

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

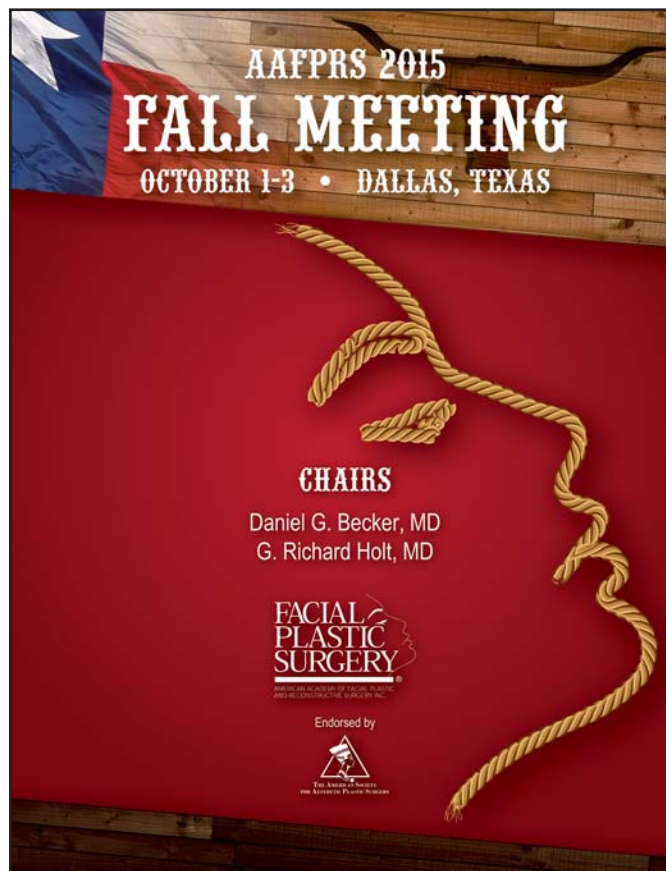
COME TO THE LONE STAR STATE THIS FALL FOR SPECTACULAR SESSIONS

This fall, the Academy members are convening in a new city, new venue, and with exciting new learning and engaging activities for the Annual Fall Meeting, October 1-3, 2015, in Dallas. If you haven't reviewed the program or registered to attend—now is the time. Chairs Daniel G. Becker, MD, and G. Richard Holt, MD, have constructed a phenomenal scientific program that will help you take your skills and your practice to the next level.

The last issue of *Facial Plastic Times* highlighted some feature workshops and panels. Here are additional highpoints to consider.

Jonathan M. Sykes, MD, will moderate, "My Facelift Technique: Exactly How I do it." This is an excellent opportunity to learn from Ira D. Papel, MD; James Grotting, MD; Keith A. LaFerriere, MD; Stephen W. Perkins, MD; and Norman J. Pastorek, MD, as they share the details that make the difference.

For the recent graduate, current fellow, or one considering opening a private practice, don't miss the event, "I've Finished my Fellowship—Now What?" There will be two breakout sessions covering options after fellowship and the nuts and bolts of opening a private practice. Pros and cons will be discussed, along with the logistics of setup and how to handle typical challenges.



There will be an all-star rhinoplasty panel, "Cutting Edge of Rhinoplasty: The Absolute Latest and Greatest Pearls and Techniques." Tom D. Wang, MD, will moderate, "Rhinoplasty: Getting from Good to Great," where panelists will share both technical and theoretical viewpoints on how one learns to become a better rhinoplasty surgeon.

Wayne M. Sotile, PhD, founder of the Center for Physician Resilience and author of *The Resilient Physician* and *Letting Go of What's*

Holding You Back, will be the Jack R. Anderson Lecturer. You will not want to miss his presentation, "Choosing Resilience: The Key to Thriving through Change," to gain insights from self-assessments and evidence-based tactics and strategies. In addition to the Jack Anderson lecture, Dr. Sotile will also be teaching an instruction course, "Getting the Best out of Medical Groups: Deepening Surgeon and Team Engagement and Resilience." Participants will be provided with a toolkit of skills for better understanding and motivating their entire team.

There will be plenty of sessions on injectables and non-invasive treatments. Topics range from a four-hour workshop on state-of-the-art injectables and fat grafting to fat melting, laser resurfacing, and chemical peels.

Steve H. Dayan, MD, has put together an all-star workshop entitled, "Look Beyond the Obvious: The Future of Aesthetic Medicine." Non-surgical procedures including lasers, injectables, topicals, and nutraceuticals have exploded in popularity over the past decade and all of aesthetic medicine has been affected. Come to this non-surgical adjunctable course and witness the coming revolution.

Donald J. Annino, Jr., MD, DMD, will present a course on the *See Assistants Program*, page 4

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PRESIDENT'S MESSAGE:

People talk about the evolution of medicine and its rapid growth, especially through telemedicine and technology. There isn't a soul who has not been touched by this progress and it has made our lives infinitely more efficient and simpler. I can review a CT of a mandible fracture from home during the evening hours and give some initial instruction within minutes to the resident or referring doctor. We all hear of how computers have impacted patient care with rapid alerts of abnormal laboratory results

or robotic surgeries being performed from great distances. The naval medical center has been a trailblazer for teleradiology, currently pulling in x-rays from around the world, including hostile areas.

The enormous amount of data we have at our finger tips has forced us to circle around the computer to the extent that floor rounds will often include the electronic tower that houses a large monitor for all to view. It is almost as if the doctors are treating the patient in the computer while the real human being lying in the bed is merely an icon of the patient. This so called "i-patient" (coined by author Abraham Verghese, MD) is doing quite well and receiving wonderful care, while the person may be lost in cyberspace and wondering "where is everyone?" The human doctor-patient relationship is slipping further apart.

The single most dramatic decline in the doctor-patient interaction is the loss of human touch. For many of us, the computer screen sits between the patient and us, sometimes literally and certainly figuratively. Recently, a few friends had doctor appointments and mentioned how brief and superficial the physical exams were. "The oncologist read the pathology and radiology reports of my breast cancer, and then started telling me about chemotherapy options. He never examined me. He never put his hands on my breast, and never touched my axilla. I left feeling like he did not even know my name." This may seem extreme and fictitious, but it cannot be more real.

The physical exam between the physician and the patient is a ritual with ancient roots and great significance. The fact that one individual will share the greatest fears, weaknesses, and pains, and then will disrobe to allow the physician to touch his or her body where it hurts most, is reflective of a sacred trust. The trust is sealed through our history and physical. Any shortcut in this process will undermine our responsibility. Typing on the computer as the patient is describing his or her concerns or neglecting to palpate the neck or inspect the skin, is destroying the patient-physician bond. The power of a physical exam and of human touch cannot be overestimated. I am as pragmatic as the next guy and some of this had to be learned from first-hand experience only.

On occasion, we will be doing a procedure under straight, local anesthesia despite the patient being anxious and jittery. When she returns to the clinic for a post-op check, she is often deliberately seeking out one individual to give a warm hug and share sincere gratitude. It's not me. It is the nurse who was reaching under the drapes and holding her hand. The power of human touch can have such a tremendous calming effect that it can be measured and quantified.

Placebo was once akin to the sham operation. We all think of a placebo as a fake and certainly on the wrong side of the ethical boundary. The irony is that placebos can trigger real physiologic change based on an array of variables including context, environment, and the human touch. A patient with Parkinson's disease can see a rise in dopamine after a

THE HUMAN TOUCH

placebo. The mechanism of action is not the drug delivered, but the delivery. The cerebral and spiritual belief by the patient can turn around and impact their biology. So much of what we say and do have healing powers. Words of comfort can heal. Giving patients hope is essential. For this reason, we cannot merely send patients for tests, dispense prescriptions, and expect the same clinical response. The ritual of the doctor-patient relationship remains critical to the experience of the patient and the successful outcome.

In today's world of exponential growth in technology, this may be more important than ever. As computers move in, government oversees every letter we type. Twitter and Facebook can sabotage a physician's reputation in a moment's time. It is most vital now to hold on to the sacred ritual of the patient visit. Models of the corporate practice of medicine, where patients are delivered to the surgeon on a conveyer belt for a 30-minute facelift, have imploded, and for good reason. Holding the

hands of our patients is still the central pillar to the trust between the doctor and patient. Creating this relationship is the corner stone to speaking from the heart, and in both directions.

The occasion may come where we need to share a confession and express the deepest of apologies for a medical error. There is nothing more difficult. Of course we need to maintain the highest bar and never settle for second-tier results or complications, but they occur. We all know the right thing to do and say when it happens. Step forward and speak the truth, directly to the patient, explaining where the error occurred, and what is going to be done moving forward. The tough part is tightening one's belt and doing it. While always difficult, it is infinitely easier when you have a genuine relationship with the patient and they see your eyes, not the computer.



Stephen S. Park, MD

2015 ELECTION ANNOUNCEMENT

The election insert is included in this July issue of *Facial Plastic Times*. The candidates have provided you with answers to some key questions that may help prior to voting.

Online ballot notifications will be sent by e-mail to all voting eligible members (fellows, members, emeritus, and retired members who are current with their dues) on Friday, August 14, 2015. Please make sure that the AAFPRS has your correct e-mail address in order to receive your online ballot; send any updates to Maria Atkins at the Membership Department (matkins@aafprs.org).

