FOR PUBLICATION

In the
United States Court of Appeals
For the Eleventh Circuit

No. 23-12878

DR. LESLEY WILLIAMS,

Plaintiff-Appellant,

versus

BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA,
DR. BROOKS KEEL,
in his individual capacity,
DR. STEFFEN MEILER,
in his individual capacity,
DR. MARY ARTHUR,
in her individual capacity, et al.,

Defendants-Appellees,

DR. WALTER MOORE,
in his individual capacity, et al.,

Defendants.

Appeal from the United States District Court
for the Southern District of Georgia
D.C. Docket No. 1:20-cv-00100-JRH-BKE

Before NEWSOM, GRANT, and ABUDU, Circuit Judges.

ABUDU, Circuit Judge:

Dr. Lesley Williams appeals the district court's grant of summary judgment on her federal and state law claims against the Board of Regents ("BOR") of the University System of Georgia and affiliated defendants stemming from the termination of her anesthesiology residency at Augusta University ("AU"). Her lawsuit alleged that her dismissal was a result of sex discrimination, sex retaliation, disability discrimination, and whistleblower retaliation, and constituted a denial of procedural due process and a breach of contract. After careful review of the record, and with the benefit of oral argument, we affirm the district court's judgment.

I. FACTUAL BACKGROUND & PROCEDURAL HISTORY

Williams began a three-year anesthesia residency at AU's Medical College of Georgia in 2017 as a second-year resident. Like all AU residents, she worked under annual employment contracts, and signed agreements covering July 2017 through June 2018, and July 2018 through June 2019. In March 2018, Williams was the victim of a horrific crime wherein she was beaten and raped. The Anesthesiology Residency Department ("ARD") sent out emails to department staff asking for their emotional and financial support for

Williams, raising more than $3,000. Williams was subsequently diagnosed with Post-Traumatic Stress Disorder ("PTSD").

Following her diagnosis, Williams reported attention and concentration difficulties and requested modified duties. AU placed her on a one-month elective research rotation, before returning her to clinical duties, including obstetrics and pediatrics rotations. During pediatrics, Director Ellen Basile reported that Williams wandered during shifts, disappeared from assigned duties, missed three shifts, and once collapsed at work. She nonetheless received positive evaluations for rotations completed prior to her traumatic experience.

Steffen Meiler, the Chairperson of the Department of Anesthesiology and Perioperative Medicine, requested that Dr. Jeremy Hertza, the Fitness for Duty Program Director at a company called LifeGuard, complete a "Physician Back to Work Evaluation" on Williams. AU's Residency Program Director, Mary Arthur, asked Dr. Hertza to determine: (1) "Is [Williams] cognitively and psychologically able to perform in the high stress environment of the operating room?" and "(2) What would be the potential impact of a tragic outcome in the operating room on [Williams's] recovery?"[1]

[1] This process did not follow AU's Fitness for Duty Policy. Specifically, the report prepared by the Director of Employment Relations and the Director of Employment Equity found no record that the required Fitness for Duty request form was completed, and no record that Human Resources ("HR") was involved in determining whether a fitness for duty evaluation was necessary or in approving it.

Then ARD informed Williams she was limited to an "observer" role and should not treat patients during rotations.[2] ARD also directed her to delete case logs of patient care performed and not submit them to the Accreditation Council for Graduate Medical Education ("ACGME"), the institution that accredits graduate medical training programs. Williams then filed a formal complaint with the ACGME, alleging she was being denied credit for completed cases.

Eleven days later, Williams fainted while working in the operating room. Emergency room records noted recent alcohol use and referenced recent substance abuse. After being summoned to the Chair's Office, Williams reported consuming alcohol while on PTSD medication at graduation parties the prior weekend and using ("THC") gummies, a controlled substance, to sleep a few weeks prior. ARD then requested she be drug tested.[3]

The test was initially scheduled through Quest Diagnostics, but Williams was directed to return to AU for in-house testing while en route. She objected that the test was unfounded, and signed the authorization form after crossing out "voluntary" and writing "mandated." She later stated that she had agreed to take the test "so they could shove it up their ass when it came back negative." Williams underwent testing for both a standard drug panel

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[2] No documentation defined the duties of an 'observer.'

[3] Arthur testified that drug-testing was not unusual for anesthesiology residents and faculty because of the profession's high-risk.

and operating room drugs, such as fentanyl and ketamine. AU confiscated her badge and barred her from work pending the results, which took about a month. The tests were negative except for her prescribed PTSD medication.

During this period, Williams passed her "Physician Back to Work Evaluation." Dr. Hertza recommended seven accommodations.[4] The ARD declined to implement them, asserting that they were unreasonable given the nature of anesthesiology and departmental resources.[5] After Williams alleged that following her return to work, she had experienced a series of negative employment actions, the Director of Employment Relations and the Director of Employment Equity produced a confidential report summarizing their investigation into her claims of disability and gender discrimination for Dean of the Medical College of Georgia, David Hess. The report found "the interactive process was not utilized in denying the accommodations, and no justification was approved (per the AU process for denying each)." It further found that only two alternative accommodations had been presented and not matched to each of the seven requests.

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[4] These recommended accommodations included extra time for tasks, frequent breaks, avoiding serial days on call with little sleep or high stress, and frequent meetings with supervisors.

[5] The report the Director of Employment Relations and the Director of Employment Equity prepared concluded that "there [was] no record of the department having an approved written undue hardship justification for each accommodation that was denied."

Members of the ARD also required Williams to undergo a medical simulation. Williams explained she felt fine months ago and needed the same breaks and supervision as any resident. AU refused to permit her to return to work without the simulation, and Williams eventually agreed. While awaiting the results, ARD offered her an elective research rotation for credit and possible publication and provided assistance in preparing for the simulation. After LifeGuard issued its final simulation report, Williams restarted her rotations in December 2019 and initially received positive evaluations.

