

**SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE
POSITION DESCRIPTION**

NAME: **FLSA STATUS:** Exempt

RANK: Licensed Clinical Social Worker or
Licensed Clinical Professional Counselor

DEPARTMENT: Family and Community Medicine

DIVISION: Carbondale

ORGANIZATIONAL RELATIONSHIP: This position reports to the lead Licensed Clinical Social Worker who reports to the Medical Director of the Center for Family Medicine - Carbondale.

GENERAL DUTIES: This person will provide case coordination services as well as mental health and counseling services to patients in Carbondale.

CHARACTERISTICS DUTIES AND RESPONSIBILITIES:

The following information is intended to be representative of the work performed by incumbent in this position and is not all inclusive. The omission of a specific duty or responsibility will not preclude it from the position if the work is similar, related, or a logical extension of position responsibilities.

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.

I. Administration 0%

II. Teaching 0%

III. Research 0%

IV. Service 100%

- A. Develop a clinical counseling and case management practice in the Carbondale Family Medicine residency program.
- B. Provide individual, family, or specific group counseling sessions.
- C. Provide referral and assistance to families and patients in need of services from regional social service agencies or medical providers.
- D. Serve as a back up to the LCSW on the Care A Van

- E. Other duties or special projects as assigned by the lead LCSW or the Medical Director of the Center for Family Medicine – Carbondale.
- F. Provide emergency services to patients as needed including those who are identified as having no primary care physician.
- G. Participates in Center peer review and quality improvement activities.

AUTHORITY AND RESPONSIBILITY

- A. Supervisory Controls: The supervisor will assign duties as needed. The employee will be expected to work independently, with occasional consultation from the supervisor.
- B. Guidelines: Guidelines and policies are set by the supervisor and other program faculty.

MINIMUM QUALIFICATIONS

- Master’s degree in psychology, social work or counseling.
- Licensed in the State of Illinois as Clinical Social Worker or Clinical Professional Counselor.
- Experience in providing services in a rural location
- Experience/Interest in intervention with youth, families, adults and geriatrics as typical in a Family Medicine Clinic.
- Sensitive to the needs of underrepresented minority populations.

DESIRED QUALIFICATIONS

- Experience in a primary care setting.

ENVIRONMENTAL, HEALTH AND SAFETY RESPONSIBILITIES

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

WORKING CONDITIONS/PHYSICAL DEMANDS

- See attached Physical and Environmental Requirements form.

SIGNATURES

_____ Date: _____
 Incumbent
 LCSW or LCPC
 Center for Family Medicine - Carbondale

_____ Date: _____
 Jennifer Hammonds, LCSW
 Instructor and Lead LCSW
 Center for Family Medicine – Carbondale

Scott Schonewolf, DO
Assistant Professor and Medical Director
Center for Family Medicine – Carbondale

Date: _____

REVIEWED BY:

Iris Wesley, Chief Executive Officer
SIU FQHCs

Date: _____

Janet R. Albers, MD
Professor of Clinical FCM and Chair
Department of Family & Community Medicine

Date: _____

PHYSICAL AND ENVIRONMENTAL REQUIREMENTS

SIU SCHOOL OF MEDICINE

Incumbent: _____ Classification: LCSW or LCPC

Position No. (If applicable): SMC.AP.70887.000 Department: Family and Community Medicine/Carbondale-SMS

WORK ENVIRONMENT: (Check all applicable environments)

<input checked="" type="checkbox"/> Office	<input 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	Occasionally	Frequently	Constantly	N/A
(Indicate frequency of activity during performance of position duties)	(Performed rarely less than 2% of the time)	(Performed less than 25% of the time)	(Performed 26% to 50% of the time)	(Performed 51% or most of the time)	

(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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stooping	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squatting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross hand manipulation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operating motor vehicles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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 Jennifer Hammonds, LCSW

Employee Signature _____ Date _____