Electronic and paper ballots must be returned post-marked on or before Friday, September 18, 2015, to be considered valid. If you voted by mail or electronically, you will not be allowed to change your vote on-site at the business meeting. Only voting eligible members who have paid their 2015 membership dues will have their ballots counted.

The AAFPRS business meeting and elections will take place in Dallas, Saturday, October 3, 2015, at 8:45 a.m., in conjunction with the AAFPRS Annual Fall Meeting.

A Call for Committee Volunteers

AAFPRS members have the unique opportunity to be more active and offer their services to the AAFPRS at the committee level. If you are interested in serving on a committee, please complete the form below and return it to Steve Duffy by fax (703-299-8898) or by e-mail (scduffy@aafprs.org) on or before Friday, September 4, 2015.

Positions are expected to be available as current members fulfill their term of appointment. However, it is not possible to assure that everyone who applies will have a position. President-elect Edwin F. Williams, III, MD, will try to place interested individuals where they can make a difference.

A complete listing of Academy committees and committee charges appears on pages 10-13 of your *Membership Directory*; AAFPRS Foundation committees and charges appear on pages 24-27. Appointments will be announced in the fall. Thank you.

Name

Address

City

State and Zip Code

Phone

E-mail

Please list the committee on which you would like to serve:

1st choice

2nd choice

3rd choice

No preference; any committee.

IN BRIEF: BRUCE SCOTT, AMA BOARD OF TRUSTEES

Stuart H. Bentkover, MD, of Worcester, Mass., was chosen Best Plastic Surgeon in the *Worcester Magazine* readers' poll for the third year in a row.

Patrick J. Byrne, MD, of Baltimore, published an article in *The Wall Street Journal*, "The Future of Plastic Surgery" (April 26, 2015), stating that he sees changes both in what will be possible and what will be needed.

Samuel M. Lam, MD, of Plano, Texas, was quoted in the *Time Magazine* article, "Can Plastic Surgery Make You More Likeable? A Close Look at a New Study" (April 9, 2015) in reference to the editorial piece he provided in *JAMA Facial Plastic Surgery*, "The Perception of Beauty After Facial Plastic Surgery."

Michael J. Reilly, MD, of Washington, D.C., was featured in the *Time Magazine* article, "Can Plastic Surgery Make You More Likeable? A Close Look at a New Study" (April 9, 2015). The piece discussed his recent report, "Effect of Facial Rejuvenation Surgery on Perceived Attractiveness, Femininity, and Personality," that was published in *JAMA Facial Plastic Surgery*.

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Save the date:
September 15-17th (after ISHRS meeting)
November 2-4th (after Global Aesthetics Conference)
2016 January 18-20th

Bruce Scott, MD, of Louisville, Ky., was elected vice speaker of the AMA's House of Delegates, hence, a new member of the AMA Board of Trustees. Members of the AMA Board of Trustees are elected by physicians and medical students representing more than 180 state and specialty medical societies who gathered in Chicago earlier in June 2015 for the Annual Meeting of the House of Delegates, the AMA's policy-making body. The mission of the AMA Board of Trustees is to foster the promotion of the art and science of medicine and the betterment of public health. ■



ASSISTANTS PROGRAM

From Cover Story, page 1

role of face transplantation in the reconstructive ladder. Jeffrey S. Epstein, MD, and Samuel M. Lam, MD, will be running two independent hair transplant sessions.

Learn advanced rhytidectomy techniques with Andrew A. Jacono, MD, and Neil A. Gordon, MD. Their information is based on their experience with over 2,500 deep plane rhytidectomies.

And for residents, the annual, "Essentials in Facial Plastic Surgery" course will be offered on Wednesday, September 30, the last day of the AAO-HNSF annual meeting for their convenience.

Make sure you encourage your office staff to attend the meeting. The leadership of the Organization of Facial Plastic Surgery Assistants (OFPSA) has prepared a full, three-day program, which will include sessions on patient care, aesthetics, injectables, and various aspects of marketing—given by expert speakers. And on Thursday afternoon, the staff will visit a local Dallas facial plastic surgeon's office for, "A Day in the Life of Sam Lam, MD." They will not want to miss this opportunity; transportation will be provided.

Did we mention Dallas? The conference is in a wonderful city that has evolved into a cultural mecca with an exciting arts district just steps away from the hotel. They are many scenic parks; be sure to check out the Katy Trail, for a 3.5 mile trek through Dallas. Bring your family and plan to explore the Dallas Arboretum, Dallas World Aquarium, and the Dallas Zoo. There are amazing shopping options from high-end and boutique to bargain and eclectic. The restaurant scene is sure to not disappoint.

The enclosed brochure will provide you with details on the fall program with instruction course titles and descriptions. To register online, visit the Academy's Web site, www.aafprs.org, and click on Education and Meetings. ■

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MESSAGE FROM THE MEDICAL EDITOR: DO YOU CHOOSE YOUR PATIENTS OR DO THEY CHOOSE YOU?

By Steven H. Dayan, MD, Medical Editor, *Facial Plastic Times*



Beauty is not only the universal language

connecting all human across all cultures, but also the universal language connecting all living species. It is the vehicle that allows a banana to message a primate it is ripe as well as a daffodil to solicit a bee for pollination. And as a primal force it exerts itself at a very primitive and evolutionary preserved level. In humans, perceiving beauty is tucked away in the deepest corners of an archaic and evolutionary preserved portion of our brains. And it is here that we appreciate, recognize, and value beauty.

Three centuries before Christ, enlightened Greek philosopher Plato equated beauty with all that is good, realizing that it is a coveted treasure. Beauty is the lubricant leading to procreation and it very well may be the rawest of energies fueling evolution. But don't mistake beauty with attractiveness. While related, they are two very distinct entities. Beautiful can be unattractive, and attractive can be ugly. Look no further than 1985's sexiest man Mel Gibson yelling distasteful profanities, or Picasso's engaging but disturbing Guernican, or Joshua Bell's melodic violin sonnets unappreciated in the Washington subway. All can be perceived beautiful or irreproachable depending on the relative environment.

To be attractive requires two parts: a form to project beauty, and a second being to receive it as beautiful. But in the cognitively complex human, unlike many lesser developed species, the manner in which the beauty is projected is highly dependent on the projector feeling beautiful. However, here in lies the hurdle: To

feel beautiful and thusly to project beauty takes effort and work; it is not just a given, even for the physically advantaged. And true to all forms of human advancement, feeling beautiful requires energy and ATPs to be expended in order to achieve a higher level or meaningful accomplishment.

From thinking to exercise to communication, all require purposeful work and effort; however, we struggle with our primitive nature to seek out the path of least resistance. While we are designed to conserve ATPs and preferentially ration them for activities dedicated to survival, it is from our ability to purposefully work toward a goal that provides us with our most valuable rewards. And it is through creative muscle, reasoning, and ingenuity that human advancement both individually and collectively occurs. However, paradoxically in our post-modern world where food and shelter is readily available for most, modernizing advancement seems to be focused on increasing measures to take away the privilege and subsequent rewards gained to those who work hard for something.

- Stories once read in books progressed to being heard on the radio and now to video screens has reduced our ability to imagine scenarios
- Egyptian math abacuses to calculators to super computer has reduce our ability to rapidly problem solve
- Walking, to moving sidewalks and personal scooters reduces exercise for our muscles
- Poetic letter writing to abbreviating emails to texting acronyms is mutating our ability to communicate
- Blind fix ups to speed dating to online match sites reduces our investment into first encounters
- Gutter balls to gutter bumpers and now ball ramps reduces are ability to learn from measured failure

How far is it going? I saw on a news program yesterday, a bed that makes itself. Ok, so making a bed isn't going to make or break any of us, but I'd like to believe my kids get a feeling of accomplishment when they make their beds each day.

And is beauty following the same path of "do it for me"? As witnessed in multiple television, radio, and print advertisements, beauty is portrayed as an effortless, quick fix, only a magic pill, potion, or procedure away. But, if we take away the ability to conquer, achieve, or taste victory no matter how small, are we destined to have a generation of patients that are just going to assume we can deliver them to beauty?

True advancement and reward to the individual human, as well as society in general, requires work and effort. Today it seems easier to quit, than to expend the energy to communicate, think, exercise, or do. And, in a me-too generation of give me, feed me, serve me, and entertain me, conventional wisdom seems to be defining plastic surgeons as wizards that can wave our needles and knives and poof instantly transform someone into beautify me.

Unlike a moving sidewalk, however, we can't just automatically transport someone from being beautiful to feeling beautiful. The positive, healthy psyche is as much a part of being beautiful as the somatic form. This takes work on the patient part as much as our part. Just like a teacher can provide information and a student can either choose to study with or without purpose and learn, we can give someone a balanced nose, defined eyes, or more proportionally sized chin but not succeed in making them attractive. And while physically beautiful, perhaps they still do not project an attractive image.

Projecting beauty is so much
See Feeling Beautiful, page 10

aging has met its match

the power couple

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FACE TO FACE UPDATE: ICA, PERU AND OVER 80 PATIENTS

The most recent FACE TO FACE trip to Ica, Peru, demonstrated the impact that a collaborative team of individuals can have on the lives of children and others who otherwise could not receive the care offered under this program. FACE TO FACE: International, a humanitarian program conducted under the auspices of the AAFPRS Foundation, helps primarily children in other countries that have experienced facial deformities caused by birth or trauma. And unlike other programs, FACE TO FACE: International makes the educational exchange among facial plastic and reconstructive surgeons all over the world an integral part of its program. Our surgeons are men and women who believe that a more lasting impact is made in communities when our FACE TO FACE teams work side by side with local medical personnel to manage an individual's care.