AU sent Williams a written warning based on her earlier statement that she would take the drug test so that, if it came back clean, they could "shove it up their ass." Williams acknowledged making the remark but noted she had apologized, and objected to the warning because it was issued four months after the incident. According to Williams, the drug test was prompted by her disclosure to Basile that she had eaten THC gummies to help her sleep.

Williams was accused of abnormal examination behavior on an in-training examination, after leaving the room to use the restroom and being found in another room with her test prep book open. Williams denied cheating, stating she merely opened her book during a break and did not believe it was improper because she had not been required to store materials as on prior exams. She further argued she would have used her phone if she intended to cheat, and claimed she was simply "refreshing her knowledge," noting others also used phones or notes.

Faculty also reported clinical concerns, including that Williams overlooked serious problems with a high-risk patient, failed to use basic monitoring tools, and removed a breathing tube without checking oxygen levels. The patient quickly and critically declined, causing the hospital staff to call for extra help. Williams reportedly apologized, though faculty expressed concern that her confidence masked questionable judgment. Williams disputed that she improperly extubated the patient.

Williams left her on-call coverage of Obstetrics and Gynecology thirty minutes early. The Chief Medical Officer, Dr. Phillip Coule, stated that the lack of coverage could have caused the death or serious injury of a mother or child if an emergency had occurred. Williams claims there was no lack of coverage as her replacement had arrived early, but she still acknowledged that she left thirty minutes before her shift ended.

In the same anesthesiology program, three male residents were also facing disciplinary issues. Dr. AT lied about having multiple convictions for public intoxication, he had multiple unsatisfactory performance reviews, and repeatedly refused to take call as scheduled. However, there was no finding that he engaged in academic dishonesty or placed patients at significant risk. Dr. R left work early without providing notice, ignored patient requests, administered unreasonably large doses of medicine, and ultimately entered substance abuse treatment after being placed on leave. Additionally, a third resident faced behavioral misconduct in the

operating room, received disciplinary leave, and was later indicted for a felony.

With respect to Williams, the BOR initiated termination proceedings against her, which culminated in her dismissal from the residency program. Williams appealed, and an ad hoc committee concluded termination was unwarranted, finding her clinical evaluations were generally average or above average and often recommended increased autonomy, with no consistent concerns for unprofessional behavior. However, the committee acknowledged serious concerns regarding her conduct on the in-training examination, describing it as "egregious and worthy of sanction."

Dean Hess accepted the findings and ordered Williams to be reinstated in AU's residency program. The reinstatement letter ("zero-tolerance letter") stated there "will be zero tolerance for any unprofessional behavior. Any future problems with your performance or behavior will result in further action up to and including termination." Although ARD initially considered appealing, it ultimately did not.

Chairperson Meiler and Residency Program Director Arthur called a special faculty meeting about Williams, attended by twenty-six of thirty faculty members. Faculty expressed concerns related to her disability, program and faculty burdens, and potential litigation; one member also offered to mentor her. This meeting resulted in new performance evaluations.

That same day, Arthur drafted a patient safety letter to send to Coule and circulated it to Meiler and Basile for input. She noted

that Williams's prior evaluations did not reflect concerns expressed at the meeting, and asked faculty to submit "360 evaluations," stating that Williams's prior evaluations were "well below average." In response, seven faculty members submitted reviews, with two consistently rating some of Williams's skills beyond the category of "Compassion/Empathy" as "good." Only the two lowest evaluations, submitted by Drs. Taghizadeh and Basile, were ultimately included with the patient safety letter.[6]

Arthur then sent Coule a letter summarizing ARD's concerns regarding Williams. The letter included the faculty evaluations, the American Board of Anesthesiology's letter about cheating on the exam, the Clinical Competency Committee's agenda about and disciplinary hearing with Williams, and the minutes from a November 2018 meeting with Williams. Based on the

[6] Taghizadeh's June 3, 2019 evaluation concerned the February 2019 extubation incident. Earlier in the year, Taghizadeh had served on the Clinical Competency Committee that participated in the disciplinary review regarding the alleged exam misconduct. Taghizadeh marked the box to say that the evaluation was provided to the resident, though it was completed four months after the underlying incident. Basile's June 4, 2019 evaluation addressed Williams's June 2018 rotation. It noted that Williams was absent from work, wandered away from the rooms she was assigned to watch, was unreliable and late, and frequently failed to adequately complete required forms documenting her work during rotations, leaving them incomplete or not completed at all. It also stated that Williams showed small improvement, but she did not respect feedback or change and was unprofessional. Basile concluded that Williams's "presence in the department created an unsafe environment to patients, supervisors, and peers" that could cause direct physical harm to her patients.

cumulative record, Coule suspended Williams from practicing medicine due to patient safety concerns.

Williams was terminated from the program based on her loss of clinical privileges and revocation of hospital access. Williams appealed the termination. AU President Keel upheld the termination, and the BOR's Discretionary Review Committee affirmed.

Williams filed this action in state court. Her original complaint asserted claims against the institutional defendants for sex discrimination under Title IX, unlawful retaliation under Title IX, and the Georgia Whistleblower Act ("GWA"). She also brought claims under 42 U.S.C. § 1983 against Keel, Coule, Meiler, Moore, and Arthur in their individual capacities for alleged violations of the Equal Protection Clause, along with state-law claims for libel and slander against all defendants and a claim for litigation expenses under O.C.G.A. § 13-6-11.

