

St. Jude Children's Research Hospital

Pharmacy Residency Manual Table of Contents

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Hospital Overview

Mission, Vision, and Values

The mission of St. Jude Children’s Research Hospital is to advance cures, and means of prevention, for pediatric catastrophic diseases through research and treatment. Consistent with the vision of our founder Danny Thomas, no child is denied treatment based on race, religion, or a family's ability to pay.

Vision: To accelerate progress against catastrophic disease at a global level.

Our core values:

1. Always recognize that advancing treatment for children with catastrophic diseases is at the center of everything we do.
2. Do what is right; take ownership of what you do.
3. Work with purpose and urgency—your efforts matter.
4. Embrace the challenge to create a new tomorrow.
5. Work collaboratively and help others to succeed.
6. Always be respectful of your coworkers, our patients and their families, and visitors to our campus.
7. Make the most of St. Jude resources and be mindful of those who provided them.

Hospital Location

St. Jude is located in the heart of Memphis, Tennessee, a vibrant and friendly city at the historic American crossroads of music, trade, food, and culture. Cost of living and high quality of life are other attractions; in fact, Money magazine listed Memphis as one of the least expensive cities to raise a child. St. Jude benefits and salaries are highly competitive, and St. Jude is consistently highly ranked in the U.S. News Best Children’s Hospital’s for Pediatric Cancer and in Fortune magazine’s list of 100 best places to work. Still wondering what life is like in Memphis? Visit [Have More in Memphis](#) for more details.

Campus Map

[Hospital Map](#)

Department of Pharmacy and Pharmaceutical Sciences Overview

Department Focus

The Department of Pharmacy and Pharmaceutical Sciences is equally committed to understanding inter-individual differences in response to medications, translating research findings to improve treatment outcomes, and providing the best and most comprehensive clinical care for our patients. The translational space created by the combination of fundamental research efforts and clinical application is transformative for patients and families. The Department comprises The [Division of Pharmaceutical Sciences](#) (with a primary mission of research), and The [Division of Pharmaceutical Services](#) (with a primary mission of clinical care). The department is also home to the licensed Clinical Pharmacokinetics and Therapeutic Drug Monitoring Laboratory, which facilitates measurement of drug levels in every patient at St. Jude, providing an invaluable resource for optimizing drug therapy. Additionally, the Department houses the Cancer Center's [Pharmacokinetics Shared Resource](#) - centralizing high-quality pharmacokinetic/pharmacodynamic clinical research.

Our vision is to be a premier academic department in pharmacy and pharmaceutical sciences, encompassing clinical pharmaceutical care and research, with special expertise in therapeutics relevant for children with catastrophic diseases. Survival rates for children with cancer, hematologic disorders, HIV infection, or other serious diseases continue to increase, largely through the improved use of medications. Failure of current therapies and unacceptable adverse effects are in part due to suboptimal use of medications. Our goal is to elucidate the biological basis of interindividual differences in pharmacologic response, to translate our findings into more rational therapeutics, and to improve patient care by ensuring safe, effective, and rational use of medications. We continue to look for the next technological advancement and new, sophisticated, questions to drive our work forward and improve patient care.

For more information please see the [Department of Pharmacy and Pharmaceutical Sciences Annual Report 2022](#)

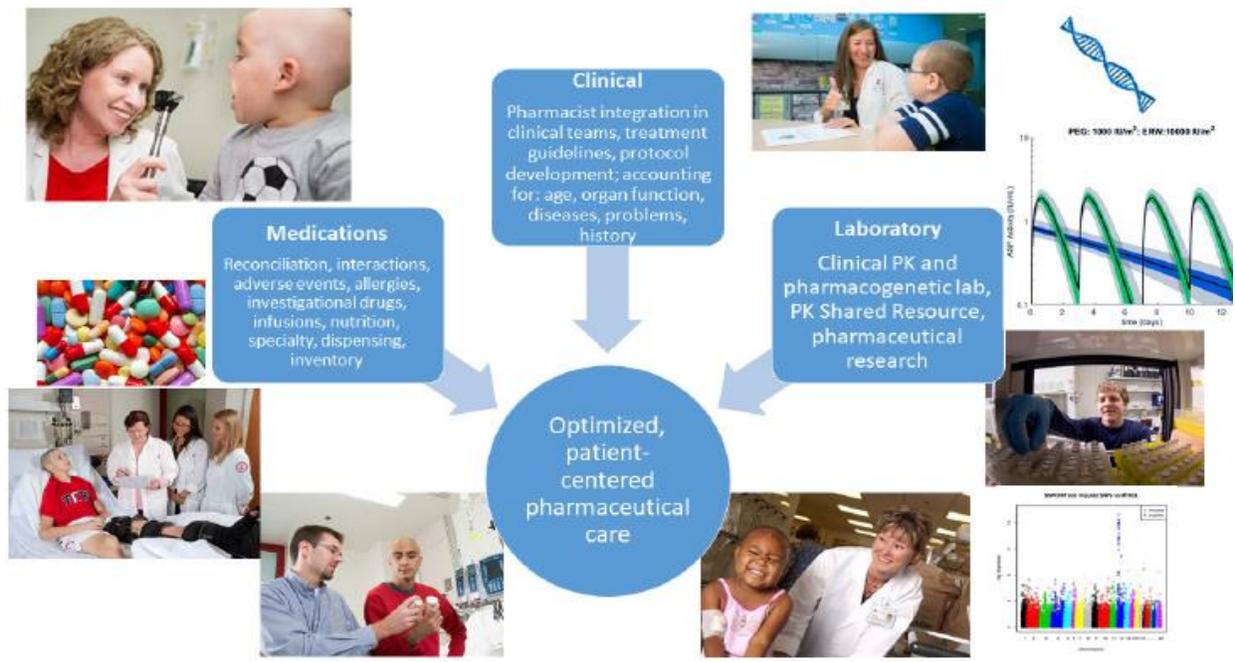


Figure 1. With responsibility for medications, the use of clinical data, and the development of clinical and research laboratory tests, knowledge is used to provide the best possible care for St. Jude patients while also making discoveries with implications outside of St. Jude.

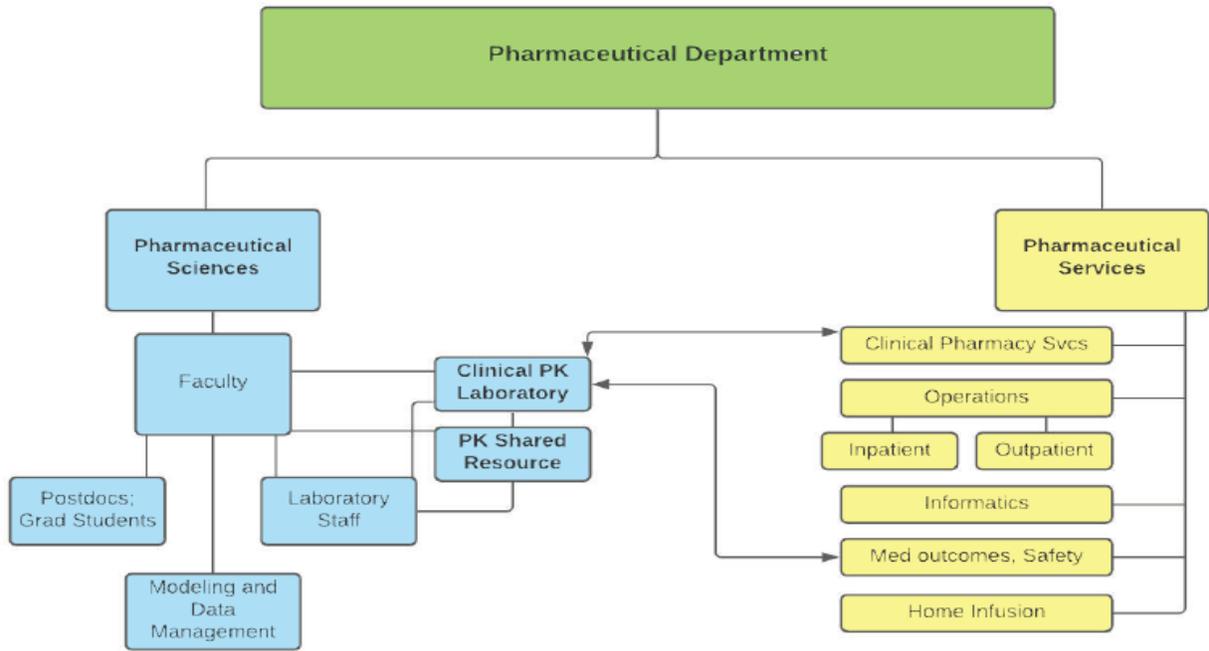


Figure 2. Functional interplay between pre-clinical and clinical sections in the department

ST. JUDE CHILDREN'S RESEARCH HOSPITAL – Department of Pharmacy and Pharmaceutical Sciences

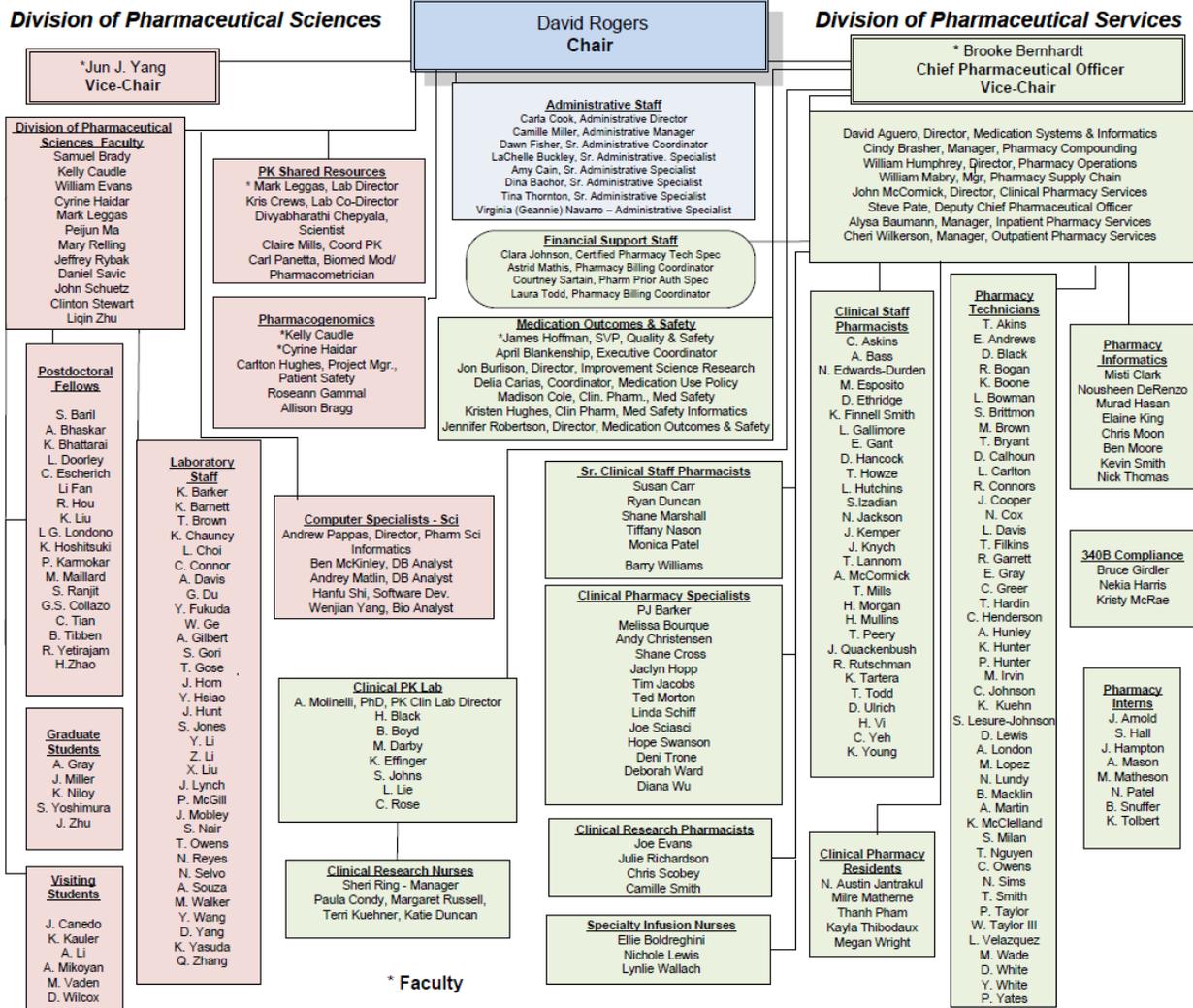
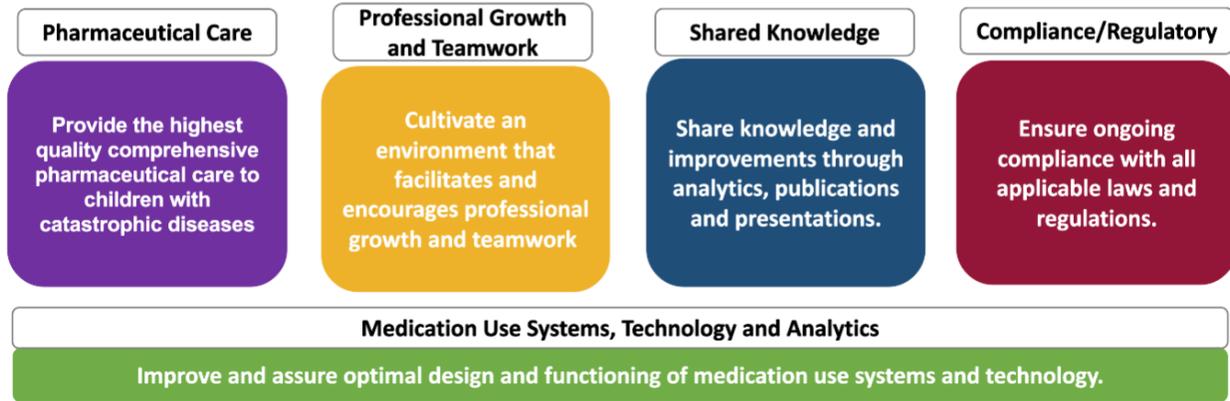


