



OLD DOMINION UNIVERSITY

University Policy

Policy #6601

SCHOOL OF MEDICINE DISCIPLINARY ACTION POLICY

Responsible Oversight Executive: Executive Vice President for Health Sciences

Date of Current Revision or Creation: June 30, 2025

A. PURPOSE

This policy outlines employee behavior expectations in the health care field and establishes a policy of progressive discipline to identify, address, and correct employment-related problems, including performance deficiencies.

B. AUTHORITY

[Virginia Code Section 23.1-1301, as amended](#), grants authority to the Board of Visitors to make rules and policies concerning the institution. Section 7.01(a)(6) of the [Board of Visitors Bylaws](#) grants authority to the President to implement the policies and procedures of the Board relating to University operations.

C. DEFINITIONS

Administrative and Professional (A/P) Faculty - Employees who perform work directly related to the management of the educational and general activities of the institution, department or subdivision or whose professional positions serve the educational, research, athletic, medical, student affairs, and development functions or activities of the institution.

Administrative and Professional (A/P) Medical Restricted Faculty - Employees who have been accepted into the Eastern Virginia Medical School Graduate Medical Education (GME) Program and have the title of Resident, Chief Resident, or Fellow.

Administrative and Professional (A/P) Medical Faculty - Employees who have administrative or professional duties directly related to the management or administration of, or patient care services in, a clinical care setting on behalf of EVMS Medical Group.

Classified Medical Staff - A salaried employee whose terms and conditions of employment are subject to the Virginia Personnel Act, Code of Virginia Section 2.2-2900 et seq., as amended, and who is employed in a classified position to perform administrative or patient care services in a clinical setting on behalf of EVMS Medical Group.

Teaching and Research (TR) Faculty - Employees whose work assignments primarily involve instruction, research, and scholarly activities, who hold academic rank/titles, and have a primary faculty appointment to the school of medicine.

Teaching and Research (TR) Medical Faculty - Employees who hold academic rank and whose work assignments primarily involve instruction, research, or scholarly activity for trainees in a clinical setting and/or the management or administration of, or patient care services in, a clinical setting and who have a primary faculty appointment to the school of medicine.

Informal Actions - Used to address less severe performance or conduct issues and may be verbal or written. Informal actions are documented and maintained in the supervisor's departmental personnel file.

Formal Actions - Formal actions are used to address more severe or pervasive performance or conduct issues and become a part of the employee's personnel record maintained by the Division of Talent Management and Culture. Formal actions include documented verbal reprimand, written reprimand, disciplinary probation, and demotion. Suspension with or without pay may be used in conjunction with these actions.

Disciplinary Probation – Probation in response to employee misconduct, which is different from the Commonwealth's probationary period assigned to all new classified employees.

D. SCOPE

This policy applies to TR Medical Faculty, A/P Medical Restricted Faculty, A/P Medical Faculty, Classified Medical Staff, and A/P Faculty and TR Faculty who are appointed to the School of Medicine at Virginia Health Sciences.

E. POLICY STATEMENT

The University is committed to patient safety and to training healthcare professionals who uphold the highest standards of excellence. To ensure that individuals foster a culture of respect and accountability, Virginia Health Sciences has adopted a policy of progressive discipline to identify, address, and correct employment-related problems, including performance deficiencies of those employees who are subject to this policy. The goals of progressive discipline are to: 1) provide the employee with notice of unacceptable behavior(s); 2) advise the employee of the expectations of the corrective action and any necessary steps to achieve satisfactory performance, and 3) inform the employee of what action(s) will be taken in the future if the situation remains uncorrected or expectations are not met. In circumstances involving egregious, dangerous, or fraudulent behavior, employees may be terminated for a first offense (e.g., violence, intoxication, theft, sexual harassment, etc.), or discipline may begin at an elevated step commensurate with the nature of the offense.

F. PROCEDURES

The University reserves the right to place an employee on paid or unpaid leave pending the outcome of an investigation. In addition, discipline may be issued for conduct that falls outside of the areas identified in this policy.