The trip was organized and led by AAFPRS members Manoj Abraham, MD; Joseph Rousso, MD; and Evan Ransom, MD. Weeks of planning and preparation go into each of these trips and the mission to Ica was no exception. Residents from Ica stood side-by-side with the staff from the United States that came together from New York, California, Texas, and Arizona to provide medical care, surgical expertise, and speech therapy to 88 patients. Fifty-seven surgeries (mostly on children) were performed, repairing cleft lips and cleft palates as well as several rhinoplasty cases.



The trip to Ica was unique; it was the first time that the AAFPRS Foundation's new patient database was used in a live environment. This database was funded by the donations received from *The Many Faces of Generosity* campaign that culminated in 2012. The purpose of this database is to provide members with online access to program forms plus the recently created FACE TO FACE Guide, which outlines important information about each program.

In addition, we now have the capability to capture critical statistics about our international trips and patients treated through FACES OF HONOR and the Domestic Violence Project. This data provides the tools and information necessary for the Foundation to apply for grants from other foundations and companies in support of the three programs.

This is the sixth trip to Peru, with four prior missions to Lima and one previous trip to Ica. The entire team, along with the residents and hospital staff were invited to a reception where the Governor and Lieutenant Governor of Ica, along with hospital administrators were acknowledged for their efforts. Plans for the next trip are already underway.

The three FACE TO FACE programs are: International; The Domestic Violence Project; and FACES OF HONOR, serving our military heroes. If you are interested in participating in any of the Foundation's FACE TO FACE programs, please visit the Academy's Web site at:

www.aafprs.org/history/face-to-face or call Ann Jenne, director of

FIVE SPEECH THERAPISTS, 11 NURSES, SEVEN ANESTHESIOLOGISTS, 10 PHYSICIANS, TWO DENTISTS, AND THREE ADMINISTRATIVE SUPPORT INDIVIDUALS AND THE STAFF OF THE HOSPITAL REGIONAL DE ICA, MADE THE 12-DAY TRIP A HUGE SUCCESS.



THIS IS ONLY ONE OF THE 88 PATIENTS TREATED WHOSE MOTHER WAS EXTREMELY TOUCHED AND PLEASED WITH THE TEAM'S EFFORTS.

development and humanitarian programs, (703) 299-9291, ext. 229.

Interested members are also invited to attend the FACE TO FACE Committee meeting held on September 30, 2015, at the AAFPRS Annual Fall Meeting. Please contact committee chair, J. Charles Finn, MD, for more information, jcfinnmd@gmail.com.

COMMITTEE MEETINGS THIS FALL IN DALLAS

Academy and Foundation Committees will meet this fall on **Wednesday, September 30, 2015**, from 6:30 a.m. to 3:30 p.m.—the day before the AAFPRS Fall Meeting, October 1-3, 2015 in Dallas.

Your committee staff liaison will contact you by e-mail to inform you of the specific time of your meeting. Please make the appropriate plans to attend your respective committee meetings, as this occurs only once a year.

For a complete roster of committees and members, refer to your *Membership Directory*, pages 10-12 and 24-26.

INTERNET INSIDER: SQUEEZING MORE OUT OF WHAT YOU ALREADY HAVE



For a long time, the game has been about rankings—in search engines and outranking competitors—thus, bringing visitors to your site and becoming patients. It made sense.

In the last few years, you may have started to see the efficacy of sites other than Google, Yahoo, and Bing, such as Facebook, Twitter, YouTube, and RealSelf. If you are leveraging these sites and staying ahead of the curve, you may already be seeing even better results.

If you are maximizing your search engine marketing, pushing the envelope with social media, and a major player on RealSelf, what is next?

Conversion rate optimization is what is next, and it means getting more out of what you have already. Let's say you are getting 100 leads from the Web each month and you are committed to growing 20 percent. That means you can do two things: find 20 percent more targeted visitors or convert 20 percent more of the visitors to leads. It is the second strategy that forms the basis of conversion rate optimization.

It is more important than ever because your ability to convert is being actively monitored by the likes of Google, looking for satisfied visitors who are engaged and taking action. If that is not happening, so goes the thinking, then you do not deserve to be ranking well.

The benefits of conversion rate optimization make sense when viewed as a pure numbers game. For example, if you are getting a two percent response rate, then for every 100 site visitors you are generating two leads. That means 98 percent of your visitors are not converting. Go after them! So how do you get started? First, you need to make sure that you are tracking results closely and have a good understanding of your

baseline. Track contact form leads, phone call leads, and click-to-call leads. Ideally, you want your tracking to monitor different campaigns, referrers, and the like. Look at vital key performance indicators like bounce rate. Your home page is usually getting the lion's share of traffic, so start looking there. As you examine important indicators, remember to dig deeper to find anomalies. By looking at mobile performance, for instance, you may find that iOS on tablets is performing terribly and negatively influencing your trends. Or, perhaps you find an odd referring site or strange referring key phrase. Dive deeper into data to get the real picture of what is taking place.

Examples of findings:

- Year-over-year performance looked flat. Upon further analysis, I found that organic visits were up a lot while branded referrers were down nearly 70 percent. A look at the search results page showed a negative listing in the top-five results when searching for the doctor's name.
- Data was great, but conversions were poor. After closer inspection, I found that a vital word was missing from the referrers and from the on-page optimization. That missing word meant that visitors were untargeted and our chances for converting were already low. The point is, do not look only at top-line data. Instead, get the bigger and more representative picture by going deeper into the data.

You should also be looking at your conversion funnel and using heat maps. These can show you factors that you may be missing. For instance, are you distracting your viewers? Are your contact forms too long and scary? Is your submit button hidden next to something more prominent? Are they clicking on items that aren't even links? Problems like these can massively influence your

conversion rate and keep you from turning visitors into leads. By looking at the behaviors of your site visitors, you can make changes that can influence your results significantly.

Lastly, look at split testing and make sure that you are using data to drive decisions. Far too often, we see subjective decision making while data takes the back seat. I've been guilty of this myself. Just because I believe something, doesn't make it so. Or maybe the doctor thinks something looks good. Or perhaps, her staff likes something else. Maybe the webmaster believes in another strategy. Forget about these things, or at least don't rely on them. The data produced by your actual site visitors should be driving your decisions.

A well informed facial plastic surgeon I know showed site conceptuals to patients and prospective patients before building his new site. He made decisions based on data provided by his actual target market. That was smart. You can do that day in and day out by split testing changes and seeing what works better. Use these data-driven tools and strategies to improve your conversions and get more leads, while sending positive behavioral signals that can improve your rankings. ■

Editor's note: This column was prepared by Surgeons Advisor, a Miami-based Internet Marketing firm that handles the Academy's Web site design and maintenance.

Do you know that you are able to have a link to your practice Web site in the Academy's Physician Finder Section? Contact Glenda Shugars for more information by e-mail at gshugars@aafprs.org.

AMA UPDATE: ANNUAL MEETING

By Edward H. Buckingham, MD, AMA Delegate



Your usual crew, Russell W.H. Kridel, MD; Scott Chaiet, MD, young physician delegate; James Teng, MD, resident/fellow delegate; Steve Duffy, AAFPRS EVP; and myself, recently represented the AAFPRS and its members at the annual meeting of the AMA in Chicago. With the election of Dr. Kridel to the Board of Trustees of the AMA at the last annual meeting, I was elevated to delegate by your Board of Directors and Andrew Campbell, MD, of Milwaukee, was elected as alternate delegate. Dr. Campbell, while, a newcomer to the parliamentary and policy making of the AMA, was a born natural to the more important relationship building and was a hit with fellow Wisconsinites and all of the usual groups that our delegation interacts with regularly.

Facial plastic surgery and otolaryngology crushed another home run in this year's officer elections. After last year's successful election of Dr. Kridel to the AMA Board, Bruce Scott, MD, of Kentucky and former fellow of Dr. Kridel, was elected to vice-speaker of the AMA. It is unprecedented to have two otolaryngologist/facial plastic surgeons on the Board of Trustees. It is highly likely that Dr. Scott will be a very effective and well liked speaker, which in the past has been the path to eventual AMA president.

From a policy standpoint, our delegation stood with dermatology, plastic surgery, and ophthalmology in passing a resolution to protect physicians' ability to compound medications for use in our office. Procedures as routine as diluting triamcinolone and adding bicarbonate to buffer lidocaine have been attacked in certain states. This policy will help the AMA to be sure that physicians retain the right to perform these routine

practices. The other main issues of the meeting revolved around ICD-10, electronic health records (EHR), and maintenance of certification (MOC).

It has become clear politically that the hospitals, EHR vendors, and other big players have convinced Washington that converting to ICD-10 is essential. While your delegation believe this is a complete waste with no benefit to patient care or medical practice, expect this to happen on October 1 and be prepared.

Since it is unlikely we are going to convince CMS or the Congress to delay ICD-10 implementation, a resolution was passed to ask that a grace period of two years be in place to allow physicians to become comfortable with the new coding scheme and prevent withholding or recoupment of payments for incorrect coding. A grassroots effort is in place to convince Washington to provide physicians with this relief.