Figure 3. Department of Pharmacy and Pharmaceutical Sciences Organization Chart

Pharmaceutical Services Mission, Vision, and Values

Mission: Pharmaceutical Services is a part of the larger Department of Pharmacy and Pharmaceutical Sciences and is focused on the patient-care services of the department. Our mission of the Division is to provide the highest quality comprehensive clinical pharmaceutical care to our patients, and to facilitate the generation of new knowledge related to the use of drug therapy. These goals are achieved by relying on personnel and systems which assure the best provision of pharmacy operational and clinical services, with a constant attention to analysis and improvement of our functions.

Vision: The vision of Pharmaceutical Services Division is to provide excellent pharmaceutical care, facilitate the generation of new knowledge related to drug therapy, and be recognized on a national level for excellence in patient care, practice-related research, and education of professionals regarding drug therapy for children with catastrophic illnesses.



Clinical Pharmacy Services

Clinical Pharmacy Specialists extend the reach of Pharmaceutical Services directly into the patient care team. Specific teams currently addressed by these clinicians include Leukemia/Lymphoma, Solid Tumor/Neuro-Oncology, Bone Marrow Transplant & Cellular Therapy, Intensive Care, Non-Malignant Hematology, and HIV clinic. These board-certified pharmacists are credentialed members of the medical staff and are given collaborative authority to perform direct patient assessment, prescribe medication therapy and associate laboratory tests for patients assigned to their teams. As members of the medical staff, Clinical Pharmacy Specialists provide routine clinical pharmacy services in both the inpatient and outpatient setting and ensure optimal prescribing and monitoring of medication therapy for patients assigned to their team. This includes the use of individualized pharmacokinetics and targeted therapy for antineoplastics and other medications. These individuals also work closely with clinicians to provide oversight and development of care plans (non-protocol treatment plan) for patients who are not managed according to an approved research protocol. Additionally, Pharmaceutical Services offers unique clinical pharmacy programs that focus on Antimicrobial Stewardship, Clinical Pharmacogenomics as well as impact that reaches globally through the Global Pediatric Medicine program.

Departmental Policies

A complete list of Pharmaceutical Services Policies and Procedures can be found [HERE](#).

Residency Program Administration

Role and responsibility of Residency Program Director

The Resident Program Director is responsible for overseeing all aspects of the individual residency program, which includes but is not limited to the direction, conduct, and requirements of the program. The director ensures that program goals and objectives are met, schedules and preceptorship are structured to facilitate the best learning, and evaluations are performed routinely and based on the established learning objectives. These tasks are carried out with the help and assistance of the Director of Pharmacy and Resident Program Coordinator.

Role and responsibility of Residency Program Coordinator

The Residency Program Coordinator is responsible for supporting the Residency Program Director in overseeing the direction, conduct, and requirements of the program.

Role and responsibility of Residency Programs Coordinator

The Residency Programs Coordinator is responsible for overseeing aspects of the residency program that pertains to all residents within all programs. The coordinator schedules orientation and yearlong meetings with administration, develops and distributes surveys for feedback at completion of the residency year, and facilitates preceptor development.

Residency Preceptor Selection and Appointment

Residency Preceptors must be:

1. Appointed by the Residency Program Director (RPD) and confirmed by the Residency Advisory Committee (RAC)
2. A licensed pharmacist who is eligible to precept having either:
 - a. Completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the area precepted, OR
 - b. Three or more years of pharmacy practice expertise in the area precepted
3. Qualified to precept as demonstrated by:
 - a. Content knowledge/expertise AND
 - b. Contribution to pharmacy practice AND
 - c. Role modeling ongoing professional engagement
4. Preceptors must be re-appointed by the RPD and re-confirmed by the RAC at a period not to exceed every 4 years. Criteria for re-appointment includes completion of the following since (re)appointment:
 - a. Submission of a current (within 12 months) Academic and Professional Record (APR)

- b. Verified eligibility (Standard 4.5) and Qualifications (standard 4.6) as a preceptor per their APR
- c. Attendance of at least one resident presentation per year
- d. Completion of an annual preceptor self-assessment
- e. Presentation of at least one topic for Preceptor Development for the program
- f. Skill as a preceptor as evidenced by documentation in PharmAcademic™

Residency Preceptors and Preceptor Responsibility

Each learning experience has a primary preceptor that develops learning activities and guides the rotation to meet the goals and objectives of the experience, while considering the individual resident's goals, interest, and skills. The preceptor is responsible for reviewing the resident's performance and providing both oral and written feedback to the resident and Resident Program Director.

Other responsibilities of the preceptor include:

- Review the learning description with the resident prior to the rotation starting or by the end of the first day of the rotation.
- Orient the resident to the service, unit/clinic, and team members.
- Discuss the responsibilities and activities of the clinical pharmacist on that service or clinic.
- Instruct, model, coach, and/or facilitate how to review profiles, identify, and make interventions.
- Discuss expectations of the resident for the learning experience.
- Complete the rotation evaluation of the resident within 7 days of completion of the rotation.

Project Mentor

The resident will work with a project mentor and team, who are experts in the area of the selected project. The project team's primary responsibility is to guide the resident in carrying out and completing the required research project. The project team will help the resident in planning and implementing the project to ensure a successful outcome. They will also provide feedback on presentations related to the research project, as well as drafts of the manuscript.

Resident Mentor

Residents will have the opportunity to select a preceptor to serve as their mentor throughout the year. Mentors will serve as a resource for the residents. Focused conversations should occur regarding professional and personal goals throughout the residency year. It is encouraged for the resident and mentor to meet monthly, but this is left up to the discretion of the mentor and mentee.

Residency Directors Committee and the Residency Advisory Committee

The post-graduate year 2 (PGY2) pharmacy residency programs at St. Jude Children's Research Hospital (St. Jude) consists of the Residency Directors Committee (RDC) and the Residency Advisory Committee (RAC).

The RDC has oversight of all the pharmacy residency programs. This committee consists of the Residency Programs Coordinator, all Residency Program Directors, all Residency Program Coordinators, and key leaders from the Department.

The Directors' Committee shall assure the Residency Programs:

- Adhere to ASHP Accreditation Standards
- Adhere to St. Jude and Pharmaceutical Department policies and procedures
- Continuously evaluate all aspects of the program
- Discuss resident recruitment
- Conduct corrective actions and dismissals, as necessary
- Develop and maintain policies and procedures
- Approve changes to Residency Handbook as determined by RAC
- Develop new programs as needed
- Assure provision of adequate resources for proper conduct of residency programs

The Residency Program Directors shall:

- Oversee all aspects of their respective program
- Ensure all competency area, goals, objectives, and requirement of the program are met
- Continuously track resident progress and resolve pertinent issues

The RAC consists of the Residency Programs Coordinator, all Residency Program Directors, all Residency Program Coordinators, key leaders from the Department, and selected preceptors.

The RAC shall assure the Residency Programs:

- Discuss incoming residents' interests, strengths, and professional/personal goals
- Discuss resident performance of assigned learning experiences
- Establish preceptor responsibilities and preceptor development initiatives
- Discuss and plan relevant performance improvement efforts
- Discuss overall performance of each resident and identify any areas for improvement
- Assure mentorship is provided to residents
- Review the Residency Handbook annually and recommend changes to the RDC

Process for Communication:

- All committee agendas and minutes will be placed on a Teams site accessible to all members of the residency programs.

- Longitudinal rotations will be discussed at a minimum quarterly, but may be discussed more frequently based on the rotation (e.g., research projects).

Program Structure, Policies, and Procedures

Policy for Residents Passing Tennessee Board of Pharmacy Licensure Exam

Purpose

Per ASHP Accreditation Standard for PGY2 residency programs, applicants must be licensed pharmacists. To be eligible for pharmacist licensure, candidates must be graduate or candidates for graduation from an ACPE accredited degree program (or one in the process of pursuing accreditation) or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certification from the NABP. In addition, applicants must be licensed or be eligible for licensure in the state in which the residency program is conducted and have completed or in the process of completing an ASHP-accredited or candidate-status PGY1 residency. Each incoming resident must submit their PGY1 Certificate of Completion to the Clinical Education and Training Office. Additionally, the Residency Program Director will also verify completion of PGY1 via the graduate tracker in PharmAcademic™. Verification of PGY1 completion will be completed less than 30 days from the start of the PGY2 residency.

Policy

Applicants must be licensed pharmacists in the state of Tennessee or eligible for licensure in the state of Tennessee. Residents are to contact the Tennessee Department of Health/Board of Pharmacy prior to beginning residency to initiate the application process for obtaining a license in the state of Tennessee. The resident must obtain a TN license within ninety (90) days from the start of the residency. If a pharmacy TN license is not obtained within ninety (90) days, this will result in dismissal from the program.

