

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
-------------------	--	--	---	--	-----

(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