1. Unacceptable behavior. Employees will be subject to disciplinary action, including termination, for engaging in unacceptable behavior such as:
 - a. Violation of the [ODU Employee Standards of Conduct](#) or [Faculty Code of Conduct](#);
 - b. Violation of University policies or safety rules;
 - c. Refusing to do assigned work or refusing to cooperate with an institutional investigation/audit;
 - d. Insubordination;
 - e. Poor performance, being inattentive to duty;
 - f. Falsifying a timecard or other University record or giving false information to anyone whose duty is to make such record;
 - g. Failing to report an on-the-job injury;
 - h. Conducting oneself in a manner that is abusive, disruptive, or violent;
 - i. Carrying out any form of bullying or harassment, including sexual harassment;
 - j. Operating University vehicles without proper license or authorization as required by Policy 3250 – Vehicle Use, or operating any University vehicle in an unsafe or improper manner;
 - k. Appropriating ODU equipment, time, or resources for personal use or gain;
 - l. Computer abuse, including misuse of computer accounts, unauthorized destruction of files, sharing passwords, disruptive or obscene emails, non-work-related utilization of computer software or hardware;
 - m. Felony conviction
 - n. Misusing or willfully neglecting University property, funds, materials, equipment, or supplies;
 - o. Unauthorized visitors during work hours;
 - p. Theft of University equipment, tools, materials, or other property or theft of other employees' property;
 - q. Finding of a violation of the Virginia Health Sciences Confidentiality Policy
 - r. Failing to behave in a professional, businesslike manner at the employee's assigned work location, on Virginia Health Sciences property, and whenever representing Virginia Health Sciences at public events/locations;
 - s. Dress and appearance that is not appropriate to the individual's job functions and the performance standards established for the position or department specific guidelines. This includes maintaining an acceptable level of grooming and hygiene; and
 - t. Any other violations of established rules and/or unacceptable work performance.
2. Corrective Action. Division of Talent Management and Culture involvement is not required for any informal action that a supervisor employs to address problematic behavior at the department level, but it is recommended that supervisors consult with Senior Advisor and Associate Vice President of Talent Management and Culture (SAAVPTMC) prior to meeting with the employee. Corrective action does not require Human Resources' approval and should be taken, and documented in writing, before requesting disciplinary action.
3. Formal Disciplinary Action. Formal disciplinary action may be issued by the SAAVPTMC or an employee's supervisor and will be part of the employee's personnel file. Supervisors must consult with the SAAVPTMC before taking any disciplinary action. The determination of initial disciplinary action will be made by the SAAVPTMC and will depend on the seriousness and extent of the behavior. Once the progressive discipline procedure has been started, each step must be followed in succession unless otherwise approved by the SAAVPTMC. The SAAVPTMC reserves the right to combine or skip steps depending on the severity of the incident, when progressive discipline has failed to remedy the unacceptable behavior, and/or when there is

evidence of a pattern of unacceptable behavior for which multiple disciplinary actions have been taken within the time limits in the ODU Employee Standards of Conduct. Prior disciplinary action will be taken into consideration for A/P and TR Medical faculty when determining the appropriate level of disciplinary action.