Absences or Extended Leave

Total time away from the residency program must not exceed greater than 37 days in a 52-week period. Examples of time away from the residency program include, but are not limited to vacation time, sick time, holiday time, religious time, interview time, personal time, jury duty time, bereavement leave,

military leave, parental leave, leave of absence, extended leave and conference or education days. Time away will not include St. Jude Children's Research Hospital Observed Holidays as long as the resident is not scheduled to work that holiday.

If the resident requires leave (time away from the program) of more than 37 days during the 52-week duration of the program, the length of the residency MAY BE extended at the end to make up for time lost in excess of 37 days. This includes leave for vacation and professional meetings, as well as due illness or other medical necessity (including maternity and paternity leave). Program extension must be agreed upon by the resident, residency advisory committee, and St. Jude Human Resources. The resident will maintain full salary and benefits during the program extension. The program may be extended by up to 60 calendar days. The Residency Program Director will track the residents total time away from the residency program via Workday®.

Paid Time Off

Vacation

Residents are allotted 15 days of vacation on July 1st. For residents that start after the first of July, this amount will be prorated.

Vacation must be arranged in advance with your RPD.

Vacation time must be taken in increments of 8 hours.

No vacation time will be approved during the last 2 weeks of June.

At the time of the resident's departure from St. Jude, accumulated vacation time may be paid out with the final paycheck.

Sick Leave

Paid sick time accrues from the first day of employment and accruals on a bi-weekly basis.

Residents will accrual 2.77 hours of paid sick time bi-weekly for an annual accrual of 9 days.

Residents must take sick leave in full day increments only (8 hours).

At the time of the resident's departure from St. Jude, accumulated sick time will not be paid out.

Professional Leave and Travel

Policy

Pharmaceutical Services provides opportunities for professional leave and travel that will benefit the institution, department, and individual employee. Employees are encouraged to contribute to the

profession by actively participating in professional organizations. Professional leave is included in total days counted towards time away from residency program. Refer to the Absences and Extended Leave section for further details.

Further information can be found in the Pharmaceutical Services Department Policy [1.13](#).

Duty Hours and Moonlighting

St. Jude Policy on Duty Hours and Moonlighting

The Residency Program Directors will ensure each resident complies with the [ASHP Accreditation Standard for Duty Hour Requirements for Pharmacy Residencies](#). Tracking of residents' hours to ensure they have not exceeded duty hour limits will be accomplished by monthly attestations of compliance by the resident within PharmAcademic™. If non-compliance is noted by the Residency Program Director upon review each month, a discussion between the resident and the Residency Program Director will be performed to evaluate hours spent and a plan implemented to prevent the resident from exceeding duty hours.

Residents are allowed to moonlight externally after approval is provided by the Residency Program Director. Residents must comply with the ASHP Moonlighting policy as described above. If moonlighting affects the resident's performance actions will be followed as described in the remediation plan and moonlighting must be abstained.

Staffing

All residents will be introduced to the department in July. Each program has its own staffing requirements.

Clinical Pharmacogenomic resident

Clinical coverage of weekends will be approximately every fourth weekend. The resident will receive a project day (either in person or work from home) for each weekend worked. This project day must be used the week immediately before or immediately after the weekend worked and the specific day will be based on the residents' preferences and departmental needs, in consultation with the RPD.

Infectious Disease resident

There is no requirement for clinical or operational staffing.

Medication-Use Safety and Policy resident

The resident will be responsible for staffing the Central Pharmacy one night a week, every week, from September to December. Clinical coverage of weekends will be approximately every fourth weekend. The resident will receive a project day (either in person or work from home) for each weekend worked. This project day must be used the week immediately before or immediately after the weekend worked and the specific day will be based on the residents' preferences and departmental needs, in consultation with the RPD.

Pharmacy Informatics resident

The resident will be on-call for approximately one week each month for technical Pharmaceutical Services Informatics support.

Oncology residents

During the residency year, residents will be trained in operational processes within the department, including sterile products and chemotherapy preparation. Clinical coverage of weekends will be approximately every fourth weekend. Residents will receive a project day (either in person or work from home) for each weekend worked. This project day must be used the week immediately before or immediately after the weekend worked and the specific day will be based on the residents' preferences and departmental needs, in consultation with the RPD.

Holiday Coverage

The residents in the Oncology, Clinical Pharmacogenomic, and Medication-Use Safety and Policy programs will be expected to cover two of the nine days that St. Jude recognizes as paid holidays. The specific holidays will be determined by the end of July based on resident preferences and in consultation with the RPDs. Residents that work a holiday will receive another day off in the same pay period.

Professional Development Allowance

St. Jude is committed to promoting the professional development activities of its employees. In support of these activities, an annual professional development allowance (PDA) may be provided.

Resident Development Plan

Consistent with the ASHP residency standard, each resident completing the residency training program will prepare an individual plan for development. The Resident Development Plan is a personalized plan developed at the beginning of the residency year by the resident and residency program director. It should reflect the resident's interests, goals, strengths, and an actionable plan associated with each. This will serve as a tool to help monitor, track, and communicate the resident's overall progress and adjustments made to meet learning needs.

The residency program director assists residents in the decision-making process and development of the plan. The plan should be updated at least quarterly and documented in PharmAcademic™.

Remediation

Residency Disciplinary/Dismissal Policy

This corrective action process (CAP) will be utilized if the resident fails to meet obligations and responsibilities outlined in the educational goals and objectives of the residency. This includes, but is not limited to, satisfactory progress toward attainment of all residency program goals and adherence to all, institutional departmental, and residency policies. All aspects of this policy will be handled in a manner consistent with existing St. Jude policies.

- A. The Residency Program Director (RPD), prior to initiating a CAP, will conduct a thorough investigation, to include meeting with the resident to investigate the concern and offer the resident an opportunity to provide information relevant to the identified problem.
 - a. If the issue is with the RPD, either as RPD or as a preceptor, then the immediate supervisor or the Chief Pharmaceutical Officer will be contacted to investigate on behalf of the resident, to include meeting with the individual resident to discuss the concern and offer the resident an opportunity to provide relevant information in regard to the identified problem.
- B. If the investigation leads the RPD to believe that a CAP may be necessary, the Chief Pharmaceutical Officer (or designee) and Director for Labor & Employee Relations (or designee) should be contacted and informed of the situation.
- C. Following an investigation, as outlined above, the RPD in association with Residency Advisory Committee (RAC) will review the results of the investigations to determine the need to initiate a CAP and if so, determine a timeline for the action. The RPD will inform the involved resident(s) of the results of the review regardless of the final decision. The CAP will be approved by simple majority vote of the RAC.
- D. The CAP consists of the following:

- a. A verbal or written counseling (generated by the RPD) including specific expectations for improved performance or behavior. Such counseling will be conducted in the presence of the Chief Pharmaceutical Officer or designee.
- b. Notification of the duration of the probationary period associated with the CAP.
- c. Definition of a schedule for any additional verbal or written review deemed necessary during the probationary period associated with the CAP, if needed
- d. A verbal and written statement issued by the RPD in consultation with the RAC at the end of the probationary period stating the final evaluation of the resident's performance therein. Discussion of this statement and its development will be documented in minutes of meetings of the RAC. The final evaluation shall fall into one of three categories:
 - i. Successful improvement and achievement of required program performance and/or professional behavior by the resident.
 - ii. Partial improvement with unsuccessful achievement of the required performance or behavioral expectations. If this applies to an inability of the resident to successfully complete the residency training this will be accompanied by a request for voluntary termination written by the RPD.
 - iii. Continued demonstration of the performance or behavior requiring corrective action without improvement. This is to be accompanied by issuance of an involuntary termination letter written by the RPD.
- e. When the RPD in conjunction with the RAC determines that a CAP is completed, the RPD will write a letter or memo to the resident, and minutes of CAP meeting will document completion of this CAP. All documents regarding the CAP will be kept in the resident's file, and a copy of each document must be given to the resident.

Grounds for Immediate Dismissal from the Program

Just cause for dismissal includes persistent failure to perform the normal and customary duties of a pharmacy resident, and/or substantial or repetitive conduct considered unprofessional or ethically unacceptable or which is disruptive of the normal and orderly function of the institution. Specific concerns, behaviors, or actions potentially fulfilling these requirements are listed below (this list is not all inclusive).

- A. The resident knowingly or due to reckless behavior places a patient, employee, or any other person in danger.
- B. The resident acts violently or threatens violence toward any other person including aggressive behavior or stalking.
- C. The resident is found to be using alcohol, illegal substances, or other recreational substance at any time during work and non-works hours with which use of these substances interferes with their ability to perform work duties in a professional, responsible, and safe fashion.
- D. The resident is found to carry, possess, or use any weapon on the institution's property (see Policy #1195 Weapons Policy).
- E. The resident falsifies information on a document.

- F. The resident commits plagiarism as determined by a majority decision of an ad-hoc committee called to review materials suspected of plagiarism. This committee must consist of the RPD, Chief Pharmaceutical Officer, and others as deemed appropriate by the RAC.
- G. Excessive absences from the program per H.R. #1184 and an unwillingness to make up this time on a voluntary basis.
- H. The resident sexually harasses a member, employee, or any other person while in performance of their duties as a resident.
- I. The resident commits an act of vandalism or theft of the institution's property.

Following an investigation, the RPD in conjunction with the RAC, will review the results of the investigation to determine one of the following recommendations by a vote:

- A. Need for immediate dismissal
- B. Need for immediate CAP – involuntary dismissal may result. The CAP shall meet all the requirements outlined above. In addition, the RPD will inform such licensing or regulatory bodies as necessary regarding the details of the event(s). The RPD shall inform the resident of the results of the review.

Responsibilities

It is the responsibility of the resident to complete all assigned residency activities that were outlined in the acceptance letter as requirements to receive a residency certificate. Furthermore, it is the responsibility of the resident to comply with all institutional policies and procedures as well as conduct oneself in an ethical and professional manner. It is the responsibility of the RPD and preceptors to monitor each resident's progress, note deficiencies, and provide structure and activities to promote growth and success. It is also the RPD and preceptors' responsibility to provide constructive criticism to the resident and develop a customized action plan with the resident to improve performance as necessary. Finally, it is the RPD's responsibility to award a residency certificate to residents that have successfully completed the above requirements. If a corrective action plan or dismissal from the program is warranted, it is the responsibility of the RPD, preceptors, and Chief Pharmaceutical Officer to follow the institution's policies in all aspects of discipline or dismissal.

NOTE: Please cross-reference HR policies:

- #1184 (Attendance and Tardiness)
- #1199 (Progressive Discipline Process)
- #1430 (Professional Conduct On and Off Campus)
- #1195 (Weapons Policy)
- #1174 (Conditions of Employment)
- #1183 (Separation of Employment and Retirement)

Employee Separation

Upon separation or completion of the program, it is the resident's responsibility to do the following:

- A. Complete the employee separation checklist
- B. Schedule an exit interview or complete the exit interview online
- C. Turn in the Employee Separation Checklist, ID badge, parking hangtag to Human Resources on the last day of employment

Additional information can be found in institutional policy #1183.

Program Requirements and Policies

Recruitment

All the residency programs at St. Jude Children's Research Hospital agree that no person at this residency will solicit, accept, or use any ranking-related information from any residency applicant.

Appointment of Applicants

A formal Letter of Appointment will be provided to the matched residents by the Clinical Education and Training Office within 30 days of the release of the Match results. The letter will contain information about the expected start date, length of appointment, salary, requirements to complete the residency program, and other details such as relocation assistance and the amount of the Professional Development Allowance. In addition, the resident will receive a Background Authorization Release and Disclosure Form that must be signed and returned. The letter and release should be reviewed, signed, and returned by the date stipulated in the letter. All forms should be returned to the Clinical Education and Training Office. Please note that any offer is contingent upon satisfactory results based on background screening, drug testing, and other factors, including successfully completing PGY1 residency program.