The defendants removed the case to federal court. Williams filed an amended complaint, expanding her factual allegations and asserting additional theories of liability, including disability discrimination and retaliation, due process violations, and Fourth Amendment claims, as well as additional statutory and constitutional claims arising out of her suspension and termination from the residency program. The district court granted in part Defendants's motion for judgment on the pleadings, dismissing Williams's Section 1983 Equal Protection and Fourth Amendment claims against Meiler, Moore, Arthur, and Keel on qualified immunity

grounds, Americans with Disabilities Act ("ADA") and Rehabilitation Act claims against the individual defendants, and state-law libel and slander claims against the BOR on sovereign immunity grounds, while allowing the remaining claims to proceed. The district court then granted summary judgment on all remaining claims. Williams moved for reconsideration of the district court's summary judgment order, but the district court denied her motion. Williams timely appealed.[7]

II. STANDARDS OF REVIEW

We review summary judgment *de novo*, viewing the evidence and drawing all reasonable inferences in the light most favorable to the nonmoving party. *Guevara v. Lafise Corp.*, 127 F.4th 824, 828 (11th Cir. 2025). Summary judgment is warranted when "there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law." FED. R. CIV. P. 56(a). To survive summary judgment, the employee must put forward evidence from which a reasonable jury could conclude that the employer unlawfully retaliated against her. *Berry v. Crestwood Healthcare LP*, 84 F.4th 1300, 1311 (11th Cir. 2023). "'[A] scintilla of evidence in support of the [employee's] position' is always insufficient." *Id.* (quoting *Anderson v. Liberty Lobby*, 477 U.S. 242, 252 (1986)). Summary judgment in the employer's favor is awarded

[7] After she filed her appeal, Williams settled with and voluntarily dismissed her appeal as to her claims against Coule, AU Medical Center, and AU Medical System. The remaining claims on appeal are her claims against the BOR.

when the employer presents abundant, uncontroverted, and independent evidence demonstrating that no retaliation occurred. *Id.*

III. DISCUSSION

Williams challenges the district court's grant of summary judgment on multiple claims arising from the termination of her medical residency, including sex discrimination, retaliation, violations of the GWA, the ADA and Rehabilitation Act, procedural due process, and breach of contract. We address each claim in turn.

A. Sex Discrimination

Williams argues that the district court erred in granting summary judgment on her Title IX sex discrimination claim. She contends her termination and performance evaluations were influenced by sex-based animus, and that similarly situated male residents received more favorable treatment.

Title IX prohibits discrimination "on the basis of sex" in any education program receiving federal funds. 20 U.S.C. § 1681(a). The statute provides students with a private right of action to challenge sex discrimination by federally funded educational institutions. *Cannon v. Univ. of Chicago*, 441 U.S. 677, 690 n.13 (1979). By contrast, we have held that Title IX's protections against discrimination do not extend to employees of educational institutions. *Joseph v. Bd of Regents of the Univ. Sys. of Ga.*, 121 F.4th 855, 869 (11th Cir. 2024) (holding that Title IX does not create an implied cause of action for sex discrimination in employment while recognizing circuits are split on the issue), *cert. granted sub nom. Crowther v. Bd. of Regents of the Univ. Sys. of Ga*, No. 25-183, 2026 WL 1377024 (U.S.

May 18, 2026). We need not definitively resolve whether Williams, a medical resident, was acting as an employee or as a student. Assuming without deciding that Williams may invoke Title IX as a student, her claim nevertheless fails for the reasons explained below.

For purposes of this case, we can simply assume, without definitively deciding, that Williams's Title IX claim is governed by the familiar disparate-treatment framework developed in Title VII cases. Under that framework, a plaintiff may survive summary judgment on a disparate treatment claim in two ways: (1) by proceeding under the burden-shifting framework set forth in *McDonnell Douglas Corp. v. Green*, 411 U.S. 792, 802–03 (1973), or (2) by presenting a "convincing mosaic" of circumstantial evidence that permits a reasonable inference of discriminatory intent. *Yelling v. St. Vincent's Health Sys.*, 82 F.4th 1329, 1342 (11th Cir. 2023); *Berry*, 84 F.4th at 1311. Under the *McDonnell Douglas* framework, a plaintiff can establish a prima facie case by showing that she (1) is a member of a protected class, (2) suffered an adverse employment action, (3) was treated differently from similarly situated employees outside her class, and (4) was otherwise qualified for the position. *Burke-Fowler v. Orange Cnty.*, 447 F.3d 1319, 1323 (11th Cir. 2006).

To satisfy *McDonnell Douglas*'s comparator prong, Williams "must show that she and her comparators were 'similarly situated in all material respects,'" meaning they engaged in "misconduct comparable in degree or kind." *Berry*, 84 F.4th at 1312 (citations

and internal quotations omitted). A comparator is similarly situated if the individuals engaged in misconduct of comparable severity, were subject to the same rules and supervision, and shared employment or disciplinary history. *Lewis v. City of Union City, Ga.*, 918 F.3d 1213, 1227 (11th Cir. 2019) (*en banc*). Exact correlation is not required, but"[a]pples should be compared to apples." *Id.* at 1226 (quoting *Dartmouth Rev. v. Dartmouth Coll.*, 889 F.2d 13, 19 (1st Cir. 1989), *overruled on other grounds by Educadores Puertorriqueños en Acción v. Hernandez*, 367 F.3d 61 (1st Cir. 2004).

