



Policy Title # 026.000 Academic underperformance - Policy on Remediation of struggling learner in GME

INITIAL EFFECTIVE DATE: Month/Day/Year 1/15/2026	LAST REVISION DATE: Month/Day/Year 1/15/2026	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT Graduate Medical Education
---	---	---

BACKGROUND

Graduate Medical Education programs are designed to provide progressive responsibility and competency development. While most trainees successfully meet expectations, some demonstrate deficiencies in knowledge, skills, judgment, or professional behavior.

Programs must make reasonable efforts to identify and address deficiencies early through a combination of feedback, coaching, and a Performance Improvement Plan (PIP). When performance does not improve or serious misconduct occurs, the CCC can recommend any type of remediation without the PIP as an initial step or in combination with the PIP. All actions must be applied fairly, documented thoroughly, and implemented with oversight from the Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC) when applicable.

REASON FOR POLICY

To establish a consistent and fair process for addressing trainees' (residents and fellows) academic performance deficiencies within the Graduate Medical Education (GME) programs sponsored by Florida International University (FIU) and its affiliated sites. This policy ensures compliance with Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements and protects trainees' rights to due process when remediation measures are recommended.

DEFINITIONS

TERM	DEFINITIONS
Remediation recommendations	Formal recommendations in response to a trainee's unsatisfactory academic performance (within the context of the six ACGME core competencies). Includes Performance Improvement Plan, Probation, Non-Promotion, Non-Renewal, Suspension, and Dismissal.
Performance Improvement Plan (PIP)	A structured, time-limited plan developed to address identified performance deficiencies if the CCC (Clinical Competency Committee) considers this as the optimal step to improve on the deficiency. Any type of remediation step can be recommended by the CCC without the PIP as an initial step or in combination with the PIP.



Performance Deficiency Alert and Review (PDAR)	A formal documentation form identifying specific areas of deficiency and corrective action plans.
Clinical Competency Committee (CCC)	The program committee is responsible for evaluating trainee performance and advising the Program Director (PD) on progression or remediation decisions.
Designated Institutional Official (DIO)	The individual responsible for oversight of all GME programs and ensuring compliance with ACGME and institutional requirements.
GMEC (Graduate Medical Education Committee)	The institutional committee that oversees GME operations and serves as the appeals body for certain remediation recommendations.
ACGME core competencies	Medical Knowledge (MK), Patient Care (PC), Professionalism (PF), System Based Practice (SBP), Interpersonal Communication Skills (ICS), and Practice Based Learning and Improvement (PBLI). The CCC evaluates trainee milestones and competency levels or deficiencies within the framework of these six core competencies, and any remediation step is aimed at improving the deficiencies in one or more of these six competencies.

POLICY

The Office of Graduate Medical Education requires all residency and fellowship programs to follow a standardized process when considering or implementing remediation measures.

The DIO, PD, CCC and GMEC together will ensure the following best practices:

1. The PD reviews the CCC recommended steps/plan/methods (except the PIP) with the DIO prior to communicating with the trainee.
2. Ensure the trainee receives a notice in email or paper document if in-person, and the opportunity to respond. If the trainee does not acknowledge receipt of the document, the action is still implemented in effect.
3. Recommendations are based on documented performance deficiencies within the context of the six ACGME core competencies.
4. Maintain confidentiality consistent with university and affiliate policies.
5. Trainees be notified and reminded that some of the recommended actions may affect and result in changes to appointment status, salary, or advancement in training and may be reportable to external regulatory or licensing entities.
6. Disciplinary actions related to Title VII or Title IX fall under the purview of FIU Board of Trustees Regulations FIU-105 and FIU-106 and the procedures therein.

PROCEDURE

Program Director, with the recommendation from the CCC, decides the appropriate type of remediation **method in NO PARTICULAR ORDER OF ESCALATION, AND WITH OR WITHOUT A COMBINED PIP.**

The recommendations outline the following at minimum:

- Specific areas of deficiency.
- Action items and measurable outcomes.
- Timeframe for reassessment.



- Resources provided to support improvement.
- PDAR forms issued outlining deficiencies, corrective plans, and timelines.
- Trainees acknowledge receipt with signature in person or electronic when applicable.

Implementation and Reassessment:

- PD with one or more witnesses, usually program manager/coordinator +/- APD, meet in person with the trainee ASAP in addition to email/written communications noted above, to guide the trainee through the recommendations, offer clarifications if requested.
- Any of the recommended methods/actions can be outlined for any duration considered appropriate by the CCC, based on the deficiencies, but no longer than 12 weeks.
- The CCC must review progress and update the recommendations at a 12th week interval or sooner if needed, from then on, the new recommendation is applied.
- The Program Director with the help of the program coordinator must maintain ongoing documentation of meetings, progress, and outcomes.
- If the CCC determines the performance to be satisfactory for the level of training, the trainee may return to good standing.

Remediation method	Clinical rotation continued	Salary and benefits continued	Training duration affected
Performance Improvement Plan (PIP)	Yes	Yes	No
Probation	Yes	Yes	No
Non-Promotion	Yes	Yes	Yes, extended
Suspension	No	Yes	Yes, extended
Non-renewal/ Dismissal/Termination	No	No	Ended

Remediation Method	Appealable to GMEC	Reportable to Medical Board
Performance Improvement Plan (PIP)	No	No
Probation	No	Yes
Non-Promotion	Yes	Yes
Suspension	Yes	Yes
Non-Renewal /Dismissal/Termination	Yes	Yes

RELATED RESOURCES

- [Remediation recommendation Appeals Policy \(policy pending\)](#)
- [Resident/Fellow Trainee Promotion, Appointment Renewal and Dismissal](#)
- [Resident/Fellow Recruitment & Selection Policy \(002.004\)](#)
- [Resident Wellness and Support Policy \(policy pending\)](#)
- [Residents/Fellows Vacation and Leave of Absence Policy \(011.004\)](#)
- [Resident/Fellow Supervision Policy \(008.003\)](#)



CONTACTS

DIO, Graduate Medical Education

HISTORY

Author	Sudhagar Thangarasu, MD; DIO	10/25/2025
Revised	Christopher Senkowski, MD	12/22/25
DIO Review	Sudhagar Thangarasu, MD; DIO	11/6/2025, 1/6/26



Procedure Title # 0000.00a

INITIAL EFFECTIVE DATE: Month/Day/Year	LAST REVISION DATE: Month/Day/Year	RESPONSIBLE UNIVERSITY DIVISION/DEPARTMENT
--	--	---

PROCEDURE STATEMENT

A procedure supports a policy by describing in detail the process to implement the policy. The procedure area is used to define how the policy will be administered and operationalized. Write the procedure in a clear, concise and easily understood manner. Keep it as simple and straight forward as possible. This area will typically be longer than the policy statement.