

## POSITION DESCRIPTION

April 2022

For period June 1, 2022 through June 30, 2023

**NAME:** Vacant  
**TRACK:** Non-Tenure  
**TITLE:** Assistant Professor of Allergy/Immunology  
**DEPARTMENT/DIVISION:** Otolaryngology, Head & Neck Surgery/ Allergy

### GENERAL DUTIES

This person will function as a member of the Department of Otolaryngology and will report to the Department Chairman.

### ORGANIZATIONAL RELATIONSHIP:

This is an academic position in the practice and teaching of Allergy/Immunology to medical students, residents, and allied health professionals with direct responsibilities to the Chair of Otolaryngology.

CHARACTERISTIC DUTIES AND RESPONSIBILITIES COMMITMENT	TIME
I. Administration	5%
A. Assist in the administrative functions of the Department of Otolaryngology working with the chair to develop systems of supervision and evaluation of residents and medical students.	
II. Teaching	10%
A. Provide a role model as a teacher in Allergy/Immunology.	
B. Assist with methods for students, residents in otolaryngology, and other residents rotating through otolaryngology.	
C. Develop and implement programs in Allergy/Immunology for national distribution.	
D. Supervise research by medical students, residents in otolaryngology.	
III. Research	10%
A. Participate in research in medical education related to Allergy/Immunology.	
B. Participate in oversight of clinical trials related to allergy/immunology research	
IV. Service	75%

Demonstrates, by actions, commitment to the mission and the behavioral standards of SIU School of Medicine. Provides excellent service to both internal and external customers through collaboration and partnership; compassion and respect; integrity and accountability; diversity and inclusion; as well as continuous learning and improvement.

- A. Set an example as a highly skilled and conscientious practitioner of Allergy/Immunology with a practice style that is balanced with self education and other academic activities which will provide an example of future practitioners of otolaryngology.
  - 1. Maintain a practice of Allergy/Immunology in order to continue clinical proficiency.
  - 2. Provide a role model as a practitioner for faculty, house officers, students and fellow practitioners.
  - 3. Attend national meetings, symposia and committees related to Allergy/Immunology.
  - 4. Present papers and lectures at meetings of Allergy/Immunology or related fields.
  - 5. Serve on committees where appropriate of national, regional and state societies pertaining to Allergy/Immunology.
- B. Represent the Department of Otolaryngology on committees as requested by the Chairman of the Department of Otolaryngology.

**REQUIRED QUALIFICATIONS**

- A. Sensitive to the needs of under-represented minority populations.
- B. MD licensure in the State of Illinois.
- C. Successful Completion of Fellowship Program in Allergy/Immunology.
- D. Board-Certified (preferred) or Board-Eligible in Allergy/Immunology.
- E. Possess Competency in all areas of Allergy/Immunology.
- F. Demonstrate an interest in undergraduate medical education and residency training.

**ENVIRONMENTAL, HEALTH AND SAFETY RESPONSIBILITIES**

Participates in meetings, trainings and other environmental, health and safety activities as required by SIU School of Medicine.

**Physical Requirements and Work Environment:**

See attached Physical and Environmental Requirements Form. This person must be able to travel between the various SIU locations.

**APPROVALS**

\_\_\_\_\_  
 Name of Employee                      Date  
 Assistant Professor  
 Department of Otolaryngology, HNS

\_\_\_\_\_  
 Dana Crosby, M.D.                      Date  
 Professor and Chairman  
 Department of Otolaryngology, HNS

# PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

## SIU SCHOOL OF MEDICINE

Incumbent: \_\_\_\_\_ Classification: Professor of Allergy/Immunology

Position No. (If applicable): \_\_\_\_\_ Department: Otolaryngology-SMS

**WORK ENVIRONMENT: (Check all applicable environments)**

<input checked="" type="checkbox"/> Office	<input checked="" type="checkbox"/> Hospital
<input checked="" type="checkbox"/> Clinic	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Research Laboratory	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Other (Be Specific): _____	

PHYSICAL DEMANDS:	Seldom <small>(Performed rarely less than 2% of the time)</small>	Occasionally <small>(Performed less than 25% of the time)</small>	Frequently <small>(Performed 26% to 50% of the time)</small>	Constantly <small>(Performed 51% or most of the time)</small>	N/A
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*(Click on the Physical Demands Definitions button at the bottom of the form for a list of physical demands definitions)*

Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Close visual acuity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Travel	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing - Conversation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Hearing - Other Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stooping	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squatting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross hand manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fine hand manipulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Working in dust, fumes, gases, or irritants	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working at heights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working in extreme cold, heat and/or humidity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Working in close quarters	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Operating motor vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Working above shoulder level	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twisting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pushing or pulling		20 - 40 lbs.			<input type="radio"/>
Carrying		10 - 20 lbs.			<input type="radio"/>
Lifting		10 - 20 lbs.			<input type="radio"/>
Other (Please list): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I affirm the environmental and physical demands listed on this form are an accurate reflection of the requirements of this position to the best of my knowledge and belief.

I have read, understand and am capable of meeting the physical and environmental demands of this position.

Supervisor Signature _____	Date _____	Supervisor Name _____	Employee Signature _____	Date _____
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