Methods for Evaluating Residents

Residents will be formally evaluated via the PharmAcademic™ system. There are four types of required assessments that evaluate the residents' progress and programs effectiveness. Residents will be evaluated by the residency program director and each rotation preceptor. There are four separate evaluation types:

Resident Development plan and quarterly evaluation: Performed by the residency program director and resident each quarter. See below for additional information.

Summative evaluations: Performed by preceptor and resident at the end of each rotation. For rotations greater than 12 weeks, a summative evaluation is completed at evenly spaced intervals and at the end of the learning experience, with a maximum of 12 weeks between evaluations.

Preceptor evaluation: Performed by resident at the end of each rotation

Self-evaluations: Performed by resident at the end of each rotation

Resident Evaluation Definitions have been developed and approved by the Residency Advisory Committee. Each rating should have accurate and objective comments documented within the evaluation that provide an explanation for the chosen rating.

No item may be marked as Achieved for the Residency until 6 months into the residency program.

<p>NI = Needs Improvement</p>	<p>The resident’s level of skill on the goal does not meet the preceptor’s standards of either “Achieved” or “Satisfactory Progress”. This means the resident could not:</p> <ul style="list-style-type: none"> • Complete tasks or assignments without complete guidance from start to finish, OR • The resident could not gather even basic information to answer general patient care questions, OR • Other unprofessional actions can be used to determine that the resident needs improvement. <p>This should only be given if the resident did not improve to the level of residency training to date before the end of the rotation.</p>
<p>SP = Satisfactory Progress</p>	<p>This applies to a goal whose mastery requires skill development in more than one learning experience. In the current experience, the resident has progressed at the required rate to attain full mastery by the end of the residency program. This means the resident can:</p> <ul style="list-style-type: none"> • Perform most activities with guidance but can complete the requirements without significant input from the preceptor. • There is evidence of improvement during the rotation, even if it is not complete mastery of the task. <p>There is a possibility the resident can receive NI on future rotations in the same goal in which SP was received if the resident does not perform at least at the same level as previously noted.</p>
<p>A = Achieved</p>	<p>The resident has fully mastered the goal for the level of residency training to date. No further instruction or evaluation is required in subsequent learning experiences. This means that the resident has consistently performed the task or expectation without guidance.</p>
<p>Achieved for the Residency</p>	<p>The preceptors and Residency Program Director will collaborate throughout the residency year to determine if the resident has demonstrated consistency between rotation evaluations of goals and objectives. This means the resident can consistently perform the task or has fully mastered the goal for the level of residency training to date and performed this task consistently in various rotation experiences. At such time, the Residency Program Director or preceptor (after discussion with Pharmacy Residency Committee) has the ability to mark the resident as “achieved for the residency”. This means the resident will no longer be evaluated on this goal, but that any preceptor has the opportunity to provide additional feedback as necessary.</p>



PGY2 Program Purpose

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available

PGY2 Clinical Pharmacogenomics

Overview

The St. Jude Children's Research Hospital post-graduate year 2 (PGY2) specialized Residency in Clinical Pharmacogenomics is a 52-week experience providing advanced training in the implementation and application of pharmacogenomic testing in clinical practice. The resident trains with professional and technical personnel involved in both patient care and pharmaceutical research and is integrally involved in St. Jude's institution-wide program to implement pre-emptive pharmacogenomic testing (www.stjude.org/pg4kds). The resident will provide pharmacogenomic consultations in the context of a comprehensive approach to pharmaceutical care integrated into the clinical practice areas for St. Jude: general hematology/oncology, bone marrow transplantation, and ambulatory care. The resident will return pharmacogenomic test results to patients in the Pharmacogenomics Clinic. Training will be provided in applied pharmacokinetics, oncology supportive care, nutrition support, and advanced pediatric pharmacotherapy. In addition, the resident will develop the computational tools necessary for integration of pharmacogenomics into routine patient care. Specifically, the resident will create automated pharmacogenomic clinical consultations, and help develop clinical decision-support based rules for alerting clinicians of high-risk gene-drug pairs to allow for genomically-guided drug dosing. The resident will participate in patient and clinician education, drug information, and quality improvement activities. An independent research project will be carried out during the course of the residency, with presentation of the findings at a national meeting. Upon completion of the program, the resident will have the clinical skills and necessary experience to practice in the field of clinical pharmacogenomics, and to implement a clinical pharmacogenomic program in other health-system settings.

CAGOs

The most current competency areas, goals, and objectives for the for the PGY2 Clinical Pharmacogenomics Pharmacy Residency can be found [HERE](#).

Learning experiences

Required Rotations

- Orientation (3 weeks)
- Inpatient Chemotherapy Service (3 weeks)
- Inpatient Pediatric Oncology (3 weeks)
- Outpatient Pediatric Oncology (3 weeks)
- Clinical Pharmacogenomics Service (8-month longitudinal experience)
- Pharmacogenomics Clinic (longitudinal)
- Major Research Project (longitudinal)
- Education and Teaching (longitudinal)

One Elective Rotation (1 month)

Choose from:

- Inpatient Solid Tumor/Neuro-Oncology
- Inpatient Hematopoietic Stem Cell Transplant
- Inpatient Pediatric Hematology/Oncology ICU and Surgery
- Solid Tumor/Neuro-Oncology Ambulatory Care
- Infectious Disease Ambulatory Care
- Clinical Informatics

Required Presentations

- Research Project proposal
- 3 30-minute Presentations (e.g., Journal Club, patient cases, implementation proposal)
- Regional Residency Conference Presentation
- 1 ACPE accredited lecture
- At least 1 lecture at University of Tennessee

Required Content Areas

Table 1. Clinical content areas for a PGY2 Clinical Pharmacogenomics residency

REQUIRED Content Areas		
Content Area	Direct Patient Care Experience Required	Case-Based Application Acceptable
GI Pharmacogenomics	<ul style="list-style-type: none">• <i>CYP2C19</i>- proton pump inhibitors• <i>CYP2D6</i>- ondansetron• <i>TPMT</i>- thiopurines	
Oncology Pharmacogenomics	<ul style="list-style-type: none">• <i>CYP2D6</i>- ondansetron• <i>TPMT</i>- thiopurines	<ul style="list-style-type: none">• <i>CYP2D6</i>- tamoxifen• <i>DPYD</i>- 5-fluorouracil, capecitabine• <i>G6PD</i>- rasburicase• <i>UGT1A1</i>- irinotecan
Pain Pharmacogenomics	<ul style="list-style-type: none">• <i>CYP2C19</i>, <i>CYP2D6</i>- tricyclic antidepressants (TCAs)• <i>CYP2D6</i>- codeine, tramadol, hydrocodone, oxycodone	

All of the Content Areas below must be covered with at least Case-Based Application, with a minimum of 1 Content Area with Direct Patient Care Experience.		
Content Area	Direct Patient Care Experience	Case-Based Application Acceptable
Cardiology Pharmacogenomics		<ul style="list-style-type: none"> • <i>CYP2C19</i>- clopidogrel • <i>CYP2C9, VKORC1, CYP4F2</i>- warfarin • <i>SLCO1B1</i>- simvastatin
Infectious Disease Pharmacogenomics	<ul style="list-style-type: none"> • <i>CYP2C19</i>- voriconazole • <i>HLA-B*57:01</i>- abacavir 	<ul style="list-style-type: none"> • <i>IFNL3</i>- PEG interferon alpha • <i>UGT1A1</i>- atazanavir
Neurology Pharmacogenomics		<ul style="list-style-type: none"> • <i>CYP2C9, HLA-B*15:02</i>- phenytoin • <i>HLA-B*15:02, HLA-A*31:01</i>- carbamazepine/oxcarbazepine
Psychiatry Pharmacogenomics	<ul style="list-style-type: none"> • <i>CYP2C19, CYP2D6</i>- tricyclic antidepressants (TCAs) • <i>CYP2C19, CYP2D6</i>- selective serotonin reuptake inhibitors (SSRIs) 	
Transplant Pharmacogenomics		<ul style="list-style-type: none"> • <i>CYP3A5</i>- tacrolimus
Other clinical areas		<ul style="list-style-type: none"> • <i>CFTR</i>- ivacaftor • <i>HLA-B*58:01</i>- allopurinol

Table 2. Pharmacogenomics principles to be covered in a PGY2 Clinical Pharmacogenomics residency

PRINCIPLES	REQUIRED	ELECTIVE
Genetics	<ul style="list-style-type: none"> • Basic principles of genetics • Basic principles of genetic testing 	
Pharmacokinetics and pharmacodynamics	<ul style="list-style-type: none"> • Absorption, distribution, metabolism, excretion • Cytochrome P-450 (CYP) and non-CYP enzyme systems • Drug transporters 	
Clinical implementation of pharmacogenomics	<ul style="list-style-type: none"> • Implementation science • Ethical, legal, and social issues of pharmacogenomic testing 	<ul style="list-style-type: none"> • Various patient care models for pharmacogenomics • Reimbursement for pharmacogenomic testing
Clinical informatics	<ul style="list-style-type: none"> • Clinical decision support 	

<p>Analysis, interpretation, and application of clinical pharmacogenomics literature</p>	<ul style="list-style-type: none"> • Use of evidence-based pharmacogenomics resources (e.g., CPIC guidelines [https://cpicpgx.org/], Pharmacogenomics Knowledge Base [https://www.pharmgkb.org/]). • Knowledge of key landmark events in the evolution of clinical pharmacogenomics implementation and findings from key publications that document the association of clinical pharmacogenomic testing with favorable health care outcomes. 	
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Requirements for Successful Completion of the Residency

In order to successfully complete the St. Jude Children’s Research Hospital Pharmaceutical Department Residency Program, residents must achieve the following:

1. The resident must demonstrate full achievement status for at least 80% of the objectives/goals/outcomes required by the residency program overall, with full achievement of 100% of goals R1.1 from the Patient Care Competency Area and R5.1 from the Pharmacogenomics Resource Competency Area.
2. The resident must complete a major residency project, which is typically retrospective research or quality improvement. Project results must be presented at the MidSouth Pharmacy Residents Conference.
3. A resident project must be submitted in manuscript format appropriate for publication. Publication of project is not required for residency completion. However, consistent with St. Jude’s academic focus and commitment to freely share new knowledge, residents should work toward publication of the project in a peer reviewed journal.
4. Unless there are extenuating circumstances (as judged by the RPD), the resident must participate in ASHP Midyear Clinical Meeting. Attendance at other conferences as deemed appropriate by RPD is possible.
5. The resident must create and deliver at least 7 presentations (see above). Other presentations may be assigned.

PGY2 Infectious Diseases Pharmacy

Overview

St Jude Children's Research Hospital (St. Jude) in collaboration with Le Bonheur Children's Hospital (LBCH) offers a 12-month (minimum of 52 week) PGY2 Infectious Diseases Pharmacy Residency with a focus on pediatrics. The St. Jude / LBCH partnership provides the resident advanced training with experienced preceptors in ID pharmacotherapy for a diverse range of pediatric patient populations including those with immunocompromise.

The resident will gain clinical experience at both sites with general ID consult services and transplant ID consult services for bone marrow and solid organ transplant. St. Jude offers special ID experiences in oncology and non-malignant hematology (primarily sickle cell disease). LBCH offers ID experiences in general pediatrics and critical care. St. Jude offers longitudinal experience in pharmacokinetics, pharmacogenomics, and basic science research while LBCH (with UTHSC) offers extensive academic opportunities including didactic lectures and precepting students on clinical rotation. The resident will be expected to complete a major project relevant to infectious diseases. Experiences during the residency will enable the resident to pursue a clinical, research, or academic career focused on infectious diseases in a wide range of pediatric populations.

