spinal muscular atrophy* (Highly specialised technologies guidance HST15). <https://www.nice.org.uk/guidance/hst15>

Rawlins, M. D., & Culyer, A. J. (2004). National Institute for Clinical Excellence and its value judgments. *BMJ*, 329(7459), 224–227. <https://doi.org/10.1136/bmj.329.7459.224>

RECOVERY Collaborative Group. (2021). Dexamethasone in hospitalized patients with Covid-19. *New England Journal of Medicine*, 384(8), 693–704. <https://doi.org/10.1056/NEJMoa2021436>

Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: What it is and what it isn't. *BMJ*, 312(7023), 71–72. <https://doi.org/10.1136/bmj.312.7023.71>

Wu, A. D., Knight, E., & Yang, X. (2026). *Healthy user bias*. Catalogue of Bias. <https://catalogofbias.org/biases/healthy-user-bias/>

7. Assessment

Component	Weight	What it covers
Research essay	90%	An essay of 1,000 to 3,000 words answering a focused question, submitted three days after Session 7. Marked out of 100 against five criteria.
Seminar engagement	10%	Preparation, engagement with the material, response to feedback, independence and the final reflection, judged across the eight sessions.

Engagement may be shown through discussion, prepared notes, written contributions or another agreed format. It is not a mark for talking, and it is not an attendance mark.

The essay asks you to answer a question, not to describe a topic. An essay called 'Cancer screening' is not yet an essay. A question such as 'Does the evidence support screening women aged 50 to 70 for breast cancer, once overdiagnosis is counted?' can be answered properly in 1,000 to 3,000 words.

You also hand in the working papers that show how you got there: your approved question, your evidence table, an outline and your record of any AI use. These are not separately marked, but the essay is not marked without them. Full requirements, question examples and the criteria you are marked against are in the Assessment Brief.

8. Feedback, Completion and Next Steps

You receive feedback on your question, your sources and your outline before you submit, and prioritised written feedback at Session 7. After marking you receive your marked essay with the completed criteria and an explanation of the judgement, a written report on your work covering strengths, next steps and evidence of growth, and a recommendation for what comes next.

That recommendation may be further work on foundations, another seminar in a related field, a longer one to one research project, or the conclusion that medicine is not where your interests lie. All four are legitimate outcomes.

The certificate says Completion only when every session was attended and the essay submitted; otherwise it says Participation. Each certificate carries a register number, which Aldevere confirms to anyone the student shows the

certificate to, such as a university. Mentors are glad to write a reference for a student who has attended and taken the work seriously; it is the mentor’s decision.

Your mark and completion record are an Aldevere academic assessment. They are not university credit or an externally accredited qualification.

9. Academic Integrity and Generative AI

Generative AI may be used in limited, declared ways. It must not do the reading, the judging or the writing for you.

Permitted, with disclosure	Not permitted
Brainstorming search terms or ways of phrasing your question.	Submitting AI generated or AI rewritten prose as your own.
Asking for a plain explanation, then checking it against a real source.	Treating an AI answer as a source, or citing anything you have not opened.
Testing whether your outline holds together.	Accepting any reference, quotation or finding you have not verified.
Checking grammar and clarity while keeping your own wording.	Entering personal, medical or family information into a tool.

Record what you used and what it changed. Aldevere assesses your work and your working papers, and does not treat AI detection scores as evidence on their own. You remain responsible for every claim, citation and sentence you submit.

10. Access, Wellbeing and Sensitive Content

This subject touches on illness, disability and death, and on real cases in which patients were harmed. Sessions are run so that discussion stays with evidence and ideas rather than individuals. You may explore any topic through published research and invented cases without saying anything personal, and you will not be asked to.

Tell your mentor if an adjustment would help. Reasonable requests include shorter reading segments, materials in advance, additional processing time, a short break, captions, a particular file format, or contributing in writing rather than aloud. The academic standard does not change. Only the route to meeting it does.

If material affects you personally and you would rather step around it, say so and the mentor will change the example. If you are worried about your own wellbeing, your mentor will help you find appropriate support. That conversation sits outside the seminar and outside your grade.