Williams relies on Drs. AT and R, but the record shows material differences in both conduct and context.[8] Although all were anesthesiology residents in the same department, comparator status requires more than a shared position. The nature, seriousness, and evaluative context of their misconduct differed in material respects, particularly with respect to patient safety and academic integrity. Although Williams disputes the factual basis of some allegations against her—such as wandering during shifts, leaving early, and exam misconduct—those disputes do not alter the relevant

[8] A third resident with operating-room disciplinary issues likewise does not qualify. Williams focuses on Dr. AT and Dr. R, and does not discuss the third comparator in her appellate brief. We need not address whether this failure to discuss amounts to forfeiture because this comparator also fails on the merits: he engaged in misconduct in the operating room, received disciplinary leave, and was indicted for a felony. Unlike Williams, he was not accused of academic dishonesty or evaluated under the same combination of academic and professionalism concerns that ultimately led to her dismissal. As his disciplinary history arose in a materially different context, he is not similarly situated.

inquiry: how the decisionmakers perceived and evaluated her conduct.

Dr. AT's misconduct involved professionalism issues such as false statements about criminal convictions and refusal to take call. While serious, these do not mirror Williams's alleged academic misconduct or direct patient-care risks. *Berry*, 84 F.4th at 1312; *Lewis*, 918 F.3d at 1226. Dr. R left work early without notice, ignored patient requests for assistance, administered unreasonably large doses of medicine, and later entered substance abuse treatment after being placed on leave. Dr. R's conduct, while more serious, was handled differently, as he was removed from clinical duties and did not continue in the program. In short, Williams failed to identify a male resident "similarly situated in all material respects," and her claim fails under the *McDonnell Douglas* framework. *Jenkins v. Nell*, 26 F.4th 1243, 1249 (11th Cir. 2022) (quoting *Lewis*, 918 F.3d at 1224).

However, the *McDonnell Douglas* framework is not the exclusive way a plaintiff can survive summary judgment. *Yelling*, 82 F.4th at 1342; *Ismael v. Roundtree*, 161 F.4th 752, 761 (11th Cir. 2025) (explaining that our precedent "makes clear that a plaintiff who cannot establish the *McDonnell Douglas* prima facie case is entitled to a full review under the convincing mosaic standard"). The convincing mosaic approach allows a plaintiff to establish retaliation through circumstantial evidence that permits a reasonable inference of retaliatory intent. *McCreight v. AuburnBank*, 117 F.4th 1322, 1335 (11th Cir. 2024); *Berry*, 84 F.4th at 1311; *Ismael*, 161 F.4th

at 763. Such intent may be inferred from, among other things, suspicious timing or ambiguous remarks, disparate treatment of similarly situated employees, or evidence that the employer's stated reasons are pretextual. *Yelling*, 82 F.4th at 1342.

Under that standard, Williams also fails to present a convincing mosaic of circumstantial evidence from which a reasonable jury could infer discriminatory intent. *Berry*, 84 F.4th at 1310. She primarily relies on the temporal proximity between her complaints and subsequent disciplinary actions. However, timing alone is insufficient where independent, legitimate reasons for adverse actions exist. *Id.* at 1311. Here, the record documents repeated concerns regarding patient safety, unprofessional conduct, academic dishonesty, and failure to follow supervisory instructions. As those concerns arose in the same period as Williams's complaints and continued through her termination, no reasonable jury could infer discriminatory intent from timing alone. Nor does the record contain evidence that decisionmakers made remarks reflecting sex-based animus. Instead, faculty discussions and correspondence focused on professional competence, patient safety, and residency requirements. Such focus cannot reasonably be construed as discriminatory. *Yelling*, 82 F.4th at 1342.

Even under the convincing mosaic standard, Williams cannot show that similarly situated residents engaged in comparable conduct and were treated more favorably. Although comparator evidence may be considered despite some factual differences, and weight is generally for the jury, it must still support a reasonable

inference of discriminatory intent. *Ismael*, 161 F.4th at 764; *Jenkins*, 26 F.4th at 1251. Here, it does not.

None of the comparators combined patient-safety lapses, exam irregularities, unprofessional behavior, and loss of clinical privileges in the same way. These differences go to the nature and severity of the misconduct and the resulting discipline; the comparator evidence does not support an inference of sex-based animus. *Berry*, 84 F.4th at 1312; *Lewis*, 918 F.3d at 1227. Accordingly, Williams's comparator evidence does not create a convincing mosaic of discrimination.

Finally, we can consider whether the defendants's stated reasons were pretextual. The defendants consistently cited performance and patient-safety concerns as the basis for their actions. These reasons are documented in contemporaneous evaluations, faculty reports, and Medical Center determinations regarding clinical privileges. Even the internal review noting procedural errors in handling accommodation requests does not indicate discriminatory intent in the termination decision. Viewed cumulatively, the evidence reflects professional and patient-safety concerns rather than sex-based discrimination. *Yelling*, 82 F.4th at 1342. As the defendants's reasons are independent and well-documented, no reasonable jury could infer discriminatory intent. *Berry*, 84 F.4th at 1311. Accordingly, Williams fails to establish a prima facie case under *McDonnell Douglas* and also cannot show a convincing mosaic sufficient to survive summary judgment on her Title IX sex-discrimination claim.

B. Retaliation

Williams argues the district court erred in granting summary judgment on her retaliation claims under Title IX, the ADA, and the Rehabilitation Act. According to Williams, after she complained of discrimination and refused to alter her ACGME-required work logs, the BOR retaliated by escalating discipline, gathering negative evaluations, and dismissing her from the residency program.

