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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