- a. *Step One: Verbal warning.* The verbal warning makes the employee aware of the unacceptable behavior. The verbal warning should include clear guidance for ways the employee can mitigate the behavior, and an explanation of the consequences of continued unacceptable behavior. The verbal warning must be documented by the supervisor and sent to the employee via email with a copy to the SAAVPTMC.
 - b. *Step Two: Written warning.* The written warning serves to notify the employee that his or her behavior or actions constitute unacceptable behavior, and that future violation will result in further disciplinary action. The written warning shall contain specifics regarding unacceptable behavior, the date of any verbal warning(s) previously given, recommended corrective action, and consequences for continued unacceptable behavior. The written warning shall be signed by the employee (if the employee refuses to sign the warning, the refusal must be documented on the warning). The employee shall be given a copy of the written warning, with a copy retained by the supervisor, and a copy sent to Talent Management and Culture .
 - c. *Step Three: Disciplinary Probation.* The Disciplinary Probation memorandum must include the reason for the probation (including specifics regarding all incidences of unacceptable behavior and dates of any prior verbal or written warnings), the corrective action and time limits for correction, and that termination is possible for future unacceptable behavior of any type. Initial Disciplinary Probation may be 30 to 90 days in length and may be extended in certain circumstances. The Disciplinary probation memorandum should be signed by the employee and the supervisor. If the employee refuses to sign the memo, the refusal must be documented in the memorandum. The employee shall be given a copy of the probation memorandum, with a copy retained by the supervisor, and a copy sent to the Division of Talent Management and Culture.
 - d. *Step Four: Termination.* If progressive discipline fails to remedy unacceptable behavior, or if another type of unacceptable behavior occurs while the employee is on disciplinary probation, termination may result. The SAAVPTMC must approve termination of Classified Medical Staff in accordance with applicable university and DHRM policies.
 - e. The SAAVPTMC and the department chair must approve Formal Disciplinary action for Teaching and Research Medical Faculty, A/P Medical Faculty, and A/P Faculty and TR Faculty who are appointed to a program with a clinical component. The SAAVPTMC and the Vice Chair of Graduate Medical Education must approve termination of A/P Medical Restricted Faculty. Upon termination, the department shall follow [School of Medicine Separation Policy for Clinical Employees](#) (#6061).The department shall send its personnel file regarding the employee to Talent Management and Culture.
4. Immediate Termination. Talent Management and Culture may deem that the nature and severity of an unacceptable behavior (i.e., violence, threats of violence, conducting illegal or deceptive activity, sexual harassment, willful violation of the Confidentiality Policy, etc.) warrants immediate termination. In such cases, the department shall follow the university separation process and shall send the department personnel file regarding the employee Talent Management and Culture.

5. Grievance. All disciplinary action taken under this policy is grievable as follows:

- a. A/P Restricted Faculty and A/P Medical Faculty - In accordance with the [School of Medicine Grievance Policy \(#6604\)](#).
- b. TR Medical Faculty – In accordance with the [EVMS Faculty Grievance Policy \(#1707\)](#).
- c. A/P Faculty - In accordance with the [Grievance Policy for Administrative and Professional Faculty](#).
- d. TR Faculty – In accordance with the [Faculty Grievance Policy \(#1470\)](#).
- e. Classified Medical Staff – In accordance with the [Classified Employees Grievance Policy and Procedure \(#6602\)](#).

G. RECORDS RETENTION

Disciplinary Action Records are retained for five years after the employee separated and are then destroyed in compliance with the [Commonwealth's Records Retention and Disposition Schedule \(General 103, Series 100490\)](#).

H. RESPONSIBLE OFFICER

Senior Advisor and Associate Vice President of Talent Management and Culture

I. RELATED INFORMATION

DHRM Policy 1.45 - [Commonwealth's Probationary Period Policy](#)
[Board of Visitors Policy 1470 - Faculty Grievance Policy](#)
[University Policy 6060 – Separation Process for Faculty and Staff](#)
[University Policy 6602 – Classified Employees Grievance Policy & Procedure](#)
[University Policy 6604 - School of Medicine Grievance Policy](#)
[University Policy 6061: School of Medicine Separation Policy for Clinical Employees](#)
[University Policy 1002: Code of Ethics](#)
[Grievance Policy for Administrative and Professional Faculty in the A/P Guidebook](#)

POLICY HISTORY

Policy Formulation Committee (PFC) & Responsible Officer Approval to Proceed:

<u>/s/ Matthew R. Schenk</u>	<u>06/30/2025</u>
Responsible Officer	Date

Policy Review Committee (PRC) Approval to Proceed:

<u>/s/ Heidi G. Smith</u>	<u>06/30/2025</u>
Chair, Policy Review Committee (PRC)	Date

Executive Policy Review Committee (EPRC) Approval to Proceed:

<u>/s/ Alfred Z. Abuhamad</u>	<u>06/30/2025</u>
Responsible Oversight Executive	Date

University Counsel Approval to Proceed:

<u>/s/ Allen T. Wilson</u>	<u>06/30/2025</u>
University Counsel	Date

Presidential Approval:

<u>/s/ Brian O. Hemphill</u>	<u>06/30/2025</u>
President	Date

Policy Revision Dates: June 30, 2025

Scheduled Review Date: June 30, 2030