Retaliation claims can also be evaluated under the *McDonnell Douglas* burden-shifting framework. 411 U.S. at 802–03. To establish a prima facie case retaliation claim, a plaintiff must allege facts showing that (1) she engaged in statutorily protected activity, (2) she suffered a materially adverse employment action, and (3) there was a causal connection between the two. *Berry*, 84 F.4th at 1307; *Crawford v. Carroll*, 529 F.3d 961, 970 (11th Cir. 2008). If the plaintiff satisfies this burden, the employer must articulate a legitimate, nonretaliatory reason for the adverse action. *Berry*, 84 F.4th at 1307; *Tolar v. Bradley Arant Boult Cummings, LLP*, 997 F.3d 1280, 1289 (11th Cir. 2021). The burden then returns to the plaintiff to show that the employer's proffered reason was pretextual. *Johnson v. Miami-Dade Cnty.*, 948 F.3d 1318, 1325 (11th Cir. 2020).

Williams engaged in protected activity when she resisted requests to delete ACGME-required work logs and filed formal complaints with ACGME. She suffered adverse employment actions, including placement on leave, negative evaluations, probation, and ultimately termination. The dispositive question for *McDonnell*

Douglas, then, is causation: whether these actions were caused by her protected activity rather than legitimate concerns about her performance. *See, e.g.*, *Gogel v. Kia Motors Mfg. of Ga., Inc.*, 967 F.3d 1121, 1150 (11th Cir. 2020) (*en banc*).

To establish causation, a plaintiff must show that the decisionmakers were aware of the protected conduct and that the protected activity and the adverse action were not unrelated. *Shannon v. BellSouth Telecomms., Inc.*, 292 F.3d 712, 716 (11th Cir. 2002). The ultimate standard is "but-for" causation, meaning the protected activity must be the determinative reason for the adverse action. *Univ. of Tex. Sw. Med. Ctr. v. Nassar*, 570 U.S. 338, 352 (2013); *Gogel*, 967 F.3d at 1135. A plaintiff may rely on close temporal proximity between the protected activity and the adverse action to support an inference of causation. *Thomas v. Cooper Lighting, Inc.*, 506 F.3d 1361, 1364 (11th Cir. 2007). However, at summary judgment, temporal proximity alone is sufficient only where it is "very close." *Id.* (quoting *Clark Cnty. Sch. Dist. v. Breeden*, 532 U.S. 268, 273 (2001)).

The district court correctly noted that the BOR articulated legitimate, nonretaliatory reasons for its actions: concerns about patient safety, professionalism, and trust. Williams left an assigned shift early, made clinical errors that jeopardized patient safety, engaged in academic dishonesty, and exhibited unprofessional conduct. These reasons might legitimately motivate a reasonable employer to terminate an employee. *Patterson v. Ga. Pac., LLC*, 38 F.4th 1336, 1352 (11th Cir. 2022); *Smith v. PAPP Clinic, P.A.*, 808 F.2d 1449,

1452–53 (11th Cir. 1987). Williams had to address these reasons "head on and rebut" them. *Patterson*, 38 F.4th at 1352.

In attempting to show pretext, Williams points to discussions by faculty about her disability, negative evaluations after a special faculty meeting, and awareness by the institution of her accommodation requests. However, an employer's mere awareness of an accommodation request, standing alone, does not suggest a causal link or support an inference of retaliation. *Shannon*, 292 F.3d at 716. While these discussions reflect awareness of her PTSD and potential complaints, they were largely separate from the evaluations that documented concrete performance deficiencies. Williams also cites prior positive evaluations, the Dean Hess report regarding accommodations, and the timing of faculty meetings to argue pretext. At most, this evidence suggests internal debate or procedural missteps; it does not undermine the legitimate reasons for her discipline and termination. *Patterson*, 38 F.4th at 1352; *Gogel*, 967 F.3d at 1336.

Williams was the first resident ever terminated from the program; ordinarily, residents had resigned or were not renewed. The severity of her documented misconduct, including patient safety incidents and unprofessional behavior, distinguishes her situation from other residents who received lesser discipline. No reasonable factfinder could conclude that BOR's stated reasons were not the actual basis for her termination. *Hurlbert v. St. Mary's Health Care Sys., Inc.*, 439 F.3d 1286, 1298 (11th Cir. 2006).

As established above, Williams cannot satisfy the *McDonnell Douglas* framework and fares no better under the alternative convincing mosaic approach. The Court applies the convincing mosaic framework in equal measure to retaliation and discrimination claims. *Ismael*, 161 F.4th at 760; *Berry*, 84 F.4th at 1310. While *McDonnell Douglas* and the convincing mosaic framework are distinct analytical tools, both ultimately ask whether the evidence permits a reasonable inference of intentional retaliation at summary judgment. *Ismael*, 161 F.4th at 762; *Berry*, 84 F.4th at 1310–11; *Yelling*, 82 F.4th at 1342.

For the same reasons she fails on sex discrimination, the record contains no circumstantial evidence from which a reasonable jury could infer retaliatory intent. *Ismael*, 161 F.4th at 760. Temporal proximity alone is insufficient given independently documented concerns about patient safety, professionalism, academic dishonesty, and failure to follow supervisory instructions. *Gogel*, 967 F.3d at 1137 n.15; *Tanner v. Stryker Corp. of Mich.*, 104 F.4th 1278, 1290 (11th Cir. 2024). There are no ambiguous remarks reflecting retaliatory animus, and the cited comparators engaged in materially different conduct, so alleged disparate treatment does not support an inference of retaliation. The defendants's articulated reasons (patient safety, performance, and professionalism) are well documented and unrebutted. Viewed cumulatively, the record reflects legitimate, escalating professional concerns rather than unlawful retaliation, and Williams offers nothing additional to create a genuine dispute. *Young v. City of Palm Bay*, 358 F.3d 859, 860 (11th Cir. 2004). Accordingly, the district court properly concluded that

Williams failed to establish pretext, and summary judgment on her retaliation claims was warranted.

C. GWA

Williams argues that the district court erred in granting summary judgment on her GWA claims. She contends that the BOR and AU retaliated against her for reporting violations of ACGME work log requirements.