Please go to the AMA's Physicians Grassroots Network site, www.voterveice.net/AMA/campaigns/41309/respond, to e-mail your senators and congressman and ask that they consider this important relief. Policy also passed to ask that partial bonuses be awarded for completing certain aspects of meaningful use criteria even if not all aspects are achieved. While your representatives still feel meaningful use is meaningless, this is at least a start.

Members were again quite upset about the MOC process, especially for those physicians impacted by the Board of Internal Medicine. While our members are generally pleased with our MOC process, many physicians are not. Much work is being done to simplify the process, especially taking into question the value of a high stakes exam. While we are all in support of continued life-long learning, making the process valuable and without significant financial burden or time away from patient care is an admirable goal. ■

TEACH FEELING BEAUTIFUL

From Medical Editor, page 6
more than just the physical. It requires an acceptance and commitment to improving the self that necessitates effort and expending of energy.

In a society where it is easier to quit than to communicate, to numbly absorb instead of participate, or conjure excuses rather than execute, how does this bode for the next generation of patients considering plastic surgery?

As medicine strays from paternalistic overtones of yesteryear, we must admit and recognize in our post-modern world that our role has evolved toward partners in the process and not the manufacturers of health and beauty. As plastic surgeons, it would behoove us to abandon previously held notions that we are gods granting beauty for the vanity challenged. Instead today, we are more akin to talented stewards that help our patients achieve attractiveness. But for this relationship to be successful, it takes equal commitment from both the doctor and the patient. We cannot make people beautiful unless they work at it as well. And patients who are committed to enhancing their attractiveness are more likely to achieve success as are the doctors who choose them.

In an evolving world, perhaps we should evaluate human nature within a modern context attempting to better understand the motivations, desires, and commitment of our patients. As the world adopts new conveniences, we must learn to adapt to our patients' new communication styles and expectations, hopefully leading us to select more wisely patients that are willingly and active participants in their care.

Perhaps our training should not only focus on the latest techniques and products, but also make a concerted effort to teach what makes someone feel beautiful and why. The future of our field may depend on it. ■



When is a filler not an injectable?

To look youthful, an aging face needs volume in the right places. This means envisioning your outcome, and then using appropriate skills and material to make it happen.

Frequently, however, a licensed clinician simply injects the patient with filler. The material is eventually absorbed – sometimes unevenly – and injections must be repeated.

However, with your surgical skills, you can give your patients a *permanent*, symmetrical solution that looks and feels more like natural bone structure. One that's an excellent foundation for face lifts or wrinkle removal.

Choose *Conform*™ facial implants as the ideal midfacial filler, or select from assorted chin implants for an attractive jaw line. Your patients will enjoy the lasting aesthetics – your practice will enjoy the loyalty and referrals.

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MEDIA ENGAGEMENT 101, YOUR PR PLAN FOR THE FALL

Back to school means back to life for many parents (a bunch of whom just happen to be your prospective patients), and this makes fall the prime time to showcase your practice and the new procedures you offer.

Here are a handful of ways to create vocal brand ambassadors and generate media coverage in the coming months.

Back to school brunch

Invite influential mom bloggers in for a discussion on the latest and greatest facial rejuvenation technologies such as Kybella, the double chin-melting injectable that was rolled out this summer, and the new wave of picosecond lasers for treating pigmented lesions. Bloggers can be vocal brand ambassadors and help you spread the word about any and all new offerings and your unique expertise.

Tweet, post, and share photos from the live event and encourage bloggers to do the same. Create a hashtag for the event to better track its resonance—such as #FallBeauty or #PostSummerPrep. Serve refreshments and offer bloggers a complimentary treatment or a discount on a series (at least 20 percent). Leave time for questions to find out what the bloggers are interested in and working on. Send them home with a goody bag with skin care samples and brochures about your practice.

PTA-style town hall meeting

Many parents will have more "me time" when their kids return to school. Invite your best and most loyal VIP patients in for a breakfast or tea event to discuss the new treatments you are offering. Do it in style with an elegant digital invitation, such as Paperless Post. Consider inviting a make-up artist to offer free fall makeovers to all guests, or a stylist to do blowouts. Offer package discounts to all

guests who schedule an appointment that day, and always send personalized thank you e-mails or notes within two business days. Encourage them to bring their friends as well.

#TurnBackTime photo swap

Encourage loyal patients and local media to bring in their high school or college year book photos and compare these images with their latest selfie for a throw back Thursday-turn back time #TBT event. Discuss what has changed for the better or worse during a brief one-on-one photo swap consultation. For example, the hairstyle may be much improved, but the crow's feet around the eyes are showing. Gently suggest ways to turn back time and offer discounts on procedures booked.

Fall TV screening party

After months of summer repeats, fall is prime time for new and returning television shows. Host a glam sneak preview of a don't-miss-show in your office. Serve crudité and drinks that compliment the show's theme or genre and host an informal chat afterward on how media influences our ideals of beauty. "Empire," "Dancing with the Stars," "American Idol," or even a Bravo network show can draw a crowd. It's a nice way to host a casual, upbeat event where patients can bring their girlfriends.

Show and tell

Summer and fall are chock full of industry meetings and events. Send a local press release to your media contacts to share about what you learned at a recent meeting, such as the Academy's Fall Meeting in Dallas, October 1-3, 2015. Bill it as the "Six Things I Learned in Dallas." This will help position you as an expert in facial plastic surgery who is keyed into new developments and what's coming down the pike. The media

is always interested in finding new sources who can keep them up-to-date on the latest advancements in aesthetic medicine and surgery.

Today, content development is all about repurposing and repackaging. Write a blog post about the event for your Web site and make sure to post about it on all your social media channels. Always promote the events through social media and add a hint about the next event you may be hosting, so people know there will be more coming. This will help strengthen your online footprint, which will, in turn, help your practice remain visible and relevant to the audiences that matter. ■

Remember to like us on Facebook (AAFPRS) and to follow us on Twitter (@AAFPRS).

Kelz PR is eager to hear about your dynamic patient cases, especially when patients are willing to share their experiences with media.

October is national domestic violence month and it is fast approaching. The media will be hungry for your compelling stories to share with their readers. If you participate in the Academy's FACE TO FACE: The National Domestic Violence Project and have patients whom you have treated or will treat and they willing to share their story, please let Patty Mathews with Kelz PR know, at pattymathews@kelzpr.com.

Editor's note: This column was prepared by the Academy's public relations firm, KELZ PR.

SHAYE RECEIVES FUNDING FOR CLINICAL RESEARCH

Congratulations to David Shaye, MD, who is the recipient of a second year of funding by means of the AAFPRS Foundation's Clinical Research Scholarship Award. The Academy offers the award to support a clinician scientist in their research education.

Dr. Shaye has a special interest in global surgery, or the delivery of surgical services in resource-limited settings. While in the past global surgery has focused on surgical mission camps to address a specific need, the trend now is to focus on sustainable methods of supporting surgical services in areas of need. Dr. Shaye serves as faculty two months a year at the central teaching hospital in Kigali, Rwanda. He emphasizes teaching clinical applications, surgical techniques, and evidence-based medicine to Rwandan residents and students during both clinical and surgical patient care. This is in collaboration with the Rwandan Chair of Otolaryngology and the Rwandan Ministry of Health, and supported by a CDC/USAID funded grant.

Addressing the unmet need for surgical care in resource poor settings is not only an issue of education, but also of research. Robust, evidence-based research is an integral component of assessing need and the efficacy of interventions.

"There is a great need to not only perform epidemiologic studies of surgical problems, but also look at outcomes in various parts of the world where basic treatment we take for granted just may not be available," Dr. Shaye explains.

"This is why I am pursuing a Masters in Public Health, which the AAFPRS Clinical Research Scholarship has supported," he continues, "to use evidence-based methods to improve the treatment of surgical problems in the developing world."

When not in Africa, Dr. Shaye practices at the Massachusetts Eye & Ear Infirmary within the Division of Facial Plastic & Reconstructive Surgery, and attends the Harvard School of Public Health. Evidence-based methodology and study design have proven useful for his own research and for teaching these methods to residents overseas.

Dr. Shaye hopes to continue teaching and being involved in research that will improve the quality and access of surgical care in the developing world. When he returns to Africa in a few months, he is coordinating a series of facial trauma workshops directed at key Rwandan and Zimbabwean surgeons that treat these issues. This educational series will be coupled with participants' pre-course evaluations and post-course assessment, which will include both competency testing and surveying the practice patterns of the participants. An improvement in the quality of treatment for facial trauma, a key component of disease burden worldwide, is next year's focus.

Dr. Shaye's studies have been made possible by the AAFPRS Clinical Research Scholarship for the second



year now. For more information about this scholarship and other grant opportunities, visit the Academy's Web site: www.aafprs.org/research/research-center. There are Academy Awards presented to members as well. To learn more about these awards and to nominate a colleague, go to: www.aafprs.org/research/awards/. ■

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ADVANCING YOUR REACH WITH THESE BEAUTIES

The Academy offers two exceptional marketing vehicles: *The Face Book* and the patient brochure series. Both provide up-to-date information in a beautiful printed format.

