

University of Toronto Postgraduate Medical Education

Guidelines for Clinical Faculty Member Appeals of Teaching Performance Evaluations

Background & Rationale

Valuing the Learner

The Temerty Faculty of Medicine (“Temerty Medicine”) places the utmost importance on the safety and well-being of learners. Moreover, learners require an environment of professionalism, inclusivity, collegiality, and respect. There are mechanisms in place for learners to report learner mistreatment, harassment or racism experienced by themselves or other learners and to report other unprofessional behaviours that they believe have harmed the learning environment (see the [Temerty Faculty of Medicine Learner Mistreatment Guidelines](#)).

Respecting the Teacher’s Efforts

Teaching performance evaluations provide Clinical Faculty members with feedback to support their growth and development and are an integral component of annual reviews, triennial reviews (where applicable) and promotional reviews. However, there may be circumstances where a Clinical Faculty member perceives they have received an inappropriate and/or erroneous evaluation for which they wish to submit an appeal. There are also circumstances where Clinical Departmental leadership may identify concerning trends in the assessment of a Clinical Faculty’s teaching performance that warrant review. Clinical Departments should have an established process for submitting, adjudicating and operationalizing appeals of teaching performance evaluations. This document outlines the minimum standards for addressing and resolving Clinical Faculty members’ appeals relating to teaching performance evaluations within Temerty Medicine. An analysis of existing departmental faculty appeals processes at U of T informed this work. This is meant to guide Clinical Departments in the development of their own Clinical Faculty Appeals Process, aiming for some common practices across Temerty Medicine. Clinical Departmental processes are to be reviewed by Medical Education, Temerty Medicine to ensure consistency and adherence with the guidelines.

Principles

1. A Clinical Faculty member may appeal a teaching performance evaluation that they feel is inappropriate and/or erroneous for concerns including, but not limited to, the following:
 - a. A low score or concerning comment(s) in the aggregate assessment report was/were the result of critical feedback given to a learner during the rotation (analyzed based on the potential retaliatory nature of the assessments)
 - b. A comment(s) in the aggregate report applied to the rotation or program rather than to the specific Clinical Faculty member
 - c. A comment(s) in the aggregate report was meant for a different faculty member
 - d. Personal issues arising between Clinical Faculty and a learner leading to conflict may have influenced the learner’s assessment of the teacher (analyzed based on the potential retaliatory nature of the assessments)



- e. A low score or concerning comment(s) in the aggregate report were the result of discrimination against a Clinical Faculty member based on a prohibited grounds of discrimination under the Ontario Human Rights Code.
 - f. A low score that had no comments to understand the context in which was provided.
2. A Clinical Departmental leader may bring forward an appeal for a group of assessments observed as a pattern of assessments for the above reasons.
 - a. In some instances, the retaliatory nature of assessments becomes more apparent when analyzing all assessments submitted by a learner during a rotation as a collective group. This is usually identified as part of an ad-hoc analysis after an initial appeal has been submitted.
3. The Faculty Appeals Process is to be open and transparent in terms of the steps of the appeal, while protecting confidentiality for both the learner and the Clinical Faculty member. Barring exceptional circumstances, the identity of the learner is not revealed to the Clinical Faculty appellant; and neither is the launch of an appeal disclosed to the learner.
4. Under no circumstances should Clinical Faculty members attempt to identify or contact learners they believe may have provided a teaching assessment they wish to appeal.
5. Clinical faculty should not experience any negative consequences in response to submitting an appeal (even in the instance where it does not meet the grounds for a successful appeal).
6. Appeals are not to be considered if, at the time of submission, there is an unresolved complaint initiated by either the appellant or the learner through another formal mechanism (e.g., the Office of Learner Affairs).

Initiating Appeals

- Clinical Departments should establish protocols for the submission of an appeal request, including method(s) for submission (online form, email, etc.) and the person most responsible for initial processing, etc. Appeal requests are to be considered filed once they have been submitted in accordance with the specified method.
- Appeal requests are to be initiated by the Clinical Faculty appellant, and are to include:
 - A narrative of the event, including rationale for the appeal (e.g., evidence of retaliation).
 - A copy of the aggregate assessment report and supporting evidence to be reviewed by the appeals committee
 - Any other supporting/relevant documentation (including email correspondence where it has been documented the critical feedback provided to the trainee)
- A “group appeal” may be submitted by a Clinical Departmental leader when a single learner is found to have submitted a large number of presumed retaliatory evaluations to multiple Clinical Faculty.

- Clinical Departments should consider enforcing a deadline for the submission of appeal requests (e.g., for evaluations completed within the calendar year). The deadline is necessary to ensure the quality and accuracy of the data provided. The deadline should be enforced from the time faculty receive a teaching report, rather than when the evaluation was submitted. This approach accounts for cases where faculty must wait several years to accumulate the minimum of three evaluations required to receive a teaching report.