The GWA prohibits a public employer from retaliating against a public employee in two ways: (1) for disclosing a violation of, or noncompliance with, a law, rule, or regulation to a supervisor or government agency, and (2) for objecting to, or refusing to participate in, any activity, policy, or practice that the employee reasonably believes violates a law, rule, or regulation. *See* O.C.G.A. § 45-1-4(d)(2)–(3). A "law, rule, or regulation" includes federal, state, or local law or regulations adopted under those authorities. *See* O.C.G.A. § 45-1-4(a)(2). ACGME work log requirements, codified at 42 C.F.R. §§ 413.75 and 415.152, are binding for AU to maintain Medicare funding. Accordingly, the BOR and AU have a contractual obligation to act in accordance with ACGME guidelines. The central question is whether Williams reported the alleged ACGME work log violation to her supervisor, Dr. Moore. The record shows that Williams disclosed the violation only to ACGME, a certifying entity, not her supervisor or a governmental body.

Williams relies on her grievance hearing transcript to suggest she "brought [her case logs] to Dr. Moore's attention." That transcript, however, shows she sought credit for procedures

performed, not that she "blew the whistle" on a legal violation. The statement demonstrates only that she discussed receiving academic credit, not that she reported noncompliance to a supervisor. Without actually objecting to or refusing to sound the alarm of a legal violation to a proper supervisor, Williams cannot satisfy Section 45-1-4(d)(2), and no genuine issue of material fact exists on this element. *See* O.C.G.A. § 45-1-4(d)(2).[9] The district court therefore correctly granted summary judgment on her GWA claims.

D. ADA and Rehabilitation Act

Williams next argues that the district court erred in granting summary judgment on her ADA and Rehabilitation Act claims. She contends that AU subjected her to unlawful testing during her fitness-for-duty evaluation and failed to provide reasonable accommodations for her PTSD.

Title II of the ADA prohibits public entities from denying a qualified individual with a disability the benefits of services, programs, or activities because of that disability. 42 U.S.C. § 12132*; see Nehme v. Fla. Int'l Univ. Bd. of Trs.*, 121 F.4th 1379, 1383 (11th Cir. 2024). As the Rehabilitation Act imposes an identical standard to

[9] Williams's alternative argument under Section 45-1-4(d)(3)—that she objected to deleting logs in violation of ACGME rules—is raised for the first time on appeal. This claim was not addressed below, and Williams identifies no reason she could not have raised it. Although we may consider a new claim in "special circumstances," Williams identifies none, and we discern none. *Access Now, Inc. v. SW Airlines Co.*, 385 F.3d 1324, 1332 (11th Cir. 2004).

recipients of federal funding, we address the two claims together. *Silberman v. Miami Dade Transit*, 927 F.3d 1123, 1133 (11th Cir. 2019).

To prevail, a plaintiff must show that she: (1) has a disability, meaning an impairment that substantially limits a major life activity; (2) is a qualified individual who can satisfy the program's essential requirements with or without reasonable accommodations; and (3) was subjected to discrimination because of her disability. 42 U.S.C. §§ 12102(1), 12131(2); *Nehme*, 121 F.4th at 1383; *Cash v. Smith*, 231 F.3d 1301, 1305 (11th Cir. 2000). A student is entitled to reasonable accommodations for a disability, but must still be able to meet the program's essential academic requirements. *Onishea v. Hopper*, 171 F.3d 1289, 1300 (11th Cir. 1999) (*en banc*). Courts defer heavily to faculty regarding academic matters, including whether a student is capable of continuing in a program, because they are not academic decisionmakers. *Nehme*, 121 F.4th at 1383 ("[F]ederal courts are not universities or academic administrators"); *see also Regents of Univ. of Mich. v. Ewing*, 474 U.S. 214, 225 (1985) ("When judges are asked to review the substance of a genuinely academic decision . . . they should show great respect for the faculty's professional judgment."). Accordingly, academic decisions are granted broad discretion and will be disturbed only where they so substantially depart from accepted academic norms that they cannot be considered the product of professional judgment. *Id.*

Here, the threshold problem for Williams is that the record does not support her claim that she was a qualified individual with a disability requiring accommodations at the relevant time. At a

November 2018 faculty meeting, Williams stated she "felt fine months ago," needed no special accommodations beyond those provided to all residents, and could perform her duties without modification. These admissions undermine her claim of ongoing need for accommodations. *Nehme*, 121 F.4th at 1384 (finding a medical student was not a qualified individual for failing to meet the academic requirements of the program).

Moreover, even assuming residual symptoms, Williams was still required to be "otherwise qualified" by meeting the anesthesiology residency program's academic and clinical requirements. *Onishea*, 171 F.3d at 1300. The essential requirements included safe patient care, sound clinical judgment, professionalism, and independent functioning in the operating room. Faculty repeatedly expressed concerns about Williams's clinical performance and professional conduct—concerns that were unrelated to any disability and instead focused on patient safety and trust. As Williams could not demonstrate that she both had a qualifying disability and could meet the program's essential requirements with reasonable accommodations, she failed to satisfy the second element of her ADA and Rehabilitation Act claims.

Under the ADA, a public entity may require medical examinations or inquiries when they are "job-related and consistent with business necessity," including when necessary to determine whether an individual can perform essential functions safely. 42 U.S.C. § 12112(d)(4)(A)–(B). As we have discussed, in the academic context, particularly in medical training programs, courts

must further defer to faculty determinations regarding whether a student can safely and competently meet program requirements. *Ewing*, 474 U.S. at 225; *Nehme*, 121 F.4th at 1383.