CAGOs

The most current competency areas, goals, and objectives (CAGOs) from ASHP (effective 2017) for the PGY2 Infectious Diseases Pharmacy residency can be found [HERE](#).

Learning experiences (includes orientation)

Residency Timeline

Learning Experience	Type	Status	Site	Format	Duration	Sequence and Comments
Orientation	Administrative	Required	Both	Rotation	4 weeks	July
ID Consult Service	Patient Care	Required	St. Jude	Rotation	4 weeks	Fall
ID Consult Service	Patient Care	Required	LBCH	Rotation	4 weeks	Fall
Bone Marrow Transplant ID	Patient Care	Required	St. Jude	Rotation	4 weeks	Fall
Solid Organ Transplant ID	Patient Care	Required	LBCH	Rotation	4 weeks	Fall
Antimicrobial Stewardship	Administrative	Required	St. Jude	Longitudinal	12 months	
Antimicrobial Stewardship	Administrative	Required	LBCH	Rotation	4 weeks	Fall

Project and Recruitment	Administrative	Required	Both	Rotation	4 weeks	December
Project Management	Administrative	Required	Either	Longitudinal	12 months	
Teaching, Education, and Dissemination of Knowledge	Experiential	Required	Both	Longitudinal	12 months	Journal Clubs, Case Conferences, Lectures, Precepting
Leadership and Management	Administrative	Required	Both	Longitudinal	12 months	
Patient Care 2.0	Patient Care	Elective	Either	Rotation	4 weeks	Advanced experience in any required patient care rotation
Pediatric Hematology	Patient Care	Elective	St. Jude	Rotation	4 weeks	ID Focused
Pediatric Oncology	Patient Care	Elective	St. Jude	Rotation	4 weeks	ID Focused
Pediatric / Adolescent HIV Ambulatory Clinic	Patient Care	Elective	St. Jude	Rotation	4 weeks	
Pediatric General Medicine	Patient Care	Elective*	LBCH	Rotation	4 weeks	ID Focused *Required if PGY1 in adults
Critically Ill Children	Patient Care	Elective	LBCH	Rotation	4 weeks	ID Focused. NICU, CVICU, and/or PICU
Pharmacokinetics	Experiential	Elective	St. Jude	Longitudinal	3 months	Flexible scheduling
Pharmacogenetics	Experiential	Elective	St. Jude	Longitudinal	3 months	Flexible scheduling
Basic Science Research	Experiential	Elective	St. Jude	Longitudinal	3 months	Flexible scheduling
Academics	Experiential	Elective	LBCH	Longitudinal	3 months	Flexible scheduling

Weeks and months durations are approximate and may be adjusted to align with overall scheduling

Presentations

- Major project proposal
- One Clinical Pharmacist Meeting Presentation
- Regional Residency Conference Presentation
- One ACPE-accredited lecture
- Two lectures at the University of Tennessee Health Science Center, College of Pharmacy

Required Content Areas

The required content areas from ASHP (effective 2017) for the PGY2 Infectious Diseases Pharmacy residency can be found [HERE](#) in the Appendix on page 27. The appendix stipulates core areas or types of patient care experiences to be met either through direct patient care experiences, or for those marked by an asterisk (*) through didactic discussion, reading assignments, case presentations, and/or written assignments. Meeting the required content area will be tracked by the residency in PharmAcademic™.

Completion

To successfully complete the St. Jude Children's Research Hospital PGY2 Infectious Diseases Pharmacy Residency Program, the following requirements must be met [as per Standard 2.5]:

1. The resident must demonstrate full achievement status for > 80% objectives/goals/outcomes required by the residency program. The resident must achieve 100% of goals R1.1 and R1.2 from the Patient Care Competency Area.
2. The resident must complete a residency research project. Project results must be presented at the MidSouth Pharmacy Residents Conference.
3. The resident project must be submitted in manuscript format appropriate for publication. Publication of project is not required.
4. The resident must (unless exempted by the RPD) participate in ASHP Midyear Clinical Meeting and other conferences (for example, IDWeek and/or the International Antimicrobial Stewardship Conference) as deemed appropriate by RPD.
5. The resident must create and deliver at least six (6) presentations as stipulated above under "Presentations".
6. These will include but are not limited to presentations for their research project, patient cases, journal clubs, a lecture at the University of Tennessee, and an ACPE presentation. Other presentations may be assigned by the RPD or other preceptors.
7. The resident will complete longitudinal projects that will include: a guideline or policy review, protocol review, and journal referee.
8. The resident will complete the required core areas or types of patient care experiences as delineated in the ASHP PGY2 ID Pharmacy Residency Standard's Appendix and stipulated above under "Required Content Areas".

PGY2 Medication-Use Safety and Policy

Overview

The St. Jude Children’s Research Hospital Medication-Use Safety and Policy Residency is a 52 week ASHP-accredited PGY2 residency program that provides advanced training in medication safety and medication-use policy. The complex and high-risk nature of treatment provided at St. Jude provides a unique learning environment for patient safety and medication policy that can be applied to any health care setting.

The resident will gain experience in medication error and adverse drug event reporting processes, lead medication safety assessments and improvement efforts to prevent future events and work to maximize the patient safety benefits of the electronic health record. Emphasis will be placed on leading and coordinating Cause Analyses, managing a medication use safety team/committee, and participating in methods to improve event detection and event reporting. He/she will also participate in both administrative and patient care aspects of the St. Jude medication-use process. Other activities include coordination of a pharmacy and therapeutics committee, guideline and policy development, regulatory readiness, completion of medication-use evaluations and audits, formulary management and adverse drug reaction analysis.

Along with medication safety and policy experiences, the resident will provide lectures and precept pharmacy students. Residents will be expected to complete a major project focused on medication safety or policy. Experiences during the residency will enable the resident to seek a career focused on medication safety or medication-use policy.

CAGOs

The most current competency areas, goals, and objectives for the PGY2 Medication-Use Safety and Policy can be found [HERE](#).

Learning experiences (includes orientation)

Rotations	Length of Rotation	Sequence
Orientation	1 month	July
Clinical Oncology	3 weeks	Fall
Education and Presentations	Longitudinal	Begins in August and continues throughout the residency year

Informatics and Precepting	Longitudinal	Begins in August and continues throughout the residency year
Major Project	Longitudinal	Begins in August and continues throughout the residency year
Medication-Use Policy	Longitudinal	Begins in August and continues throughout the residency year
Medication Safety	Longitudinal	Begins in August and continues throughout the residency year
Pharmacy Operations	Longitudinal	September – December
Professionalism and Leadership	Longitudinal	Begins in August and continues throughout the residency year
Elective	1 month	Spring – choices include clinical rotations, pharmacogenomics, pharmacy investigational services, outside rotation, etc.

Presentations

- Major project proposal
- One Clinical Pharmacist Meeting Presentation
- Regional Residency Conference Presentation
- One ACPE-accredited lecture
- Two lectures at the University of Tennessee Health Science Center, College of Pharmacy

Completion

To successfully complete the St. Jude Children’s Research Hospital PGY2 Medication-Use Safety and Policy Residency Program, the following requirements must be met:

1. The resident must demonstrate full achievement status for at least 80% of the objectives/goals/outcomes required by the residency program overall.
2. The resident must complete a major residency project, which is typically retrospective research or quality improvement. Institutional Review Board (IRB) submission is often required. Project results must be presented at the MidSouth Pharmacy Residents Conference.
3. A resident project must be submitted in manuscript format appropriate for publication. Publication of project is not required for residency completion. However, consistent with St. Jude’s academic focus and commitment to freely share new knowledge, residents should work toward publication of the project in a peer reviewed journal.
4. Unless there are extenuating circumstances (as judged by the Residency Program Director), the resident must participate at the ASHP Midyear Clinical Meeting. Attendance at other conferences as deemed appropriate by the Residency Program Director is possible.

5. The resident must create and deliver at least 6 presentations (see above). Other presentations may be assigned.
6. The resident must assist with precepting of pharmacy students, when applicable, including participation in topic discussions.
7. The resident must complete staffing requirements: one evening a week from September to December and approximately every 4th weekend beginning in August and continuing throughout the residency year.
8. Other required deliverables include the development or revision of a medication-related guideline or policy and the completion of a formulary review/monograph, Medication Use Safety Team minutes, event investigations, and a cause analysis.

PGY2 Oncology

Overview

The St. Jude Children's Research Hospital Oncology Residency is a 52 week ASHP-accredited PGY2 program that provides advanced training in clinical therapeutics for the pediatric cancer patient in both inpatient and ambulatory care settings, along with an introduction to clinical research and organized experiences for the management of sophisticated pharmacy service programs. The residency includes training in applied pharmacokinetics, pharmacogenetics, nutrition support, pediatric pharmacotherapy, and unique practice settings such as critical care and bone marrow transplantation – all involving care across the inpatient-outpatient continuum. The resident will participate in patient education, drug information, Pharmacy and Therapeutics functions, quality improvement programs, fiscal planning, and program development. Experience in teaching is acquired through providing lectures, in-services, journal club presentations, and precepting of pharmacy students from the University of Tennessee and other colleges of pharmacy. Training in clinical research and participation in collaborative clinical protocols will be provided. An independent project will be carried out during the residency year. The resident is guided by individuals from the department faculty, administration, and professional staff.

CAGOs

The competency areas, goals, and objectives for the PGY2 Oncology Pharmacy Residency were prepared jointly with the Hematology/Oncology Pharmacy Association. The most current CAGOs can be found [HERE](#).

Learning experiences

Required Rotations*

- Orientation (3 weeks)
- Pharmacy Operations (2 weeks)
- Chemotherapy (4 weeks)
- Inpatient Leukemia/Lymphoma (4 – 5 weeks)
- Inpatient Solid Tumor/Neuro-Oncology (4 – 5 weeks)
- Inpatient Bone Marrow Transplantation (6 weeks)
- Outpatient Leukemia/Lymphoma (3 weeks)
- Outpatient Bone Marrow Transplantation (3 weeks)
- Outpatient Solid Tumor/Neuro-Oncology (4 weeks)
- Inpatient and Outpatient Hematology (3 weeks)
- Medication Outcomes and Clinical Administration (2 weeks)

- Adult Oncology Topic Discussions (longitudinal)
- Antimicrobial Stewardship, Infectious Diseases, Pharmacokinetics (longitudinal)
- Professionalism and Leadership (longitudinal)
- Major Research Project (longitudinal)
- Education and Teaching (longitudinal)

Elective Rotations (2 months in duration, each rotation is 2 – 4 weeks)*

Choose from:

- Available clinical rotations
- Adult Hematology/Oncology
- General Pediatrics
- Informatics
- Outpatient HIV/ID clinic
- Palliative Care
- PICU
- Pharmacogenomics

*Weeks and month durations are approximate and may be adjusted to align with overall scheduling

Presentations

- Project proposal
- Clinical Pharmacist Meeting Presentation
- Journal Club
- Regional Residency Conference Presentation
- 1 ACPE accredited lecture
- 1 lecture at University of Tennessee College of Pharmacy
- 3 Pediatric Oncology Topics presented to adult oncology affiliate site

Required Content Areas

The required content areas from ASHP (effective 2016) for the PGY2 Oncology residency can be found [HERE](#) in the Appendix on pages 27-29. The appendix stipulates required topic areas to be covered either by direct patient care or case-based application. Meeting the required content area will be tracked by the residency in PharmAcademic™.