The Face Book: A Consumers Guide to Facial Plastic Surgery was first printed in 1988, with a second edition in 1998 and a third, expanded addition in 2009. This quintessential guide to facial plastic surgery has been extremely popular with consumers as the ultimate resource for facial aesthetics. The most recent edition features the latest trends and treatments with three new chapters. Full-color before and after photos have been added, in addition to patient testimonials. Purchase copies to display in your waiting rooms, to send to referral sources, or to give as gifts to your patients.

Go to www.aafprfacebook.org to view a sample of the book. Volume discounts are available to Academy members.

Patient brochures are a staple of every waiting room. The Academy has created 12 titles of updated materials that reflect the latest in techniques and technology. Each major procedure is described in a single brochure. The information is comprehensive and understandable, with the goal of being a starting point for patients to discuss with you. The series of brochures was re-designed to match *The Face Book*—making it a perfect combination for your waiting room. Because of its popularity with the membership, half of the series has gone back to print a second time.

An order form is enclosed in this issue of *Facial Plastic Times*. If you order by September 30, 2015, you may take 10 percent of your total purchase. ■

10 % Discount
on *The Face Book* and
patient brochures series
(good through September 30, 2015)



A Special Invitation to Rio de Janeiro from Jose Antonio Patrocínio, Chair



One of the biggest economic and cultural centers in South America, Rio de Janeiro City, is located in the heart of the Southeastern Region which concentrates 60 percent of Brazil's GDP. Cosmopolitan metropolis, known worldwide for its beauty and natural resources, the City provides its residents and visitors a smooth and pleasant ambience for leisure and work, that combined with its infrastructure, makes Rio an important center of trade and services. It also has a modern and diverse industry.

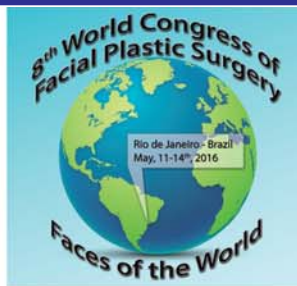
The 8th International Congress of Facial Plastic Surgery will be held May 11-14, 2016, at the Sheraton Rio Hotel & Resort.

Located in the neighborhood of Leblon, between Barra da Tijuca and Ipanema Beach, the renovated Sheraton Rio Hotel & Resort offers several options for your leisure and facilities to your business in a tropical setting. It's the perfect lodging option in Rio de Janeiro. Its 539 rooms and suites, beyond being equipped with comfortable Sheraton Sweet Sleeper™ beds, have private balconies with spectacular views of the sea.

The Sheraton Rio Hotel & Resort is the only resort in Rio and offers the widest recreation area, leisure and spa, and is located in a lush tropical greenery oasis, on a beach lapped by the waters of the Atlantic Ocean and surrounded by mountains.

On May 11, three pre-congress courses will be held from 2:00 p.m. to 6:00 p.m. about Botox, fillers, and laser technology. The scientific program from May 12 - 14, will be divided into five rooms featuring the themes of rhinoplasty, aging face surgery, non-surgery, reconstruction, orthognatic surgery, facial fractures, and one room dedicated solely on free paper presentations.

The Brazilian ENT Society, Brazilian Academy of Facial Plastic Surgery, and the International Federation of Facial Plastic Surgery Societies look forward to seeing all of you in Rio de Janeiro.



Rio de Janeiro will host the 8TH WORLD CONGRESS OF FACIAL PLASTIC SURGERY - FACES OF THE WORLD, from May 11 to 14th, 2016. This meeting will gather important names that will talk about the most recent topics and the news about Facial Plastic Surgery.

You can't miss it!

Sheraton Rio Hotel & Resort – Rio de Janeiro – Brazil



Registration up to January 31, 2016.

- US\$ 1,000 – Members of IFFPSS
- US\$ 600 – Members of IFFPSS (Members of ABORL-CCF / Members of IFFPSS in Latin America and Eastern Europe)
 - US\$ 600 - Residents
- US\$ 1,300 - Non-member of IFFPSS

More information on:

<http://www.aborlccf.org.br/facialplastic2016/>

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CLASSIFIED ADS

Busy, well established facial plastic surgery practice in Worcester and Stoneham, Massachusetts, looking for a fellowship trained, ABFPRS board certified or eligible associate who can advance to partnership and eventual ownership. Worcester (one hour from Boston, 40 minutes from Providence) is in lovely central Massachusetts. Our satellite office in Stoneham is 10 minutes from Boston and the home of our Mohs surgeon. Worcester is close to many outdoor activities, including skiing, biking, and hiking. A great opportunity for a graduating fellow or someone who wants to change gears and do just facial plastic surgery. The principle, Dr. Stuart Bentkover, will be available for interviews at the AAFPRS Fall Meeting in Dallas. Please call (508) 864-0207 in advance of the meeting if you would like to meet. If you will not be in Dallas, please contact Mr. Jesse Overbay at overbay@drsmgmt.com, (865) 531-0176.

Position available for a board certified facial plastic surgeon in a growing, dynamic, multidimensional practice/business located in Albany, N.Y., two and one-half hours from Boston and New York City. Applicants must be driven and have a genuine interest in a pract-a-demic model, i.e., trauma, reconstruction, hair restoration, clinical research, and teaching. Guaranteed salary and benefits package with an incentive base model is being offered for the first year. Partnership will be offered at 24 months to individuals who show great work ethic, performance, and a good culture fit. Interested parties should contact Susan Sullivan at Sullivan@williamsfacialsurgery.com.

Facial plastic surgeon partnership opportunity, work in or buy in. Expanding plastic surgery private practice, beautiful spa space, onsite accredited OR. Ideal combination of reconstructive and cosmetic. Interest/experience with hair transplantation desirable. Option for academic affiliation, resident teaching, micro-vascular reconstruction. Mid-Hudson Valley country living within one hour to New York City. E-mail: info@NYfaceMD.com.



FACIAL PLASTIC TIMES JULY 2015

2015

JULY 31-AUGUST 2

*THE PORTLAND AGING FACE COURSE
Portland, OR
Co-chairs: Tom D. Wang, MD, and Michael M. Kim, MD

SEPTEMBER 30

COMMITTEE AND BOARD MEETINGS
Dallas, TX

SEPTEMBER 30

ESSENTIALS IN FACIAL PLASTIC SURGERY
Dallas, TX

OCTOBER 1-3

FALL MEETING
Dallas, TX
Co-chairs: G. Richard Holt, MD, and Daniel G. Becker, MD

• OCTOBER 28 - NOVEMBER 1
• *1ST ANNUAL GLOBAL AESTHETICS
• CONFERENCE
• Miami Beach, FL
• Program Chairs: Renato Saltz, MD, and S. Randolph Waldman, MD

2016

MARCH 16-19

• FACIAL REJUVENATION 2016
• Beverly Hills, CA
• Co-chairs: Stephen W. Perkins, MD; Theda Kontis, MD; and Rami Batniji, MD

• October 4-9
• FALL MEETING
• Nashville, TN

• *Endorsed by the AAFPRS Foundation

CLASSIFIED AD

Otolaryngology

The Medical Center of Southeast Texas, Port Arthur, TX

Great opportunity for hardworking BC/BE otolaryngologist to take over active ENT solo practice (due to physician leaving the area). Current practice has established patients. Volume *requires* another ENT to handle patient demand.

Call coverage shared between the other three ENTs in the area (1:4).

Medical Center is willing to consider employment or income guarantee for desired candidate.

If employed – Equipment and support staff will be provided.

If income guarantee – One year assistance with support staff if desired.

Please e-mail CV: along@iasishealthcare.com, fax: (615) 467-1293 or call Anne Long at (615) 467-1353.

Enclosed in this July issue of *Facial Plastic Times* issue is the Facial Rejuvenation 2016 Save-the-Date; Fall Meeting Brochure; and Patient Brochures and The Face Book Order Form.

ELECTION INSERT 2015

This 2015 election insert is mailed as an insert in the July issue of *Facial Plastic Times*.

SPECIAL NOTE

This special election insert is provided to the membership in conjunction with the 2015 AAFPRS elections. Voting for AAFPRS officers and elected committee members will be conducted by ONLINE BALLOTING (or in person at the Annual Business Meeting on Saturday, October 3, 2015 at 8:45am at the Sheraton Dallas Hotel, Dallas, TX).

IMPORTANT: Online ballot notifications will be sent by e-mail to all voting eligible members (fellows, members, emeritus, and retired members who are current with their dues) on Friday, August 14, 2015. Please make sure that the AAFPRS has your correct e-mail address in order to receive your online ballot. Please send your updated information to Maria Atkins at the Membership Department (matkins@aafprs.org) to ensure that you receive the online ballot.

Electronic and paper ballots must be returned post-marked on or before Friday, September 18, 2015 to be considered valid. If you voted by mail or electronically, you will not be allowed to change your vote on-site at the business meeting. Only voting eligible members who have paid their 2015 membership dues will have their ballots counted.

NOMINEES FOR 2015 ELECTIONS

In accordance with the bylaws, the Nominating Committee's report was provided to the voting membership by May 1st of the year of the Business Meeting (published in the April 2015 *Facial Plastic Times*). The candidates for the president-elect position were asked to submit an "open letter" to the membership via this election insert. The letter is on pages 2 and 3 of this insert following this page.