Processing and Adjudicating Appeal Requests

- Appeals Committee
 - Clinical Departments may appoint a standing appeals committee to process requests or recruit individuals to adjudicate appeal requests on an ad hoc basis when individual appeals arise (contingent upon Clinical Department size, volume and frequency of appeals requests, etc.). In either case, the appeals committee should include learner representation.
 - The Appeals Committee will be responsible for adjudicating Clinical Faculty appeal requests within their Department.
 - The Appeals Committee should follow the PGME guidance found in this document and use the accompanying approved template to document their Terms of Reference (see Appendix for ToR template – *currently under development*) that outlines its purpose, structure, members' roles and responsibilities, processes for appeal request review and adjudication, decisions and communicating outcomes, as approved by the Medical Education Program Evaluation Committee (Med Ed PEC)
 - The system for adjudicating appeals should take into account that the experience of marginalized individuals may differ from those of their peers when considering the content of the learner's comments. As appropriate, the appeals committee should involve individuals with a lived experience of discrimination and/or racism, and, where a standing committee is elected/appointed, should consider recruiting ad hoc members for particular cases, if required to appropriately consider forms of discrimination against the learner or Clinical Faculty that might be relevant to the appeal.
- In addition to the appellant's rationale and supporting documentation, other information that may be reviewed could include:
 - Input from the senior leader responsible for the appellant's academic appointment (e.g., Hospital Chief, Division Chief)
 - Learner Assessment of Clinical Teacher (LACT) and Teacher Evaluation Score (TES) data for the Clinical Faculty member and completed by the learner
 - Included assessment data might extend beyond the individual Clinical Faculty appellant when there is suspicion that the learner is acting in retaliation; or in the case where a "group appeal" has been submitted
 - Assessment(s) completed by the Clinical Faculty member for the learner.
- Guiding principles to consider, when deciding on the validity of an appeal, include whether or not:
 - The appeals committee can identify which teaching performance evaluation(s) from the aggregate assessment report triggered the Clinical Faculty member's



- concern
 - There is clear evidence that the evaluation was submitted erroneously (i.e., an accidental transposition of rating scales, mistaken identity, etc.)
 - There is a clear retribution by a learner (e.g., the comments given by the learner refer directly to the scenario in question; the comments given by a learner align timing wise with feedback they received from the Clinical Faculty in question; there is a larger pattern of retaliatory assessments from a learner directed at multiple Clinical Faculty)
 - there is clear evidence of discrimination by a learner (e.g., the comments given by the learner refer to one of the prohibited grounds under the Ontario Human Rights Code directly or to attributes/behaviours whose mention is likely related to those grounds, e.g., physical appearance)
 - The degree of contact between the Clinical Faculty member and learner was sufficient for purposes of rendering an evaluation of teaching effectiveness
 - There are personal issues arising between Clinical Faculty and a learner leading to conflict, which may influence the learner's assessment of the Clinical Faculty.
 - There is no substantiation of low scores (1 or 2 out of 5) by narrative comments
 - There is concern that criticism was applied to the rotation or program rather than to the specific Clinical Faculty member
- An appeal may fail to proceed if the committee decides that there was insufficient evidence that the evaluation was clearly retaliatory or that there was a lack of information to support the appeal
- Quorum for appeal decisions is half + 1 of the total committee composition

Potential Outcomes of an Appeal Decision

- A letter from the Appeals Committee, describing the appeals decision and rationale, is to be provided to the Faculty and must also cc the Vice-Chair and/or Chair of Education from the Faculty's Department, Site or Divisional Lead and the Associate Dean of PGME (adpgme@utoronto.ca) where an appeal is successful (see Appendices B and C for sample communications templates for a successful and unsuccessful appeal, respectively)
- Successful Appeal:
 - The request to cancel a teaching performance evaluation(s), with rationale, must be communicated to PGME by the Vice-Chair of Education
 - The evaluation(s) in question is/are to be removed in full (see Operationalizing an Appeal Decision section for more details) and teaching summary reports are to be corrected to reflect this change, where possible
- Unsuccessful Appeal:
 - There is no change to the assessment(s) in question, nor the teaching summary reports
 - In situations where there is evidence consistent with significantly poor teaching performance, the Clinical Faculty may be referred for ongoing faculty development

Operationalizing an Appeal Decision

- Requests for cancellation should come to MD Program and PGME system administrators



of relevant Temerty Medicine systems (MedSIS/POWER/Elentra) by Vice Chairs Education (or delegate)

- Requests to remove only part(s) of an assessment(s) will not be accepted, as this threatens the validity of the data collected. Quantitative and qualitative data from an evaluation are to be treated as a single unit. If the appeal decision is to remove the assessment(s) in question, the assessment(s) will be removed in its/their entirety
- Learners are not typically notified of the decision of an appeal
- In special circumstances, Clinical Faculty may be granted the opportunity for a second stage of appeals if new evidence arises that could not have been considered by the appeals committee during the initial appeal review.