Aldevere’s Safeguarding Policy applies to every session. Every mentor is reviewed and briefed on safeguarding before working with a student, contact between mentor and student goes through Aldevere’s channels, and a parent may observe a session by arrangement (in a group, with the other families’ agreement). Any concern about a student’s safety or welfare goes to the Designated Safeguarding Lead at safeguarding@aldevere.com.

11. Participation and Seminar Expectations

The student	Attend prepared and on time. Complete the short task between sessions. Raise difficulties early. Use sources responsibly. In a group, question ideas, not people. Submit work that represents your own thinking.
The mentor	Adapt examples and reading to the students. Maintain the learning outcomes and academic standard. Give feedback in time to be useful. Protect student privacy and never speculate about health.
Aldevere	Provide the materials and standards, support mentor quality and safeguarding, keep records and issue completion documents. An academic adviser, separate from the mentor, looks after each student’s progress and wellbeing. If the match is not working, Aldevere changes the mentor.
Parents	Receive the schedule before the first session, progress updates at set points and whenever they ask, and a debrief at the end. With the family’s consent, a referring counsellor is kept informed of the student’s progress.

About Aldevere: Aldevere runs one-to-one research programmes, small seminars and academic skills programmes for students aged 14 to 18. Each programme is designed for the student before it begins, supervised by a mentor matched to their field, looked after by an academic adviser, and closed with a written report and a recommendation for what comes next. Mentors come from a network that includes researchers at Harvard, Oxford, NYU and Columbia. Aldevere publishes its safeguarding, academic integrity, generative AI and complaints policies at aldevere.com.

Assessment Brief and Cover Sheet

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The task	A research essay of 1,000 to 3,000 words answering a focused question
Worth	90 per cent of the seminar grade
Due	Three days after Session 7, by the time your mentor confirms in writing
Referencing	APA style
Authorship	Yours, with any permitted AI use declared

1. What you are asked to do

Answer one focused question in medicine, clinical evidence or medical ethics in 1,000 to 3,000 words, using evidence you have read and judged for yourself. Take a position, support it, and be honest about how strong the support actually is.

The essay makes an argument rather than summarising everything known about a condition. A reader should be able to state your answer after the first paragraph and see it tested through the rest.

The trap to avoid: An essay titled ‘Cancer screening’ has no question in it yet. Compare: ‘Does the evidence support screening women aged 50 to 70 for breast cancer, once overdiagnosis is counted?’ That can be answered properly in 1,000 to 3,000 words.

2. Questions that tend to work

These are patterns, not templates. Your question should come out of something you actually want to know.

- How good is the evidence that [factor] contributes to [specific outcome] in [defined group]?
- To what extent does the evidence support [intervention or support] for [defined group]?
- How do [two frameworks] differ in the way they explain or respond to [phenomenon]?
- Why do findings about [topic] vary so much between studies or populations?
- Does a widely repeated claim about [topic] hold up against the research?
- Is [a test or treatment] worth offering to [defined group] once its harms are counted?
- When [two principles of medical ethics] conflict in [a defined kind of case], which should prevail, and why?

Your mentor approves the question before you commit to it. Approval means the question is answerable, safe and the right size. It is not a prediction of your mark.

3. What the essay must contain

- The approved question, stated plainly, and an answer to it given early.
- Only the background a reader genuinely needs. Resist explaining the whole field.
- Four to six sources, at least three of them scholarly, and at least one reporting or synthesising primary evidence such as a clinical trial, cohort study, systematic review or meta-analysis.
- Real engagement with at least two studies or positions, including what they do not establish.
- One serious complication: a limitation, a conflicting finding, an ethical or cultural issue, or a rival explanation you take seriously rather than dismiss.

- A conclusion that answers the question and says what remains unsettled.
- APA in-text citations and a matching reference list.

4. A structure that usually works

A guide, not a rule. If your argument runs better another way, run it another way.

Part	Share	Job
Question and answer	about 12%	State the question, its scope and your answer.
What the reader needs	about 15%	The one concept, model or distinction the argument depends on.
Evidence and analysis	about 45%	Your case, organised by claim rather than by source. Say what each piece of evidence shows and how much weight it carries.
The complication	about 18%	The strongest thing that works against your answer, handled fairly.
Conclusion	about 10%	Your answer, now qualified. What would change your mind.