Here, the undisputed record establishes that AU's decision to require a fitness-for-duty evaluation and simulation test was driven by legitimate concerns about Williams's ability to safely perform essential clinical functions, not by discriminatory animus or impermissible medical probing. Williams had been away from clinical duty for an extended period following a traumatic event and subsequent leave. When faculty considered her return, they faced the question central to any residency program: whether a resident could safely provide patient care in a high-risk operating-room environment. Arthur's request to LifeGuard explicitly framed the evaluation around Williams's ability to function cognitively and psychologically in the operating room. That inquiry goes directly to the core responsibilities of an anesthesiology resident and falls squarely within the ADA's allowance for job-related assessments. *See* 42 U.S.C. § 12112(d)(4)(B).

Williams argues the testing exceeded the ADA's limits with regards to two questions she was asked, with one focusing on the impact of a tragic operating-room event. However, Williams conceded that she was never actually asked this question, and the evidence shows only that Arthur submitted it to LifeGuard at the initial request for an evaluation. Nor does Williams identify any impermissible inquiries into her medical history, family history, or unrelated mental-health treatment. Absent such evidence, no

reasonable jury could find that the fitness-for-duty evaluation exceeded the scope permitted by Section 12112(d)(4)(B).

The simulation test likewise reflected a standard patient-safety measure, not unlawful testing. Faculty explained that simulations are routinely used for residents returning after extended absences to ensure patient safety and clinical competence. Williams offered no evidence that this requirement was unique to her, disability-driven, or inconsistent with accepted residency practices. Courts do not second-guess such academic safety determinations absent a substantial departure from accepted norms, which is not shown here. *Ewing*, 474 U.S. at 225.

Williams emphasizes procedural irregularities identified in the Dean's Investigation Report, such as ARD's failure to submit certain forms to HR, but such imperfections do not transform an otherwise legitimate academic evaluation into discrimination. *Doe v. Samford Univ.*, 29 F.4th 675, 688 (11th Cir. 2022). The investigation itself confirms that Legal Affairs approved the fitness-for-duty evaluation and that its purpose was to assess Williams's readiness to return to patient care. At most, the report reflects internal compliance concerns, not ADA violations.

Williams effectively asks this Court to substitute its judgment for that of medical educators charged with safeguarding patient welfare. *Id.* Where, as here, the challenged evaluations were narrowly focused on essential clinical competencies, supported by documented safety concerns, and consistent with academic practice, they are lawful and entitled to deference.

E. Procedural Due Process

Williams argues the district court erred in granting summary judgment on her procedural due process claim. She contends that AU deprived her of constitutionally required process by terminating her residency without adequate notice or a meaningful opportunity to be heard, and by delivering her suspension and termination simultaneously.

To establish a procedural due process violation, a plaintiff must show (1) a protected property interest and (2) a deprivation of that interest without constitutionally adequate process. *Ross v. Clayton Cnty.*, 173 F.3d 1305, 1307 (11th Cir. 1999). Assuming, without deciding, that a medical resident has a protected property interest in continued enrollment in a residency program, the dispositive question is what process is constitutionally required.

The level of process due depends on whether the dismissal is academic or disciplinary. Academic dismissals require far less process. *Bd. of Curators of Univ. of Miss. v. Horowitz*, 435 U.S. 78, 86 (1978); *Haberle v. Univ. of Ala.*, 803 F.2d 1536, 1539 (11th Cir. 1986) (same). In such cases, due process is satisfied if the decision was "careful and deliberate," a formal pre-termination hearing is not required. *Horowitz*, 435 U.S. at 85–90 (refusing to impose a hearing requirement that would formalize academic dismissals and override academic judgment). Courts instead defer to faculty judgment on academic fitness, absent a substantial departure from accepted norms. *Ewing*, 474 U.S. at 225. Even where the pre-deprivation process is imperfect, no due process violation occurs if adequate

post-deprivation remedies are available to correct the error. *McKinney v. Pate*, 20 F.3d 1550, 1557 (11th Cir. 1994) (*en banc*).

Although the record reflects allegations of misconduct, and lapses in judgment, Williams's termination ultimately rested on faculty determinations concerning patient safety, clinical judgment, and her ability to meet residency standards. These determinations are quintessentially academic. The Dean's decision followed the suspension of Williams's hospital privileges based on patient care concerns. Determining whether a resident can safely care for patients is an exercise of academic judgment, even where it overlaps with behavioral concerns. *Ewing*, 474 U.S. at 225; *Horowitz*, 435 U.S. at 86–90. We therefore defer to AU's academic judgment that Williams was not fit to continue in the program.

Williams additionally contends she received inadequate notice because the zero-tolerance letter could not have warned her of termination, given no intervening behavioral incidents, and because the suspension and termination letters were delivered simultaneously. The record shows otherwise. Williams received multiple warning letters, including the zero-tolerance reinstatement letter advising that further issues could result in termination. A Clinical Competency Committee hearing, and an ad hoc committee proceeding, occurred regarding her actions. *Horowitz* makes clear that formal hearings and perfectly timed warnings are not required. 435 U.S. at 86–90. Over months, Williams had repeated opportunities to respond to faculty concerns, satisfying the careful and deliberate standard. *Id.*

Even if pre-termination notice was imperfect, AU provided robust post-deprivation process. Williams received notice of the Dean's termination decision, appealed to the University President, received a written affirmance, and then appealed to the BOR, which also issued a written decision. This post-termination review afforded Williams meaningful opportunities to challenge her dismissal, curing any pre-deprivation defects. *McKinney*, 20 F.3d at 1557 (holding that defects pre-termination process may be cured by meaningful post-termination review satisfying due process). Accordingly, the district court correctly concluded that Williams received adequate process, and summary judgment was proper.