President-elect

Fred G. Fedok, MD
John L. Frodel, Jr., MD

Treasurer-elect

Edward D. Buckingham, MD
Harrison C. Putman, III, MD

Group-VP-elect for Membership

Paul J. Carniol, MD
Benjamin C. Marcus, MD

Eastern Region Director-elect

Kofi O. Boahene, MD
Theresa A. Hadlock, MD

Western Region Director-elect

Steven R. Mobley, MD
Travis T. Tollefson, MD

Nominating Committee

Richard E. Davis, MD
Cynthia M. Gregg, MD
John F. Hoffmann, MD
Lisa E. Ishii, MD
Mary Lynn Moran, MD
Wm. Russell Ries, MD

Audit Committee

Steven H. Dayan, MD
James Randall Jordan, MD

Southern Region Credentials Representative

Anthony E. Brissett, MD
Samuel M. Lam, MD

ELECTION INSERT 2015

Dear Friends and Colleagues,

Our membership recently celebrated the 50-year anniversary of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). We can all be proud. The subspecialty that was developed under the stewardship of the AAFPRS and the American Board of Facial Plastic and Reconstructive Surgery (ABFPRS) is now recognized in its own right with credibility and equal standing with other specialties and subspecialties in the house of medicine. Essentially all teaching domestic universities have full-time faculty positions in facial plastic surgery. There are now over 40 AAFPRS-approved fellowships in this county and Canada that have graduated an outstanding and expanding field of surgeons.

While still relatively new, facial plastic surgery has garnered key representation in professional matters. These include major journals and leadership positions in professional societies such as the American Academy of Otolaryngology-Head and Neck Surgery, the American Board of Otolaryngology, the American Medical Association and the American College of Surgeons. Our members continue to be active in their local, regional and state medical societies, with many having held presidency and other leadership positions in these societies. Internationally, facial plastic surgery continues to gain more relevance through IFFPSS and all of the national societies that are flourishing.

In the last few years, we have seen an increasing collaboration between our society and other professional societies that would have been virtually unthinkable two decades ago. This bridge building has been possible through the efforts of individuals as representative of the quality and standards of the AAFPRS and the ABFPRS. These accomplishments are due to our most senior members who stood committed and firm in the establishment of our subspecialty. We are here today due to their continuing dedication and endurance.

We are now at a juncture in this timeline as American medicine continues to change, along with society's view of medicine and physicians. Our first 50 years were centered around the creation and establishment of the subspecialty and the board, but our future is dependent on adaptability, growth and sustainability. We must be relevant; we must be leaders in medicine; we must be considered at the center of facial plastic surgery.

To meet these needs, the future AAFPRS presidents, Board members, and the membership will need to stress leadership, accountability, innovation and adaptability, education, and advocacy. We must promote active involvement in legislative, political and professional processes to ensure our optimal positioning in the ever-changing medical landscape and reduce the risk of continuing cuts to reimbursement and autonomy.

A task of leadership is to recognize new opportunities and innovate to advance our specialty. This starts with education and research. The Academy will continue to encourage innovative research through its research awards programs and new efforts in evidence-based medicine. It is also working diligently to address education across the lifespan of its members from fellowship through later career stages with the initiatives discussed below.

Two years ago, there was turbulence in the AAFPRS regarding our training programs being integrated into the ACGME. To address the concerns that arose through that period, the Fellowship Improvement Task Force was created to critically examine our fellowships and to begin to develop updated education tools. Since our fellowships have always been an example of excellence in training quality and patient safety, the goal was to ensure that the AAFPRS fellowships remain the gold standard by which all facial plastic surgery training programs are measured.

The task force is currently developing new methods to administrate our fellowships. The new processes will enable the directors to more easily document and demonstrate the standards of their program, as well as the progress of their fellows. The new standards will be all-inclusive and allow adaptability to future professional standards as they arise. They will also facilitate the credentialing of fellowship graduates in their future endeavors. These changes will be taking place at the same time as other members of the Academy continue to work with the ACGME for inclusion of some of our fellowships under the ACGME umbrella. All of these programs will continue to be educationally equivalent. Our duty to our field, our fellows and our patients is to promote the highest skill set across the full spectrum of facial plastic surgery, both cosmetic and reconstructive, for a successful and satisfying lifelong career.

New initiatives are also available for members outside of the fellowship programs. The LEARN portal is available on the Web to the Academy membership. This is likely to become a central feature of member benefits and introduce new methods of education to our group. The LEARN portal will allow more educational content to be brought to more members more economically. It will also be a key interface with our fellowships, eliminating the endless collection of paperwork.

The Board of Directors is reevaluating the fiscal health of our Academy. It is now solvent, but the waters have changed and there is need to adopt new metrics to navigation them. We expect the Academy to keep an even keener eye on the ledgers to ensure our solvency into the future. This will be possible by changing the way we do business in the execution of our core missions. The Academy is also currently examining the structure and financial impact of our meetings. Over the next few years, meaningful and beneficial adjustments to the manner in which the meetings are conducted will occur. As in other areas of life, accountability, communication and transparency are crucial to future success.

Through my involvement on many Academy committees, as chair of the Fellowship Improvement Task Force, as a member of the Board as a director at large and as vice president for education, I have been intimately involved with addressing many of the future challenges facing the Academy and feel that I am well-positioned to meet these challenges. I am honored to be considered for the position of president-elect and hope that you will trust me to work in the best interest of this Academy that I value so highly.

Fred G. Fedok, MD

ELECTION INSERT 2015

Dear Friends and Colleagues,

It is truly an honor to have been nominated for the position of president-elect of the American Academy of Facial Plastic and Reconstructive Surgery. While I have had been blessed with opportunities in many other related academies and associations, I have always considered the AAFPRS both home and family.

Having been actively involved in the Academy for approaching 28 years, I have been honored to be involved and serve in numerous capacities: AAFPRS course speaker, chair of the Annual Meeting in San Francisco in 1997, chair of the Fellowship Committee, member of numerous other committees (including the Fellowship Review Committee for nearly 10 years), and as vice president for education, serving as a member of the Board. Additionally, I am currently serve on the American Board of Facial Plastic and Reconstructive Surgery Board of Directors as well as represent craniomaxillofacial specialties on the AO North America Board of Directors. Now, I am honored to be nominated to be a candidate for president, along with my very good friend and colleague, Dr. Fred Fedok. I have to say that either way the AAFPRS will be in good leadership hands. We both have been around for a long while, been consistently active in the Academy, and are passionate about seeing it continue to grow and strengthen. I believe we both have a healthy perspective on the issues that the Academy faces today and that will come up in the future.

While I am only a candidate for the presidency position and not a current Board member, I have been proactive in keeping up with current issues. Regarding issues that I predict will be important ones for the AAFPRS presidency in the immediate future, I will focus on 3 areas: membership stability and growth, meeting and course evolution, and ACGME issues. The first two issues impact the financial stability of our Academy, while the third is a seemingly omnipresent issue that at some point needs to be formally addressed.

There has been a gradual but steady decline in our membership over time. Many of us have cut back on what we consider to be superfluous "non-essential" society memberships during our careers, and it should not be surprising that some of our members look at AAFPRS membership in a similar manner. Accordingly, how do we change perceptions of both current members who are considering dropping their AAFPRS membership, as well as those who are currently considering joining? We need to make it more worth their while to be a member! First and foremost, we need to expand the information that is available through portals on our AAFPRS Web site, particularly with respect to educational offerings such as free or very low cost technique video viewing (e.g. free viewing of "older" videos, and low cost single viewing of more recent surgical and procedural videos). Offering more educational opportunities where our members can obtain CME credits online would likely be a very attractive option. Online CME is commonplace in other societies and we should do the same. We should also offer practice management and other desirable practical materials as well. The successful JAMA Facial Plastic Surgery journal needs to be supported and financial sponsorship for otolaryngology residents needs to be proactively sustained. Growth of our membership levels applies both to keeping and attracting new North American members, as well as, in doing the same with our International colleagues. Finally, we need to discuss expansion outside of our specialty. While an extremely controversial issue, inclusion at some level requires further exploration.

Regarding meetings, evolution of our meeting system may be required. Besides membership fees, meetings are a principle source of income for the AAFPRS. Unfortunately, they can also become a financial drain. While it goes almost without saying that all meetings should be profitable, it is not always the case. There are three meetings that are and should always be an educational and financial success: our Annual Fall Meeting, the Rhinoplasty Course/Symposium, and the every 4-year International Symposium. Conversely, we struggle finding consistent success with our biennial Aging Face Course. Meeting planning should continue to evolve such that we are not only continuing to produce the highest quality meetings and courses, but such that fiscal success is a high priority. With the success of other non-society affiliated meetings creating incredible competition, we need to think outside of the box to make meetings more successful. Coinciding with this is the continued and increasing requirement of fiscal constraint. As with membership, we need to re-address who is eligible to attend our meetings, as increased attendance levels is certainly a goal. Finally, having had the good fortune to participate in the AAFPRS portion of the COSM meeting in April, I applaud the leadership for re-finding a great place to emphasize resident participation in our Academy, as the abundance of excellent free papers (mainly presented by residents and fellows) fit comfortably in the program.