5. Sources

Use as your core evidence	Peer reviewed articles, systematic reviews, meta-analyses, scholarly books and chapters.
Use for definitions and context	the World Health Organization, NICE, the General Medical Council and national health services.
Use sparingly, to show a debate exists	Serious journalism and public writing. It cannot carry an argument on its own.
Do not use as evidence	Anonymous websites, blogs, social posts, commercial claims, content farms and AI output.

- Read what you cite. All of it, or at least all of the parts you rely on.
- Describe the sample, the method and the finding accurately. Do not write that research proves something when a study reports an association in one population.
- Relevance beats quantity. A long reference list will not rescue an essay whose sources do not address its question.
- Quote rarely. Paraphrase shows you understood it.

6. Working papers you hand in with the essay

They are not marked, but the essay is marked only when they are attached. They make your reasoning visible and your authorship clear.

Approved question	The question and two or three sentences on why it is worth asking.
Evidence table	At least four completed rows: source, finding, limitation, how you used it.
Outline	A paragraph level plan or argument map.
Evidence of drafting	A draft, version history or annotated feedback showing the essay changed.
AI record	What you used and what it affected, or a statement that you used none.

7. AI use

Code	Category	What it covers
A0	None	No generative AI at any stage.
A1	Technical	Spelling, grammar, formatting or accessibility checks only.
A2	Learning support	Search terms, explanations of a concept, or questions put to your outline, followed by your own verification and your own writing.
A3	Other, agreed	Anything else, agreed with your mentor beforehand and described below.

You remain answerable for every claim, citation and sentence you submit.

8. How your essay is judged

Your mentor marks the essay out of 100 against five criteria. You have them in advance so that you can check your own work against them.

What is judged	Marks	What earns marks
Medical understanding	25	The concepts your argument needs, used accurately and no more of them than you need.
Question and argument	20	A focused question and one line of reasoning that answers it from start to finish.
Selection and use of evidence	25	Well chosen sources, reported accurately, combined rather than listed one by one.
Evaluation and judgement	20	Weighing how strong the evidence is, and letting that change what you conclude.
Communication and referencing	10	Clear writing, sensible structure, citations that let a reader find your sources.

Two things are checked before marking begins: that your working papers are attached, and that authorship is clear. A missing set of working papers means the essay comes back unmarked rather than marked down.

The remaining 10 per cent of the seminar grade is for engagement across the eight sessions: preparation, working with the material, acting on feedback, independence and your final reflection. It can be shown in discussion, in notes or in writing, whichever suits you.

9. Format and submission

- Between 1,000 and 3,000 words.
- The title, question, in-text citations and reference list are outside the count. Quotations and any headings you use are inside it.
- A readable 11 or 12 point font, 1.5 spacing, normal margins.
- One Word file or PDF containing the cover sheet, the essay and the reference list. Working papers may go in the same file or the shared folder.
- If you need longer, ask before the deadline. A new date is only valid once your mentor confirms it in writing.

Cover sheet

Complete and submit with your essay.

Student name		Mentor	
Seminar	AD-MED-121 Medicine: Evidence, Ethics and Uncertainty		
Essay title			
Approved question			
Date submitted		Word count	

Declaration

I confirm that this essay is my own thinking and my own writing. I have credited the ideas, evidence and wording of others. I have opened and read every source I cite. I have not invented or misrepresented any reference or finding. I have declared any use of generative AI. I understand that my notes, sources and drafts may be looked at if there is a question about authorship.

Signed or typed name		Date	
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AI declaration

Tick one: ☐ A0 None ☐ A1 Technical ☐ A2 Learning support ☐ A3 Other, agreed

Tool used	
What for	
What it affected	
How you checked or changed the output	

Before you submit

- ☐ The title and question match what was approved.
- ☐ My answer appears in the opening paragraph.
- ☐ Four to six sources, at least three scholarly, all of them read.
- ☐ Every citation has a reference and every reference has a citation.
- ☐ I have weighed evidence, not just reported it.
- ☐ The complication is dealt with honestly.
- ☐ The conclusion answers the question.
- ☐ Working papers and AI record attached.
- ☐ Word count within range and the file opens.

Marker use only

Marker		Date marked	
Essay mark	/ 100 (weighted to 90)	Engagement	/ 10
Working papers complete	Yes / No, returned unmarked		
Authorship	No concern / Clarification requested / Referred		