Completion

To successfully complete the St. Jude Children's Research Hospital Pharmaceutical Department PGY2 Oncology Residency Program, residents must achieve the following:

1. Full achievement status for $\geq 80\%$ objectives/goals/outcomes required by the residency program. The resident must achieve 100% of goals R1.1 and R1.2 from the Patient Care Competency Area.
2. Complete a residency research project. Project results must be presented at the MidSouth Residency Conference.
3. . Residency project must be submitted in manuscript format appropriate for publication. Publication of project is not required for residency completion. However, consistent with the academic focus of St. Jude and commitment to freely share new knowledge, residents should work toward publication of the project in a peer reviewed journal.
4. Participate in recruitment at ASHP Midyear Clinical Meeting.
5. Present research results at PPA or HOPA Annual Conference, or other conferences as deemed appropriate by the RPD.
6. The resident must create and deliver at least 6 presentations (see above).
7. Complete longitudinal projects that include: guideline or policy review, protocol review, and journal referee activity.
8. Complete required content areas, including adult oncology topics (see required content areas above).

PGY2 Pharmacy Informatics

Overview/Purpose

The 52-week PGY-2 residency in Pharmacy Informatics at St. Jude Children's Research Hospital is designed to foster expertise in medication-use systems and informatics while providing an applicant with a comprehensive understanding of pharmaceutical data analytics. Residents will become versed in pediatric and research informatics while embracing the guiding principles of medication safety. The resident will support St. Jude's mission while working with interdepartmental stakeholders as a member of the Pharmacy Informatics Community. Experience in teaching is acquired through providing lectures, in-services, journal club presentations, and precepting of pharmacy students from the University of Tennessee and other colleges of pharmacy.

The St. Jude Pharmacy Informatics Community aims to implement, maintain, and optimize best-in-class medication use technology solutions for St. Jude in support of exceptional pharmaceutical care.

We strive to facilitate innovation, scholarship, and education through partnerships with clinical staff (our customers), Quality and Patient Safety, and Information Services.

We seek to provide practical solutions that reinforce optimal patient outcomes, workflow efficiency, comprehensive analytics, and resource stewardship within the medication use process at St. Jude Children's Research Hospital.

CAGOs

The most current competency areas, goals, and objectives for the PGY2 Pharmacy Informatics Residency can be found [HERE](#).

Learning experiences (include orientation)

Required Rotations

- Orientation (4 weeks)
- Applied Pharmacy Informatics (Longitudinal)
- Clinical Research Informatics (Longitudinal)
- Administration, Compliance, and Revenue Integrity (5 Weeks)
- Clinical and Operational Decision Support (Longitudinal)
- Pharmaceutical Data Analytics (Longitudinal)
- Medication Safety (Longitudinal)
- Operational Leadership and Change Management (5 Weeks)
- Technology Leadership (Includes Project Management) (Longitudinal)
- Research Project Time + EHR Training/Credentialing (4 Weeks)

Presentation

1. Project Proposal
2. Clinical Pharmacist Meeting Presentation
3. Regional Residency Conference Presentation
4. 1 ACPE Accredited Lecture

Completion

To successfully complete the St. Jude Children's Research Hospital Pharmaceutical Department PGY2 Informatics Residency Program, residents must achieve the following:

1. The resident must demonstrate full achievement status for at least 75% of the objectives/goals/outcomes required by the residency program overall.
2. The resident must complete a major residency project, which is typically retrospective research or quality improvement. Project results must be presented at the MidSouth Pharmacy Residents Conference.
3. A resident project must be submitted in manuscript format appropriate for publication. Publication of project is not required for residency completion. However, consistent with St. Jude's academic focus and commitment to freely share new knowledge, residents should work toward publication of the project in a peer reviewed journal.
4. Unless there are extenuating circumstances (as judged by the Residency Program Director), the resident must participate at the ASHP Midyear Clinical Meeting. Attendance at other conferences as deemed appropriate by the Residency Program Director is possible.
5. The resident must create and deliver at least 4 presentations (see above). Other presentations may be assigned.

Teaching Certificate

St. Jude Children's Research Hospital residents can participate in the Teaching and Learning Program through the University of Tennessee College of Pharmacy.

This program is a structured educational program allowing residents to develop the foundation to be a pharmacy educator. Residents gain knowledge in educational theory, principles of learning, and effective teaching techniques. Residents attend seminars and workshops led by the college faculty and preceptors, as well as lead experiential and didactic teaching activities.

Additional information can be found at [HERE](#).

Program Quality and Improvement

We are continuously looking for ways to improve our programs. Formal feedback is solicited from current residents at the midpoint and end of the residency year. Additionally, program director, coordinator, and resident meeting routinely occur to assess opportunities for improvement.

At the conclusion of each residency a formal survey is sent to all preceptors to gauge what changes might be beneficial for the upcoming residency year. Results from these surveys are kept in a secure location that is accessible by members of the Residency Directors Committee. A summary will be presented annually to the Residency Advisory Committee.

Residency Timeline

Month	ID Pharmacy	Oncology	MUSP	PGEN	Informatics	
July	Orientation					
August	ID Consult Service	Chemo Service	MUSP	Clinical PGEN	Operational Leadership and Change Management	
September	Antimicrobial Stewardship	Inpatient service	Chemo Service	Chemo Service	EHR Training/Credentialing	
October	ID Consult Service	Outpatient Service	MUSP	Inpatient Service	Longitudinal Rotations	
November	Bone Marrow Transplant ID	Leukemia/BMT		Clinical PGEN	Longitudinal Rotations	
December	Project and Recruitment	Project month	Clinical Service x 3 weeks	Clinical PGEN	Longitudinal Rotations	
January	Solid Organ Transplant ID	Inpatient BMT	Med Outcomes	Outpatient Service		
February	Patient Care Elective	Med Outcomes	Inpatient BMT	Clinical Service X 3 weeks		Longitudinal Rotations
				MUSP		Elective
March	Patient Care Elective	ST/NO	MUSP	Clinical PGEN	Longitudinal Rotations	
April	Patient Care Elective	Heme/ Elective		Clinical PGEN		
May	Patient Care Elective	Heme/Elective		Clinical PGEN		
June	Patient Care Elective	Heme/Elective		Clinical PGEN		

*Timelines are listed as an estimate and are subject to change

Attendance and Tardiness

PURPOSE

St. Jude Children's Research Hospital (SJCRH) values the contributions of its employees and expects that they will report to work on time and as scheduled. Because employees are vital to the operations of St. Jude, adherence to the work schedule is a condition of employment. Unscheduled absences, late arrivals, and early departures must be kept to a minimum.

SCOPE

This policy applies to all workforce members of St. Jude.

POLICY

1. *Work schedules* are established by the management of each department. Planned absences must be approved by your supervisor twenty-four (24) hours in advance.
2. *Reporting procedures.* Employees are expected to be ready to work at their workstation at their scheduled start time. SJCRH recognizes that an occasional unscheduled absence or tardiness may occur. *Scheduling Absences.* Scheduled absences must be approved in advance by the immediate supervisor. The immediate supervisor has the right to request that employee's plan partial-day absences first thing in the morning or late in the afternoon, as so not to disrupt the workflow. The supervisor also has the right to request the employee to take the entire day off for scheduled or unscheduled absences.
3. *Pattern of absenteeism, tardiness, or both.* An employee may be subject to accelerated progressive discipline if a pattern of absenteeism or tardiness is identified. A pattern may be shown where an employee incurs frequent absences on a Monday, Friday, before or after holidays or paydays. An employee receiving more than one (1) written warning, final written warning or suspension within a rolling twenty-four (24) month period may be subject to immediate suspension or termination.
4. *Failure to clock in or out.* Non-exempt (hourly) employees are required to clock in upon reporting to work, and out at the end of the shift or when leaving the campus for non-work-related reasons. A pattern of failure to clock in or out, or falsification of time records may result in disciplinary action up to and including termination of employment.
5. Absences due to an *approved* Family Medical Leave (FMLA) do not count as occurrences. (See definition of exceptions).

Attendance and Tardiness

6. *Three days "no call, no show."* Three (3) consecutive days of absence without authorization or notification to department management may result in termination of employment and can be considered job abandonment.

7. *Reporting illnesses.* Many St. Jude patients are immunosuppressed, and infections that develop in these patients may be very serious and difficult to treat. Therefore, employees must report any illness that is or may be infectious in nature, to their supervisors and the Occupational Health Nurse. If an employee is sent home due to a possible infectious illness, the attendance policy will apply.

8. *Absences that exceed three (3) consecutive workdays.* If an absence caused by illness or injury exceeds three (3) consecutive workdays, the employee must, before reporting to the workplace, provide the Occupational Health Nurse with a physician's statement. The Occupational Health Nurse will issue a return-to-work authorization form that the employee must present to his or her immediate supervisor. Second- and third-shift employees are required to obtain a return-to-work slip during the normal workday before reporting to work. SJCRH has the right to require employees with poor attendance records to provide a physician's certificate justifying absences resulting from illness or injury.

9. *Occurrences of absenteeism or tardiness.* Occurrences of absenteeism or tardiness will be documented on a twelve (12)-month rolling basis as follows:

8 th occurrence	Documented Counseling
9 th occurrence	Documented Verbal Warning
10 th occurrence	Written Warning
11 th occurrence	Final Written Warning or Suspension*
12 th occurrence	Termination of Employment

* Bargaining unit employees refer to the Bargaining Unit Agreement

10. *Consecutive days of absence.* Consecutive days of absence are considered one (1) occurrence unless the reason for each day of absence is different, or if the employee fails to notify the immediate supervisor of the absence.

11. *Failure to Return to Work.* Failure to return to work after being released by a physician will be considered job abandonment and may result in disciplinary action up to and including termination of employment.

12. *Leave of Absence.* Employees requiring an absence of more than two (2) weeks must apply for applicable leave of absence. It is the supervisor's responsibility to notify Human Resources if or when an employee is absent for

Attendance and Tardiness

more than two (2) weeks or ten (10) consecutive workdays. (See Policies: FMLA, and Personal Leave). This does not apply to vacation time that has been scheduled and approved by a supervisor or manager.

PROCEDURE

1. If an unplanned absence or tardiness is unavoidable, the employee must notify his or her immediate supervisor or designee as specified by department management. A call from a spouse, friend, or relative on the employee's behalf is unacceptable unless the employee is physically unable to call. A message left with a non-supervisory employee is not sufficient. The reason for the absence and the anticipated date and time of return must be reported to the immediate supervisor.
2. If an absence caused by illness or injury exceeds three (3) consecutive workdays, the employee must, before reporting to the workplace, provide the Occupational Health Nurse with a physician's statement indicating diagnosis, the period of illness, the date authorized to return to work, and any temporary or permanent restrictions related to work.
3. Employees must report any illness that is or may be infectious in nature, to their supervisors and the Occupational Health Nurse. The nursing coordinator will take such reports in lieu of the Occupational Health Nurse after normal working hours, on weekends, or on holidays.

DEFINITIONS

1. *Occurrence of tardiness.* The failure of an employee to be at the workstation and ready to work at the assigned time regardless of the reason.
2. *Occurrence of absenteeism.* The failure of an employee to report to work or to work the entire shift, as scheduled regardless of the reason. Consecutive days of absence for the same reason are considered one (1) occurrence unless the employee fails to notify the immediate supervisor of the absence.
3. *Exceptions.* The following occurrences of absenteeism are considered to be outside the scope of this policy and will not result in discipline: holidays, planned vacation, jury duty*, worker's compensation leave*, military duty*, approved leaves of absence*, bereavement leave*, and family and medical leave*. (Certification/proof required)
4. *Workforce Members:* Employees, trainees, students, volunteers, or others in the performance of work for St. Jude, whether or not they are paid by St. Jude.