Lastly, the issue of ACGME accreditation is again at the forefront. While there is no simple answer to the proper direction for the AAFPRS to take, we all agree that nothing can go forward without two basic premises: first, the AAFPRS remains the guiding organization for formal recognition of any accreditation for facial plastic surgery training in organized medicine; and secondly, our existing AAFPRS fellowship system remains the educational center for such formal facial plastic surgery training. We now recognize that fellowships can be outstanding without ACGME accreditation so, in my opinion, if we become involved in such a pathway, we should not require our fellowships to become part of any system; i.e. it would be an "opt in" situation for our fellowships, while there would be no stratification or hierarchy created with such a system. Having served on the Fellowship Review Committee for nearly a decade, I witnessed growth, sophistication, and diversification of our fellowship system that strengthened our already strong leadership position for facial plastic surgery training. We now know from observation of ACGME accredited fellowship systems in other otolaryngology specialties that many fellowships have chosen not to be involved in the accreditation pathway and they have done well without ACGME accreditation. Granted, they do not have the direct competition that facial plastic surgery has from other specialties, but it is a helpful observation. Accordingly, we must move forward from a position of power, as I believe our leadership is currently doing (and I applaud them for doing so).

As stated previously, the AAFPRS is my professional home and I am honored to even be considered for the presidency of our Academy. Elected or not, I will remain as active in the Academy as I have always been and will support it on every level I possibly can. Thank you for this opportunity.

John L. Frodel, Jr., MD

PRESIDENT-ELECT

Nominated for president-elect are Fred G. Fedok, MD of Gulf Shores, AL, and John L. Frodel, Jr., MD of Marietta, GA. This position serves a one-year term and succeeds to president the next year and may only serve one term in this office.

Fred G. Fedok, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



Relevant elected and appointed professional positions:

AAFPRS Committee and Board Activity

- Membership on many committees
- Chair - Fellowship Curriculum Review Committee
- Board of Directors - Director at Large
- Board of Directors - Group VP for Education
- Chair of Fellowship Improvement Taskforce

ABFPRS

- Past Board Examination Question Writer and Current Examiner
- Board of Directors - ABFPRS

AAO-HNS Committee Activity

- Membership on many Committees
- Chair of Facial Plastic and Reconstructive Surgery Education Committee

ABOto

- Guest Board Examiner

American College of Surgeons

- Fellow
- Specialty Governor for AAFPRS

Academic Career

- Chief, Division Otolaryngology-Head and Neck Surgery Pennsylvania State University
- Director, Section of Facial Plastic and Reconstructive Surgery Pennsylvania State University

Pennsylvania State University

- Started new facial plastic program at the University
- Numerous committees and tasks forces

Private Practice - Gulf Shores, AL

Practice - always incorporated scholarship, clinical work, training of residents and fellows across the full spectrum of reconstructive and cosmetic procedures.

I have been a member of the AAFPRS my entire career. I have a unique perspective having had a major role in a university academic practice while maintaining involvement with the private setting for over 20 years, now in a major role in private practice with more limited involvement in a university setting.

Please indicate what you think are the most important duties of the position for which you are nominated.

- Leadership. Accountability to the members, Interpretation of bylaws and other data, Execution and oversight of board initiatives
- Advocacy. Active involvement in legislative, political and professional processes to ensure optimal positioning
- Innovation and Education. Keeping the Academy on top of the field in all realms

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Solvency. Membership, Fiscal responsibility, Innovation
- Relevancy. Research, collaboration and integration with medicine at large, while maintaining our distinct voice
- Adaptability to the changing medical environment and advocacy for optimal positioning

Please indicate what goals you would like the AAFPRS to strive to achieve.

I would like for the AAFPRS to continue to be the representative leader of facial plastic surgery and facial plastic surgeons through support of the membership, quality education and outstanding advocacy.

John L. Frodel, Jr., MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



- Previous AAFPRS Board and Executive Committee Member as vice president of education
- Committee leadership: chair, Fellowship Committee
- Active on AAFPRS committees: Fellowship Review Committee for over 10 years, CME Committee, numerous others
- Program chair, AAFPRS Annual Meeting 1997
- Board of Directors, American Board of Facial Plastic Surgery (current)
- Board of Directors, AO North America (current)

Please indicate what you think are the most important duties of the position for which you are nominated.

- As president-elect, support the AAFPRS president and the Board of Directors in all Academy activities and endeavors; attentively absorb all information in preparation for upcoming presidency. Be prepared to step into the presidency in the remote situation where the existing president is unable to perform these duties.
- As president, dedicate that year to the Academy, providing direction to both the Board and Academy membership, while being aware of all activities and directions for both the Academy and its committees, as well as the Foundation activities and committees.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Financial sustainability and stability
- Challenges of maintaining the AAFPRS as a strongly identifiable and recognized name in organized medicine, while supporting any challenges to the ABFPRS as a legitimate Board
- Sustaining or, more preferably, growing of our membership levels

Please indicate what goals you would like the AAFPRS to strive to achieve.

- Eventual resolution of issues regarding ACGME pathways and the AAFPRS fellowship system, noting that our system should be maintained, recognized for its quality, and supported strongly

- Work with industry and other outside interests to invest in the financial strength and stability of our Academy
- Develop unique ways to make membership in the AAFPRS desirable and valued, thus growing our Academy's membership

TREASURER-ELECT

Nominated for treasurer-elect are Edward D. Buckingham, MD of Rolingwood, TX, and Harrison C. Putman, III, MD of Peoria, IL. This position serves a one-year term and succeeds to treasurer the next year for a three-year term and may only serve one term in this office.

Edward D. Buckingham, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



I have unique experience in not starting my career in medicine, but rather in business, I have a degree in accounting with an economics minor. I worked as an auditor for the national accounting firm, Coopers and Lybrand before changing career paths and starting medicine. My entire life has been influenced by the business world. I grew up in a family of entrepreneurs who started the largest trucking company in the western U.S. during the 1970s and currently own a publically traded, for-profit university with 37 campuses. Financial statements have been my bed-time stories. After finishing my fellowship with Edwin Williams, MD, I took the old school road, borrowed money and started my facial plastic surgery practice in Austin, TX. For the first few years, I kept my own books, filed my own taxes, federal reports and managed every aspect of the business. Fortunately, I now have a tax accountant and a book-keeper! I have continually been involved in the Academy and the ABFPRS serving on the Board of Directors of the ABFPRS, multiple AAFPRS committees including serving as chair. I am currently serving as delegate to the AMA and most recently, a fellowship director.

It would be an honor to continue to serve the Academy as the treasurer-elect.

Please indicate what you think are the most important duties of the position for which you are nominated.

The treasurer has the responsibility to oversee the management of the funds, assets and securities of the Academy and to report the financial status of the AAFPRS to the Executive Committee, Board and membership. Additionally, the preparation of the budget and overseeing investments ultimately falls to the treasurer. As well as being a voting member of the executive committee.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Membership. The organization cannot function and grow without strong membership.
- Education. Education is our core, it creates our specialty which feeds everything else.
- Politics. Managing inter-specialty, state and federal policy to protect our specialty and medicine in general.

Please indicate what goals you would like the AAFPRS to strive to achieve.

Being out of space, all aspects of improving the items listed in question #3!

Harrison C. Putman, III, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



- Board of Directors, AAFPRS, 2008 to 2011 (Midwestern region director)
- Chair, FACE to FACE Committee
- Chairm, Endowment Investment Committee
- Chair, Strategic Development Committee
- Committee Chair, Many Faces of Honor Capital Campaign
- Board of Directors, ABFPRS
- Credential Committee chairman and treasurer, ABFPRS
- Examiner ABFPRS, Oral Examination

Please indicate what you think are the most important duties of the position for which you are nominated.

The role of the treasurer is to oversee the administration of all funds and assets of the Academy and to report regularly to the Executive Committee, Board of Directors, and membership on the Academy's financial status. In addition, the treasurer presents an annual budget to the Board of Directors for its review and adoption. The treasurer performs other duties incident to the office as may be prescribed by the Board of Directors or the president. The Treasurer reviews monthly financial reports and annual audit and consults with the auditor and the executive vice president as necessary. In addition, the treasurer reviews recommendations of the executive vice president to invest the Academy's funds in accord with the Academy policy and financial needs. Finally, the treasurer serves as a member of the Executive Committee and the Board of Directors.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Implementing all of the goals and objectives of the Many Faces of Generosity Capital Campaign, including the educational portal, research organization and FACE TO FACE pro bono program reorganization
- Membership growth as well as financial stability of the AAFPRS
- Specialty recognition. Continue to enhance facial plastic surgery through our excellent educational programs, fellowships, research and publications

Please indicate what goals you would like the AAFPRS to strive to achieve.

- Continue to expand and improve the Academy's educational program
- Continue to actively promote membership, both domestically and internationally (IFFPSS)
- Continue to increase public awareness of the specialty of facial plastic surgery and promote its membership and activities
- Continue to be proactive to socioeconomic, political and legislative issues that impact the specialty of facial plastic surgery

GROUP-VP-ELECT FOR MEMBERSHIP

Nominated for group VP-elect for membership are Paul J. Carniol, MD of Summit, NJ, and Benjamin C. Marcus, MD of Middleton, WI. This position serves a one-year term, succeeds to group-VP the next year, serves a three-year term, and may only serve one term in this office.

Paul J. Carniol, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



For the past 25 years, I have been very actively involved in the AAFPRS. This has included serving on the AAFPRS Board as vice president for research and development; and as treasurer as well as on several committees. As for all of us, the AAFPRS has played an important role in my professional development.

