



<b>Guideline</b>	Informal Feedback
<b>Date Approved</b>	March 23, 2023
<b>Approved By</b>	Associate Dean, Postgraduate Medical Education
<b>Effective Date</b>	March 23, 2023
<b>Review to Commence</b>	March 23, 2026
<b>Responsible Portfolio/Unit/Committee</b>	PGME Office
<b>Responsible Officer(s)</b>	Associate Dean, Postgraduate Medical Education

## Purpose

These guidelines are provided for programs receiving feedback about a trainee outside of sanctioned assessment pathways.

## Background

Ideal assessment is:

- Fair:
  - Based on standards
  - Based on performance (e.g. not hearsay, not based on personality, presumed intentions)
  - Provided by unbiased assessors
  - Transparent—assessments and assessment processes are known to the trainee
- Timely (feedback is ideally received within 48 hours. Any feedback beyond 2 weeks is prone to significant recall bias and regression to the mean)
- Fit for purpose (assessment strategy is suited for what is being assessed)

Programs will have formal programs of assessment (e.g. EPAs, daily encounter forms, PPAs/ITARs, results from formative exams) with known pathways for documentation and review (e.g. entry into Elentra, review during periodic reviews, transparent competence committee (CC-RC)/resident assessment committee (RAC-CFPC) processes).

## The issue

Programs will sometimes receive feedback about a trainee outside of sanctioned assessment pathways. Examples of this include but are not limited to emails and phone calls or other conversations. They are often unsolicited but sometimes are sought out by the program or the trainee. Although unsanctioned, this feedback may be very valuable and important to consider for the trainee's assessment and development. Without oversight however, this type of feedback runs the risk of contravening the above principles of good assessment.

## Guidelines

1. Feedback outside of published assessment protocols should not be solicited. This is not to preclude unique assessment strategies which may become necessary, e.g. with an individualized or modified learning plan, remediation or probation. In that case the trainee and assessors must be made aware of the new and/or additional strategy/ies. Any assessment strategy, including seeking feedback outside of usual channels, must be unbiased and provide the opportunity to identify all levels of performance.
2. When unsolicited feedback is received:
  - a. This must become part of a written record, available to the trainee and those with permission to see trainee feedback (e.g. competence committee/RAC members, program/site director or delegate etc). The person providing the unsolicited feedback needs to be informed that their feedback will become part of a written, accessible record and provide permission for this to happen. If permission is not given, barring exceptional circumstances and justification, that feedback cannot be considered in the assessment of the trainee.
  - b. Information becoming part of the written record should abide by fair principles, e.g. be grounded in standards, based on performance, and be timely.
  - c. CCs/RACs should consider the source of the information and consider issues of potential bias/conflicts of interest
  - d. CCs/RACs should consider the content of the information and source to determine what the best "fit for purpose" for this information is (e.g. does it speak to a medical expert role and/or collaborator, communicator, professional etc.)