Attendance and Tardiness

EXTERNAL REFERENCES

N/A

FORMS AND OTHER DOCUMENTS

N/A

REFERENCED INSTITUTIONAL POLICIES

[Family and Medical Leave](#)

[Personal Leave of Absence](#)

Progressive Discipline Process

PURPOSE

Employees of St. Jude Children's Research Hospital (SJCRH) are expected to devote work time to work, to meet all work standards, and to conduct themselves appropriately. Although this policy outlines basic procedures for disciplinary action, the employment relationship is "at will" and is based on mutual consent of the employee and SJCRH. Accordingly, the employee or SJCRH may terminate the relationship at any time, with or without cause, notice, or reason, with or without having followed the steps listed below.

SCOPE

This policy applies to all workforce members working on the St. Jude campus. Bargaining Unit employees must refer to their respective Union Contract Agreement.

POLICY

1. Several levels of disciplinary action, each progressively more serious, have been established. However, because of the many variable factors involved, it is neither possible nor advisable to establish any rigid set of rules. In cases of serious infractions, immediate suspension or discharge is appropriate. Such disciplinary action occurs without prior warnings or attempts at progressive discipline.
2. In arriving at a decision for an appropriate action, the following may be taken into consideration:
 - Seriousness of the violation
 - Past employee record
 - Circumstances surrounding the incident.

We reserve the right to deal with individual circumstances and determine at what level to begin the disciplinary process.

3. If the employee refuses to sign the disciplinary action, the supervisor should request another supervisor to witness the refusal. A note (refused to sign) should be made on the document and both supervisors should sign and date the document. A copy of the disciplinary action is given to the employee.
4. *Progressive Discipline Process (Informal and Formal)*

Informal Discipline (*Informal Discipline Documentation is maintained at the department level*) Page 2 of 5 Section

- *Documented Counseling.* The employee's supervisor will meet with the employee to provide feedback on deficiencies, inappropriate behavior, or performance problems in an effort to correct the matter.

Progressive Discipline Process

Formal Discipline (*Formal Discipline Documentation must be sent to Human Resources*)

- *Documented counseling.* A documented counseling involves a documented discussion between an employee and his or her supervisor concerning deficiencies, inappropriate behavior or performance problems in an effort to correct the matter.
- *Verbal Warning.* A verbal warning involves a documented discussion between an employee and his or her supervisor concerning an infraction of rules or failure to meet standards of personal conduct or performance. Verbal warnings are often issued to an employee in an effort to correct minor violations or after earlier informal counseling. Employees should be told the consequences of repeat violations. A copy of the disciplinary action is given to the employee.
- *Written Warning.* A written warning is a written notice to the employee of a policy violation or failure to meet standards of personal conduct or performance. Written warnings may be issued as the first disciplinary step for more serious violations or when previous counseling or verbal warnings have failed to alleviate the problem. Continued violations will result in a final written warning, suspension or termination. A copy of the disciplinary action is given to the employee.
- *Final Written Warning or Suspension.* A final written warning or suspension may be issued for continuing or serious performance or conduct concerns. Final written warnings or suspension may be issued as the first disciplinary step for more serious violations. Further infractions may result in termination of employment. The supervisor may require the employee to take a workday off, to develop a written action plan of how to correct the behavior or poor work performance.

A copy of the disciplinary action is given to the employee.

- *Termination.* Termination of employment is the final step in the progressive disciplinary action process. However, employment may be terminated without warning for incidents that are serious enough to warrant such action. See the Rules of Conduct for additional information about grounds for immediate discharge Policy.
5. An employee who receives three (3) written warnings, final written warnings and/or suspensions during a twelve-month period, regardless of the reason(s), may be terminated from employment.
 6. While in formal disciplinary status, the employee is not eligible to transfer to another position unless approval is granted (See the Complaint Resolution Procedure Policy).

PROCEDURE

N/A

Progressive Discipline Process

DEFINITIONS

Workforce Members: Employees, trainees, students, volunteers, or others in the performance of work for St. Jude, whether or not they are paid by St. Jude.

REFERENCES

N/A

FORMS AND OTHER DOCUMENTS

Corrective Action Form

REFERENCED INSTITUTIONAL POLICIES

[Staffing a Vacant Position](#)

[Complaint Resolution Procedure](#)

Professional Conduct on and off St. Jude Campus

PURPOSE

St. Jude Children's Research Hospital (St. Jude) has developed guidelines designed to promote a safe and productive work environment for our employees, our patients, and their families. St. Jude expects employees to conduct themselves in accordance with good professional and ethical standards at all times.

SCOPE

This policy applies to all visitors and workforce members of St. Jude.

POLICY

1. All St. Jude employees, vendors, contractors and other individuals on campus for work-related reasons are expected to act in a respectful and professional manner in order to provide a positive and productive work environment for all employees, patients and families.
2. Misconduct or violations of St. Jude guidelines, policies and procedures by employees will result in corrective disciplinary action up to and including termination of employment.
3. The following list includes examples of reasons for disciplinary action. St. Jude reserves the right to deal with individual circumstances and determine when the disciplinary process should begin. This is not intended to be an exhaustive list, and employees may be subject to discipline for reasons not set forth in this list.
 - a. Unsatisfactory behavior or work performance
 - b. Leaving work area or St. Jude premises during work time without authorization and/or failure to clock out
 - c. Excessive or a pattern of tardiness or absenteeism
 - d. Excessive adjustments to timesheets for failure to clock in and out
 - e. Sharing of computer security password or breach of computer security through unauthorized access
 - f. Unauthorized use of the name, property, or records of St. Jude
 - g. Failure to comply, support and enforce all policies of St. Jude, including campus traffic control and parking policies
 - h. Malicious mischief
 - i. Failure to disclose a conflict of interest or failure to eliminate a conflict of interest when so directed

Professional Conduct on and off St. Jude Campus

- j. Gambling on premises
- k. Inappropriate or unauthorized use of St. Jude letterhead
- l. Inappropriate use of St. Jude Internet, e-mail, mobile devices, electronic files, or equipment that is the property of St. Jude
- m. Violation of the harassment policy
- n. Violation of the Solicitation, Internet & E-Mail policies
- o. Smoking in unauthorized areas
- p. Unproductive use of work time
- q. Working unauthorized overtime
- r. Unauthorized family or friends in the work area
- s. Failure to submit to a drug or alcohol test requested by Human Resources or their designee

4. Some violations are so severe in nature and gravity that they may be cause for immediate termination of employment. The following list includes examples of reasons for immediate discharge. St. Jude reserves the right to deal with individual circumstances and determine the appropriate corrective action or level in the disciplinary process on a case-by-case basis. In arriving at a decision for proper action, the following may be considered: seriousness of the violation, past record (12 to 18 months) of the employee and the circumstances surrounding the matter. This is not intended to be an exhaustive list, and employees may be subject to immediate termination of employment for reasons not set forth in the list below. Failure to successfully complete the introductory period.

- a. Failure to successfully complete the introductory period
- b. Gross neglect of duties, including failure to provide patient care, patient abandonment, or job abandonment
- c. Lack of confidence
- d. Violation of St. Jude policies
- e. Unauthorized sleeping on the job during work hours
- f. Unauthorized possession or use of drugs or alcohol on St. Jude time or premises, or reporting for work under the influence of alcohol, prescription drugs, narcotics, or illegal drugs
- g. Illegal possession, sale, distribution, or consumption of drugs or intoxicants

Professional Conduct on and off St. Jude Campus

- h. Receipt of three (3) written warnings, final written warning, and/or suspensions, during a 12-month period, regardless of the reason(s)
- i. Divulging or releasing confidential or unauthorized official information
- j. Written, verbal or other forms of falsification of records, including employment-related applications, time and attendance records, health records and forms, credentials or licensure, research data, and patient records
- k. Unauthorized possession of firearms or weapons of any kind in St. Jude buildings or at St. Jude-sponsored events
- l. Insubordination or refusal to follow work instructions
- m. Damaging, defacing, mishandling or unauthorized use or removal of St. Jude property
- n. Failure to cooperate or comply with a request in an investigation, regulatory audit, survey inquiry or similar situation, including destruction of records, failure to produce records, false, misleading or incomplete statements, and other similar actions or statements
- o. Fighting, verbal or physical threats or threatening statements, gestures or physical contact;
- p. Violation of safety and security regulations
- q. Abusive, inappropriate, discourteous language or behavior toward a patient, parent, supervisor, coworker, vendor, visitor, or other person having business with St. Jude including the use of profanity and other harassing statements
- r. When there is a reasonable assumption of privacy the use of any device that records, transmits or captures vocal or images without a person's knowledge or permission, is prohibited
- s. Three consecutive days of absence without authorization or notification
- t. Conviction of a felony or failure to disclose a felony or any charge that involves minor children; prescription drugs, narcotics, or illegal drugs
- u. Failure to return to work, once released from a physician after an approved leave
- v. Conduct, on or off campus, that brings discredit to St. Jude
- w. Theft or attempted theft from St. Jude, a coworker, a patient, parent or other persons having business with St. Jude

Professional Conduct on and off St. Jude Campus

- x. Misappropriation of funds
 - y. Failure to obtain or expiration of required licensure, certification, registration or work authorization
 - z. Diversion of Drugs
 - aa. Lack or loss of grant funding
 - bb. Lab closure
 - cc. Departmental reorganization
 - dd. Unlawful retaliation
 - ee. Failure to comply with the Privacy or Security policies or procedures or with the HIPAA Privacy Rule and/or the HIPAA Security Rule, as amended
- 5. In connection with an emergency, pandemic or other similar scenario, an employee can be disciplined or terminated for failing to adhere to safety precautions enacted part of an emergency operations plan, incident command center directive, hospital administration directive, or occupational health/public health directive. Any employee who has concerns about adherence to such safety precautions will be referred to the ADA Committee.

PROCEDURE

HR Policy Americans with Disabilities Act

DEFINITIONS

Workforce Members: Employees, trainees, students, volunteers, or others in the performance of work for St. Jude, whether or not they are paid by St. Jude.

EXTERNAL REFERENCES

N/A

FORMS AND OTHER DOCUMENTS

N/A

REFERENCED INSTITUTIONAL POLICIES

[Progressive Discipline Process](#)

Weapons Policy

PURPOSE

The purpose of this policy is to help ensure a safe environment for patients, families, visitors, and staff on the St. Jude Children's Research Hospital (St. Jude) campus.

SCOPE

This policy applies to all visitors and workforce members of St. Jude.

POLICY

1. St. Jude prohibits carrying or transporting a firearm or weapon of any kind on St. Jude property. This prohibition does not apply to on-duty law enforcement officers or other individuals whose presence on campus is related to emergency operations and are authorized to carry a weapon based upon the nature of their job.
2. The Director of Security, the primary interface between St. Jude and outside security agencies, may make exceptions to this policy when operationally necessary.
3. Any employee found in violation of this policy is subject to disciplinary action, up to and including termination of employment. If the offender is not an employee, other appropriate action will be taken, up to and including removal from campus and/or suspension or revocation of housing privileges.
4. All weapons observed should be immediately reported to Security at ext. 4444.

PROCEDURE

1. Emergencies involving weapons should be reported by calling 911 or Security (ext. 4444) as soon as safely possible.
2. Employees should not put themselves or anyone else in danger in order to make the report. If necessary, leave the area prior to making the call.
3. Security should be called as soon as safely possible when a weapon is used or displayed in a threatening manner or used in a crime.
4. Evacuate all persons from the affected area to safety.
5. Notify Security of the nature of the event, including any injuries, the location, a description of the individual, and the type of weapon involved.
6. Non-emergency incidents involving weapons should be reported as soon as possible to Security, ext. 4444.