F. Breach-of-Contract

Finally, Williams argues that the district court erred in granting summary judgment on her breach-of-contract claim. She contends that AU breached her 2019 employment contract by failing to provide a pre-termination hearing before terminating her residency.

Under Georgia law, a plaintiff asserting breach of contract must show: (1) a breach, (2) resultant damages, and (3) that the plaintiff is a party with the right to enforce the contract. *Moore v. Lovein Funeral Home, Inc.*, 852 S.E.2d 876, 880 (Ga. Ct. App. 2020). The mere failure to follow procedural guidelines in a policy or manual does not constitute a breach absent a due process violation. *Jones v. Chatham Cnty.*, 477 S.E.2d 889, 893 (Ga. Ct. App. 1996). Substantial compliance with contractual terms is sufficient; the breach

must be more than *de minimis* to support a claim. *Kuritzky v. Emory Univ.*, 669 S.E.2d 179, 181 (Ga. Ct. App. 2008).

The House Staff Policy (HS 13.0) governs disciplinary and grievance procedures for graduate medical students at AU, providing that serious disciplinary actions trigger written notice, the right to request a hearing, and an ad hoc committee review. Section 2.3 establishes that decisions will be in writing, personally delivered to the house officer, and inform the house officer of their "right to request a hearing in cases of serious disciplinary actions." Section 2.4 gives the house officer ten days to request a hearing. Upon a hearing, an ad hoc committee is appointed.

Williams contends that AU breached her 2019 employment contract by failing to provide a pre-termination hearing. This argument fails for two reasons: first, Williams received all process due under the contract; second, AU substantially complied with the House Staff Policy. Williams received notice of the allegations that could lead to her termination, satisfying the contractual requirement for written notice. Specifically, upon her reinstatement on May 17, Williams was notified in writing that any unprofessional conduct would not be tolerated and that any future issues with her performance or behavior could lead to additional discipline, including termination. She participated in an ad hoc committee hearing where she could present evidence and respond to the charges, fulfilling the policy's hearing requirement. She then had multiple opportunities to appeal. Together, these steps far exceed the minimal procedural protections required under Georgia law. *Jones*,

477 S.E.2d at 893 (holding that process provided through alternative procedural means satisfied contract obligations).

Even if there were minor procedural deviations—such as the timing of certain notices or simultaneous delivery of performance evaluations and the termination letter—these were cured by the appeals and committee process. *Jones*, 477 S.E.2d at 893; *Kuritzky*, 669 S.E.2d at 181. The record shows Williams had meaningful opportunities to challenge her termination and received all process due.

Williams argues she was entitled to a pre-termination hearing distinct from the ad hoc committee process. However, Georgia law requires only substantial, not perfect, compliance. *Kuritzky*, 669 S.E.2d at 181 (explaining that minor procedural deviations do not defeat contractual compliance). AU's process included: (1) two written notices of performance and behavioral concerns, (2) an ad hoc committee hearing, (3) an appeal to the University President, and (4) a final appeal to the BOR. Each of these steps was required or explicitly contemplated by the House Staff Policy. Williams identifies no procedural deficiency or resulting prejudice. The process therefore satisfied the contract.[10] As Williams received all process due and AU substantially complied with its contractual obligations, there is no genuine issue of material fact to support a breach-

[10] Accordingly, even if AU had not strictly followed every step in the manual, the law only requires substantial compliance, and Williams was afforded multiple opportunities to challenge the termination and present her case. *Jones*, 477 S.E.2d at 893; *Kuritzky*, 669 S.E.2d at 181.

of-contract claim. The district court therefore correctly granted summary judgment in favor of BOR on Williams's breach-of-contract claim.

IV. CONCLUSION

For these reasons, we affirm the district court's grant of summary judgment in favor of the BOR on all claims.

AFFIRMED.

ABUDU, Circuit Judge, Concurring:

The Majority Opinion assumes that Williams may pursue her claim under Title IX as a student and, therefore, evaluates her claim under the familiar disparate-treatment framework developed in Title VII cases. Although Title IX and Title VII are distinct statutory schemes, courts consistently treat Title VII precedent as the appropriate interpretive guide for evaluating discrimination claims under Title IX. *See, e.g.*, *Weinstock v. Columbia Univ.*, 224 F.3d 33, 42 n.1 (2d Cir. 2000) ("The identical standards apply to employment discrimination claims brought under Title VII [and] Title IX . . . ."); *Preston v. Virginia ex rel. New River Cmty. Coll.*, 31 F.3d 203, 206–07 (4th Cir. 1994) (holding Title IX covers sex discrimination in federally funded educational programs, including employment discrimination, and applying Title VII causation principles); *Brine v. Univ. of Iowa*, 90 F.3d 271, 276 (8th Cir. 1996) (rejecting the argument that Title VII and Title IX employment-discrimination claims require different elements of proof and holding that the same standards govern claims under both statutes); *Mabry v. State Bd. of Cmty. Colls. & Occupational Educ.*, 813 F.2d 311, 316–17 n.6 (10th Cir. 1987) (finding "no reason to establish different substantive standards for sex discrimination under Title IX and under Title VII."). These decisions recognize that Title VII provides the most developed body of law governing claims of sex discrimination and supplies the appropriate analytical framework for Title IX claims.[1]

[1] Our Court addressed this issue recently, stating: "The Supreme Court has often relied on Title VII caselaw to develop its Title IX jurisprudence . . . And

Accordingly, this Court should continue to evaluate Title IX disparate-treatment claims under the well-established standards developed in Title VII jurisprudence.

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it makes sense to do so here." *C.W. ex rel. Doe v. Smith*, 178 F.4th 1278, 1286 (11th Cir. 2026).