all authors use the same classification criteria to describe this disease [3]. So the case presented by the authors should be classified as an iliopsoas abscess secondary to spondylodiscitis due to *Staphylococcus aureus*.

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Workplace Based Assessments: A Complement to the Quarter Model

After reading the article titled, "The Quarter Model: a proposed approach for in-training assessment of undergraduate students in Indian medical schools" [1], I would like to add the element of workplace based assessments (WBAs) as a complement to this model.

It is beyond doubt that the traditional way of assessing successful postgraduate pediatrics training is no more considered a valid process in many institutes in India [2,3]. Having done a postgraduate degree in pediatrics myself from a prestigious institute in India, I personally feel there is desperate need for a more robust, comprehensive and standard way of assessment. I am finishing my training in United Kingdom now, where the assessment process fulfils many of the criteria you have outlined in your article. I couldn't agree more that the assessments should be multi-sourced *i.e.* from different members of the team with appropriate weightage given to each assessor.

Although the concept of the quarter model is fantastic, it lacks the objective component at many levels. This is why, I would like to introduce the concept of Workplace based assessments (WBAs) which could be used in addition to the model proposed by you. These are a set of tools which can be combined with trainees daily activities and heavily rely on constructive feedback in a more objective manner. According to Royal College of Paediatrics and Child Health [4], "WBAs connect teaching, learning and assessment in the teaching cycle. They provide formative feedback in a constructive environment to help trainees develop and progress through their training programme by helping them set their development plan and take ownership of their learning objectives giving the resources to improve self-evaluation, self-assessment, reflection and goal setting skills. Workplace based assessments are designed to show progress, so should be used to reveal areas that need to be worked on, so should be spread throughout the year and through all posts."

Each trainee will have an online account with a service called ASSET (www.asset.rcpch.ac.uk) and assessments must be completed online using this facility. Trainees can view their completed online assessments and trainers are able to see the progress of their trainees online. Presently, the following WBAs are being used in the UK based on national curriculum.

1. Pediatric Mini Clinical Evaluation Exercise (ePaed Mini-CeX)
2. Pediatric Case Based Discussion (ePaedCbD)
3. Directly Observed Procedural Skills (DOPS)
4. Sheffield Assessment Instrument for Letters (SAIL)
5. Pediatric Multisource Feedback (ePaedMSF)

A certain number of satisfactory WBAs in each category need to be completed each year. These, along with other training issues, are reviewed at the end of each year by an independent panel in the presence of trainee. This process makes sure that training needs are identified mutually and an action plan is set. In addition to this, trainees will formally meet their educational supervisors on a quarterly basis to discuss the progress and any other issues.

I would like to add here that this process is complemented by formal exams and regular appraisals. I propose that this method can be combined with the quarter model to be used as an objective assessment although will need to be modified based on the present requirements in India.

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REPLY

We thank Dr Atreja for making suggestions to improve the utility of quarter model for in-training assessment (ITA). He has suggested adding workplace based assessment (WPBA) to improve the applicability of the model.

While there are similarities between the two, there are important differences as well. ITA operates at the level of 'competence' (what the student is capable of doing) while WPBA operates at 'performance' (what the trainee actually does). ITA has been proposed basically for undergraduate medical students. Since undergraduates are not directly responsible for patient care, many of the tools used for WPBA are not applicable to them. At the postgraduate level; however, it is possible to use case based discussions (discussing the cases actually managed by the trainee and seeking justification for what had been done), DOPS and multisource feedback. In addition, sheer numbers will make it difficult to organize these types of assessments for undergraduates.

We do not agree with the contention that using more objective assessments will make such assessments more robust. There is enough literature support to tell that objectivity is not *sine-qua-non* of reliability or validity [1]. Expert subjective judgments can provide as much or sometimes even more reliable information about trainee performance [2]. The tools mentioned in the letter (mini-CEX, DOPS, MSF etc.) are very subjective compared to say OSCE - yet they have been accepted as highly useful in providing information about performance of the trainee. Since the purpose of ongoing assessment is to provide feedback to the trainee/students, reliability is not really as much of an issue as educational impact of such assessment. Conversely, subjectivity and individualized feedback is considered a strength of mini-CEX [3] which helps the trainees see cases from different perspectives.

The reasons for flawed implementation of internal assessment in our country are related to inability to make appropriate use of such assessments. Teachers hardly provide any feedback to the students to improve their performance and most such assessments end up as replica of conventional examinations without clarity of purpose. The solution lies in faculty development and letting the students experience the utility of formative feedback in helping them improve rather than using more objective assessments.

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Understanding Non-financial Conflicts of Interest

We read the article on 'Tackling Conflict of Interest and Misconduct in Biomedical Research' [1] with keen interest and would like to congratulate the author for succinctly emphasizing the utmost importance of competing interests in biomedical research. In this regard, we would like to add that while financial conflicts of interest have been talked about more often and have been under increased scrutiny by regulatory bodies, the scientific world also needs to acknowledge and appreciate the non-financial conflicts of interest that frequently threaten the objectivity of biomedical publishing. In recent years, non-financial conflicts of interests have been highlighted [2,3] as potential influencers of biomedical research. Non-financial conflicts are poorly defined, heterogeneous and mostly