either wilfulness or extent of participation by the parent attendants. Our model recommends a checklist required for implementation of FCC including the need of mother-friendly facilities to enable her to rest and recoup besides being engaged in processes of care for her sick baby.

1. Being a preliminary pilot intervention study, we were conservative in our inclusion criteria. Thus we excluded hemodynamically unstable and critically sick babies as well as the multiple gestations, who were all predominantly preterms. This may be the reason of mean gestation in our study to be advanced. As such the proportion of preterms in our study was 28.8%.
2. The mean time spent bedside was shared between two to three attendants who took turns in a day per baby to spend this time with their babies. We do agree that spending this time with their respective baby could lead to fatigue. One may consider assessment of the same by incorporating fatigue scores in future studies as suggested by the authors.
3. We agree that noting actual time spent by the attendants prospectively in parent sheet would have reduced the recall bias. However, actual time spent by the attendants was not a primary/secondary objective, and hence was recorded in a feasible manner in this study.
4. Inclusion criteria in our study required presence of at least two accompanying attendants per baby. It would not be feasible to have four or six attendants available (as would accordingly be required for twins or triplets respectively) to participate in caregiving from a family, and hence we excluded multiple births from the study.

Sure enough, we agree with the authors that FCC seems to be the beginning of a new era in India. Follow-up studies of the FCC cohorts will be important to document impact of this promising social collaborative partnership on neonatal outcomes. Evaluation of the method at scale is an implementation science question of some importance, in order to show that successful pilot studies in tertiary centers are not attenuated when scaled up through district facilities [3].

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When are we to Integrate 'Research Module' in Undergraduate Medical Curriculum in India?

We read with interest the recent perspective on lack of research amongst undergraduate medical students in India [1]. The authors propose possible solutions to improve research amongst undergraduates but the suggested interventions are not prioritized.

The medical education program in India, both at undergraduate and postgraduate levels, is not research-oriented. Whether research component should be made an integral part of training is often discussed, debated and deliberated but not implemented [2]. This is probably because our undergraduate training program is 'primary-care physician' oriented and emphasizes patient care to a great degree. Nevertheless, our students, faculty as well as policy makers need to realize the relevance of 'routine research skills' to practice evidence-based medicine in 'primary care'.

We suggest that rather than emphasizing mandatory student research activity as an exposition, there is a need to adopt step-wise approach. Orientation to medical research and participation in research project are two distinct aspects (theory and practice respectively) of training in research. We contend that student orientation to research in medical science is the first step, which essentially is a curricular reform initiated at national level (by Medical Council of India) with the introduction of an 'Undergraduate Research Module'. Creation of an environment conducive to research and inculcation of

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'research culture' is the responsibility of Medical college establishment. Student participation in scholarly activities is something the teaching faculty can inspire. Mandatory student project should be the final step in the entire process and implemented over time.

The epidemiological/biostatistical methods currently part of Community Medicine teaching is integral to proposed Undergraduate Research Module. Some of the other basic research skills and attributes that can be covered include information gathering, systematic literature review, critical appraisal, study design and methodology, data handling, statistical interpretation, medical writing, and ethical/governance aspects. The module may be introduced in a phased manner so that research skills are developed incrementally and applied fully in a research project in the final year of training or during internship.

Medicine curriculum for undergraduates should provide a strong foundation for research attributes and empower students to develop more specialized research skills in future. Implementation of a well thought out research training module is the need of the hour. Integrated models for developing research skills are previously implemented in the West [3]. Meta-analysis of published studies about undergraduate participation in research, and expert recommendations for designing undergraduate curriculum are helpful [4,5].

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Clinical Trials: A Step Closer to Universal Data Sharing

The International Committee of Medical Journal Editors (ICMJE) requires registration of clinical trials in a public trials registry at or before enrolment of first participant as a condition to be considered for publication [1]. All clinical trials should be prospectively registered in one of six primary registries recommended by World Health Organization (WHO) International Clinical Trials Registry Platform (ICTRP).

Conducting trials is a tedious task as it consumes time, manpower and finances. Participants are exposed to intervention risks. To minimize research duplication in a specific setting, it is necessary to share results and trial data avoiding individual participant identification. To fulfil these aims, ICMJE has mandated that from July 1, 2018, manuscripts of results of clinical trials must have a data sharing statement and trials enrolling first participant from January 1, 2019 must have a data sharing plan [2].

As trial participants expose themselves to potential risks, it is ethical obligation of medical fraternity to maintain confidentiality of patient information. On the other hand, we are heading towards a future where all patient data is shared and easily available to researchers. A practical way to maximize benefits and exclude misuse of data is to be urgently worked out.

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