Weapons Policy

DEFINITIONS

Weapon: A weapon is defined as a firearm or anything manifestly designed, made or adapted for the purpose of inflicting death or serious bodily injury; or anything that in the manner of its use or intended use is capable of causing death or serious bodily injury.

Workforce Members: Employees, trainees, students, volunteers, or others in the performance of work for St. Jude, whether or not they are paid by St. Jude.

EXTERNAL REFERENCES

N/A

FORMS AND OTHER DOCUMENTS

N/A

REFERENCED INSTITUTIONAL POLICIES

[Professional Conduct on and off St. Jude Campus](#)

[Workplace Search Policy](#)

[Workplace Violence Policy](#)

Conditions of Employment

PURPOSE

To ensure and maintain compliance with Joint Commission on Accreditation Hospitals and Health Care Organizations (JCAHO) and Federal guidelines, all employees of St. Jude Children's Research Hospital (St. Jude) must meet the requirements set forth in this policy as conditions of employment.

SCOPE

This policy applies to all Workforce Members of St. Jude.

POLICY

1. All staff employees are required to have a completed St. Jude "Application for Employment" on file in Human Resources (HR). Any falsification or omission of information on the application is reason for immediate dismissal and ineligibility for rehire for a period of time not to exceed 20 years. Faculty, postdoctoral research associates, clinical fellows and other employees not considered staff do not have an application on file in HR.
2. All applicants who are offered employment at St. Jude must complete and pass a background check conducted in accordance with the Staffing a Vacant Position Policy.
3. All applicants who are offered employment at St. Jude must complete and pass a drug-screening examination in accordance with the Staffing a Vacant Position Policy.
4. All employees are required to complete an Employment Health Screening with the St. Jude Occupational Health Nurse. This evaluation may include a medical history and screening tests (laboratory tests, tuberculin skin tests, radiographs, etc.) depending upon where the employee will be working. Additional requirements include,
 - a. Employees or applicants whose job will place them at risk for occupational exposure to the hepatitis B virus will be required to receive the vaccine, show proof of previous vaccination, or sign a declination form as a condition of employment.
 - b. Certain infectious diseases such as chronic hepatitis B infections, acquired immune deficiency syndrome, neoplastic diseases or immunosuppressive therapy may disqualify an applicant or employee for assignment to areas of the Hospital in which the risk of infection to the applicant, patients and other employees may be unacceptably high. Employees may be required to have a health assessment completed by medical personnel of St. Jude's choosing.

Conditions of Employment

- c. Participation in the annual influenza vaccine program is required for all personnel as outlined below. All employees who work with highly pathogenic influenza viruses (HPI) and all employees who are direct patient care providers must receive the annual influenza vaccine unless a medical or religious objection is provided, in which case the employee shall be referred to the ADA Coordinator in Human Resources.
 - i. All other employees (non-HPI and non-direct patient care provider roles) must receive the annual influenza vaccine or sign a declination form.
 - d. If a potentially infected employee may pose a direct threat to the health of others or the St. Jude campus, screening or testing requirements determined by St. Jude for the safety of employees and the campus, including temperature screens or nasal swab testing for an infectious disease may be required as employees enter the workplace. Under such circumstances, St. Jude may also inquire as to whether employees are experiencing symptoms of the infectious illness before permitting them to enter the St. Jude campus. Such “direct threat” circumstances typically arise during a pandemic or other situation in which public health authorities have acknowledged significant community spread. Refusal to cooperate with such screening or testing may disqualify an employee for on-campus work.
 - e. All employees receiving offers of employment on June 1, 2021, or thereafter must be fully vaccinated against SARS-CoV-2. Effective September 9, 2021, all existing employees must be fully vaccinated against SARS-CoV-2. Employees without proof of vaccination against SARS-CoV-2 will be required to receive vaccination(s) as a condition of employment unless medical or religious accommodations are requested, in which case the employee shall be referred to the ADA Coordinator. The ADA Coordinator may request or offer for the employee to begin the interactive accommodation process by completion of the Employee Accommodation Request form, the Medical Accommodation Request form, and other forms as appropriate.
 - f. Participation in St. Jude’s Mandatory COVID-19 Vaccination Program is a condition of employment, in accordance with the Mandatory COVID-19 Vaccine Policy.
5. In connection with an emergency, pandemic or other similar scenario, an employee can be disciplined or terminated for failing to adhere to safety precautions enacted part of an emergency operations plan, incident command center directive, hospital administration directive, or occupational health/public health directive. Any employee who has concerns about adherence to such safety precautions will be referred to the ADA Committee
6. In compliance with Sarbanes-Oxley, 206 Conflicts of Interest, the Chief Executive Officer, Chief Financial Officer, Controller, or any person in an equivalent position shall not have been employed by the St. Jude public accountant engagement team (external auditor) within the year preceding the St. Jude audit.

Conditions of Employment

7. Noncompliance with this policy may result in the rescission of an offer, disciplinary action, up to and including, deactivation of campus access and/or termination.

PROCEDURE

1. All employees must provide documentation that establishes identity and employment eligibility as described in the "Immigration Reform & Control Act".
2. All employees, including rehires, must attend New Employee Orientation within the first seven (7) days of employment.
3. All employees must agree to abide by the St. Jude Drug-Free Workplace Policy, as a condition of employment and to notify HR of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after each conviction.
4. Because of the nature of patient care and research at St. Jude, working overtime and being on call may be required as conditions of employment. Supervisors will inform their employees in advance when such a condition exists.
5. All new employees are required to complete and sign various policy compliance statements.
6. Inability to meet these conditions may result in disciplinary action, including termination of employment.

DEFINITIONS

Workforce Members: Employees, trainees, students, volunteers, or others in the performance of work for St. Jude or an affiliated LLC of St. Jude, whether or not they are paid by St. Jude.

Direct Threat: (a) A direct threat is defined as someone who poses a substantial risk to the health and safety of employees or others that cannot be eliminated by reasonable accommodation or (b) in the case of a pandemic or other situation in which public health authorities have acknowledged significant community spread of an infectious agent/virus/illness/disease, St. Jude may take steps to determine if employees entering the workplace or campus have the infectious agent/virus/illness/disease, including administering medical examinations or making disability-related inquiries that are job-related and consistent with business necessity to determine if an employee has symptoms or a confirmed case of the identified infectious agent/virus/illness/disease.

EXTERNAL REFERENCES

Americans with Disabilities Act

Conditions of Employment

FORMS AND OTHER DOCUMENTS

N/A

REFERENCED INSTITUTIONAL POLICIES

[Staffing a Vacant Position](#)

[Drug Free Workplace](#)

[Mandatory COVID-19 Vaccine for Individuals Not on Payroll, Vendors and Visitors](#)

[Mandatory COVID-19 Vaccine for Employees and Students Enrolled in the St. Jude Graduate School for Biomedical Sciences](#)

Separation of Employment and Retirement

PURPOSE

This policy sets forth St. Jude Children's Research Hospital's (St. Jude) policy with regard to separation of employment. See the respective handbooks for information regarding Faculty and Postdoctoral Research Associates.

SCOPE

This policy applies to all employees, on payroll, working on the St. Jude campus.

POLICY

1. Employment at St. Jude is "at will". Either the employee or St. Jude may terminate the relationship at any time with or without cause and for any reason that is not prohibited by applicable state or federal law.
2. *Preferred notice.* Any employee who voluntarily resigns, for any reason, must give his or her supervisor written notice of resignation. Director level and above personnel must give at least four (4) weeks' notice; all other employees must give a minimum of two (2) weeks' notice. Failure to give notice or work during the preferred notice period could render an employee ineligible for rehire.
3. *Pay in lieu of Preferred Notice:* An employee who voluntarily resigns, for any reason, may be paid in lieu of the "preferred notice", if the Department decides to make the employee's last day of work effective prior to the employee's proposed separation date.
4. *Withdrawal of resignation.* Employees are encouraged to think very carefully before submitting a resignation. Once accepted by the supervisor, a resignation will not be withdrawn except in the most extenuating circumstances.
5. *Use of sick leave during the notice period.* Accrued sick leave is automatically lost and will not be paid during the preferred period of notice. However, an employee who gives an advance notice greater than the preferred period and is absent because of illness during the advance notice period may use accrued sick leave.
6. *Use of vacation during the notice period.* Use of vacation is not normally permitted during the preferred period of notice. Exceptions must be approved in advance and the supervisor must inform Payroll of the exception.
7. *Use of vacation to extend period of employment.* Payment of vacation benefits may not be used to extend the employee's period of employment.

Separation of Employment and Retirement

8. *Pay-out of vacation upon separation.* Separating employees will receive pay for accrued but unused vacation and personal days. Payouts will be made in accordance with applicable state law.
9. *Involuntary separation.* An employee who is involuntarily separated will be informed of the reason for the separation and will be paid for time worked and accrued, unused vacation and personal days.
10. *Exit interview.* Exit interviews are not mandatory; however, every employee separating from employment is encouraged to complete an exit interview online or schedule a personal exit interview with HR – Employee Relations. The exit interview will be held in confidence by HR – Employee Relations.
11. *Final paycheck.* Unless applicable state law requires otherwise, paychecks for separated employees will be available in Human Resources on the regular scheduled payday following the separation date. Employees may pick up their paychecks in HR or may request, in writing, that the checks be mailed to a specified address.

PROCEDURE

1. Upon separation, it is the employee's responsibility to do the following:
 - a. Complete the Employee Separation Checklist.
 - b. Schedule an exit interview Employee Relations in Human Resources or complete the exit interview online.
 - c. Turn in the Employee Separation Checklist, ID badge, parking hangtag to Human Resources on the last day of employment.
2. It is the supervisor's responsibility to do the following:
 - a. Provide the Employee Separation Checklist to the terminating employee
 - b. Submit a Request for Replacement Personnel to begin recruitment for a replacement
 - c. Ensure that all hospital property is returned to St. Jude.

DEFINITIONS

N/A

EXTERNAL REFERENCES

N/A

Separation of Employment and Retirement

FORMS AND OTHER DOCUMENTS

N/A

REFERENCED INSTITUTIONAL POLICIES

[Vacation Leave](#)

Separation of Employment and Retirement

Section 15 - HR

Effective Date: 5/12/2021

15.10.095

Separation of Employment and Retirement

POLICY DETAILS

Title: Separation of Employment and Retirement.docx
Policy Type: Institutional
Policy Number: 15.10.095
Section: 15 - HR
Category: 10 - Hiring, Immigration, and Separation Practices
Policy Owner: Speck, Kathleen
Alternate: Douglas, Kynis P
Sponsor: Bottenfield, Dana

POLICY HISTORY

Action	Approval Date	Effective Date
New Policy	1/1/1988	1/1/1988
Reviewed	11/30/2017	11/30/2017
Revised	5/12/2021	5/12/2021

Next review date is 5/12/2024

Separation of Employment and Retirement

Section 15 - HR

Effective Date: 5/12/2021

15.10.095

Separation of Employment and Retirement

APPROVALS

Approval	Date
Owner/Alternate - Speck, Kathleen	5/11/2021 4:36:33 PM
Sponsor - Bottenfield, Dana	5/11/2021 4:36:53 PM
HR - EVP - Bottenfield, Dana	5/11/2021 4:37:09 PM

Signature: Signature on file in Administration
Director and CEO

Date: 5/12/2021