Appendix A – Departmental Appeals Committee Terms of Reference Template (currently under development)**Appendix B – Sample Communications for a SUCCESSFUL Clinical Faculty Appeal**

To: Clinical Faculty Appellant

From: Departmental Appeals Committee Chair

Cc:

- Vice-Chair of Education (from appellant's Department)
- Chair of Education (from appellant's Department)
- Site or Divisional Lead
- PGME – Associate Dean (adpgme@utoronto.ca)

[Date]

RE: [Appellant], [Appellant Dept], Appeal of Teacher Evaluation

The Teacher Evaluation Appeals Committee convened to consider your appeal on [date of meeting]. The committee included a senior educator, a faculty member and a learner representative as per the terms of reference. All available data was compiled for review by the committee. The following principles were used in considering your appeal.

Standards & Guiding Principles:

In order to ensure uniformity and fairness, the Committee relies on standards in its adjudication process that may include:

1. Face validity:
 - a. A presentation of reasonably refuting evidence.
 - b. Undue influence of a statistically atypical evaluation(s).
 - c. Whether an evaluation(s) is (are) program or teacher oriented.
 - d. Obvious transposition of scale ratings.
2. For evaluations in question, additional considerations may include:
 - a. Whether there is evidence supporting apparent retribution by a learner.
 - b. Whether or not a learner(s) has (have) substantiated their ratings in narrative form.
 - c. Whether the degree of contact between Teacher and Learner is reasonable for purposes of rendering an evaluation of Teaching Effectiveness.
3. In circumstances where arguments for and against upholding an appeal are balanced, the resolution will be to favour the appellant.

The unanimous decision of the committee was that there was sufficient evidence to justify your appeal. The committee noted that there was a lack of substantiation as well as a discrepancy with several other ratings of the same event. The comments were isolated and disparate with other feedback. It was also questionable whether this event should have been evaluated given it was a pilot.

The appeals committee appreciates that this is an appeal is a difficult process for you to go through, but we are confident you will be relieved to have this evaluation removed from your

record. Your commitment to teaching is very much appreciated.

Best regards,

Chair, Teacher Evaluation Appeals Committee

cc: As noted above

Appendix C – Sample Communications for an UNSUCCESSFUL Clinical Faculty Appeal

To: Clinical Faculty Appellant

From: Departmental Appeals Committee Chair

Cc:

- Vice-Chair of Education (from appellant's Department)
- Chair of Education (from appellant's Department)
- Site or Divisional Lead

[Date]

RE: [Appellant], [Appellant Dept], Appeal of Teacher Evaluation

The Teacher Evaluation Appeals Committee convened to consider your appeal on [date of meeting]. The committee included a senior educator, a faculty member and a learner representative as per the terms of reference. All available data was compiled for review by the committee. The following principles were used in considering your appeal.

Standards & Guiding Principles:

In order to ensure uniformity and fairness, the Committee relies on standards in its adjudication process that may include:

4. Face validity:
 - a. A presentation of reasonably refuting evidence.
 - b. Undue influence of a statistically atypical evaluation(s).
 - c. Whether an evaluation(s) is (are) program or teacher oriented.
 - d. Obvious transposition of scale ratings.
5. For evaluations in question, additional considerations may include:
 - a. Whether there is evidence supporting apparent retribution by a trainee.
 - b. Whether or not a trainee(s) has (have) substantiated their ratings in narrative form.
 - c. Whether the degree of contact between Teacher and Trainee is reasonable for purposes of rendering an evaluation of Teaching Effectiveness.
6. In circumstances where arguments for and against upholding an appeal are balanced, the resolution will be to favour the appellant.

The unanimous decision of the committee was that there was not sufficient evidence to justify upholding your appeal. The committee noted that there were multiple learners with similar criticisms, that there were narrative comments provided in support of the ratings and that the

learners made appropriate use of the full range of the scale.

The appeals committee appreciates that this is not the decision you were seeking but we do not wish you to be discouraged. Your commitment to teaching continues to be appreciated. We encourage you to view this learner feedback as an opportunity for improvement and remind you that learner assessment of teaching is but one of many sources of feedback regarding your teaching.

Best regards,

Chair, Teacher Evaluation Appeals Committee

cc: As noted above