At Rutgers New Jersey Medical School, in the Department of Otolaryngology-Head and Neck Surgery, I am director of facial plastic surgery. The experience from this position, working closely with our residents, provides valuable insight and background for working with younger AAFPRS members.

As vice president for membership, I will work to better serve our members through educational opportunities, advocacy, and meetings.

Experience as president of the Medical Society of New Jersey and as a member of the Board of the American Board of Facial Plastic and Reconstructive Surgery has also provided experiences that have enabled me to better serve our members.

Please indicate what you think are the most important duties of the position for which you are nominated.

The membership and society relations group vice president's job is to work with the AAFPRS Board to maximize the benefits of membership for our current members, and to encourage new members. Furthermore, the membership vice president is responsible for interspecialty relations. Optimizing our residency and practicing otolaryngologist relationships will have multiple benefits including growing our membership. This is important for the future of the AAFPRS.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

Recognition of facial plastic surgeons for our excellence by the public, the media, our peers and organized medicine. Through the efforts of our members and the AAFPRS this has significantly improved during the past decade but there is still room for further recognition.

Constantly improving the education we offer to our members through our meetings and our new educational portal. We must continue to develop and expand our online education opportunities.

We should continue to grow our membership in the AAFPRS by keeping it valuable and relevant. To do this we should expand our Web-based educational portal, our advocacy, and continuously work to improve our meetings.

Please indicate what goals you would like the AAFPRS to strive to achieve.

The AAFPRS has done an excellent job of serving its members during the past 50 years. During the next 50 years, the AAFPRS should strive to do even more to serve its members. This effort should include keeping them informed about the latest innovations in facial plastic surgery and utilizing the most innovative educational technology. The AAFPRS must also continue all of its advocacy activities so we can achieve and maintain the recognition as the **experts in facial plastic surgery**.

Benjamin C. Marcus, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



I am honored to be considered for the position of group vice president for membership. I have been very active in the AAFPRS for the last 10 years. I have served on multiple standing committees including the young physicians, research and fellowship committees. For the last three years, I have served as the chairperson of the Fellowship Committee. Each of these opportunities allowed me to work collaboratively with the Academy leadership as well as a broad cross section of the membership. Over the last two years, I served as a co-chair of the Research Center project and helped craft a new award mechanism for research funding. This project amplified research opportunities for membership in both the academic and private practice spheres. Lastly, I have been active over the last year on the LEARN portal project. This group has been helping create a strong Web presence for the Academy and increasing the value of AAFPRS membership by including a variety of educational and administrative tools.

Please indicate what you think are the most important duties of the position for which you are nominated.

The position that I am being considered for is all about our membership. The group vice president of membership should be charged with creating value for all of our members. This includes making sure that annual dues provide members with a variety of educational activities, strong promotional tools for their practice and exciting meetings.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

Please indicate what goals you would like the AAFPRS to strive to achieve.

- Expanding our membership base and increasing participation in our flagship meetings
- Carefully managing our brand to promote the facial plastic surgeon as the physician of choice for reconstructive and cosmetic surgery of the face and neck
- Navigation of the relationships with our plastic surgery colleagues to maintain the integrity of the AAFPRS while promoting collaboration as much as possible

EASTERN REGION DIRECTOR-ELECT

Nominated for eastern region director-elect are Kofi O. Boahene, MD of Baltimore, MD, and Theresa A. Hadlock, MD of Boston, MA. This position serves a one-year term, succeeds to eastern region director the next year, and serves a three-year term and may only serve one term in this office.

Kofi O. Boahene, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.

- President of International Surgical Foundation with branches in the United States and Europe
- Committee work over a two-year period that developed and implemented institution wide in-patient medical record system, Johns Hopkins Medical Institute
- Dean's Advisory Committee for auditing of clinical and research departments at Johns Hopkins Medical Institute



Please indicate what you think are the most important duties of the position for which you are nominated.

- Be the representative voice of members in the eastern region to the national board
- Work with the national board to advance the reputation of AAFPRS in the areas of patient care, research, and education

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- AAFPRS fellowship training programs and ACGME accreditation
- Stagnation in membership growth
- Challenges to scope of practice from other subspecialties and continued recognition as primary specialty for facial plastic surgery

Please indicate what goals you would like the AAFPRS to strive to achieve.

- Strengthen our educational programs in breadth (aesthetic and reconstructive surgery), depth (evidence based medicine), and relevance (innovative approaches)
- Increase new membership and improve active participation of current member
- Navigate the ACGME Fellowship accreditation process while strengthening the position and quality of all our fellow training programs.

Theresa A. Hadlock, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.

- Division chief, Facial Plastic and Reconstructive Surgery, Massachusetts Eye and Ear and Harvard Medical School
- Director, Facial Nerve Center, MEEI
- Editorial Board, JAMA Facial Plastic Surgery



Please indicate what you think are the most important duties of the position for which you are nominated.

- Consider contemporary issues affecting AAFPRS members
- Handle regional business for AAFPRS

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Thrust for more rigorous accreditation and governing bodies for training programs
- Maintaining and growing membership
- Increasing the focus on high quality academic activities and research

Please indicate what goals you would like the AAFPRS to strive to achieve.

- Serve membership through resources such as educational materials and offerings, marketing, and research funding opportunities
- Maintain and elevate standards and reputation of AAFPRS members, to more firmly establish track record of excellence in areas that overlap with other subspecialties

WESTERN REGION DIRECTOR-ELECT

Nominated for western region director-elect are Steven R. Mobley, MD of Murray, UT and Travis T. Tollefson, MD of Sacramento, CA. This position serves a one-year term, succeeds to western region director the next year, and serves a three-year term and may only serve one term in this office.

Steven R. Mobley, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.

I was residency program director for several years, involved in other University of Utah campus wide activities which kept me involved in high level decision making while working through complex processes that would most likely face the Academy. I think now in private practice, the new challenges and skills of dealing with self-employment, more direct government regulations, human resources, and other issues, have helped round me out to make me well qualified for this position.

I have a long history of supporting the Academy through teaching, committees, and with modest financial support. I have attended almost all, if not most, of the AAFPRS Fall Meetings for the past 12 plus years and have been part of instructional courses at most of them. I am an active member of The Founders Club and also support the Robert L Simons leadership program.



Please indicate what you think are the most important duties of the position for which you are nominated.

I would be honored to be a part of the Board where key decisions are made. I believe my consistent involvement with the Academy, together with my background in both academics and private practice, have all prepared me well to be a good listener and a sound contemplator of key Academy decisions. As regional director, one duty would be to offer support to residency programs in my region. As past ENT Program Director I think I have a particular expertise/experience in this specific duty.

Continued ...

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- ACGME and fellowship "regulation"
- Making sure ICD-10 transition goes well for its members
- Competition from other meeting organizations with AAFPRS national meetings

Please indicate what goals you would like the AAFPRS to strive to achieve.

ICD-9 to ICD-10 conversion will be a big issue for physicians and I hope to assist in the Academy being well positioned to help its members make this transition. I would hope that "regulation" of our AAFPRS fellowships be as "light handed" as is reasonable while allowing high quality fellowships to continue.

I think that the Academy must also appreciate and respond to the concept that there is increasing competition from other national meeting organizations. I would hope to see the AAFPRS responding with new meeting ideas, strategies, and agendas that keep the AAFPRS annual meetings as **the** meetings to attend based on a broad range of specialists, an amazing lecture schedule, and broad vendor support.

Travis T. Tollefson, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



Over the past 10 years, I have gained insight into workings of the AAFPRS with service on the Research, Fellowship, FACE TO FACE, Written Exam Task Force, Fellowship Curriculum & Cleft Lip/Palate Subcommittees. I currently chair the Awards Committee and serve on the editorial board for JAMA Facial Plastic Surgery. Annual grant review as an AAFPRS representative to the AAO-HNS Core grant process has allowed crossover with other subspecialists across fields, which I feel will be important as our Academy moves forward.

Please indicate what you think are the most important duties of the position for which you are nominated.

- "Keep a finger on the pulse" of the Academy membership needs
- Carefully consider the impact of change in policy, but not fear incremental improvement
- Support and protect the interests of our Academy and specifically the western region

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Encourage communication within Academy members and address divisive issues regarding potential change
- Facilitate the adaptation to health care reform
- Build on the funding from the successful capital campaign to ensure long term financial security

Please indicate what goals you would like the AAFPRS to strive to achieve.

- Embrace our history while we continue to build our reputation as an Academy that represents the different practices of its members

- Encourage the synergy with other specialties and medical education groups to not only protect our priorities but also collaborate in our shared interests
- Foster opportunities for our Academy to lead in research inclusive of our new Research Center, community and global surgery volunteer service, and innovative educational courses that expand on didactics to include video blasts, small group discussions, and interactive workshops

NOMINATING COMMITTEE (CHOOSE 3)

Nominated to serve on the Nominating Committee are: Richard E. Davis, MD of Miramar, FL; Cynthia M. Gregg, MD of Cary, NC; John F. Hoffmann, MD of Spokane, WA; Lisa E. Ishii, MD of Baltimore, MD; Mary Lynn Moran, MD of Woodside, CA; and Wm. Russell Ries, MD of Nashville, TN. These positions serve one, two-year term.

Richard E. Davis, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



I have been a member of the AAFPRS since the late 80s and know many of our members personally. I'm also familiar with the governance infrastructure and the responsibilities therein.

Please indicate what you think are the most important duties of the position for which you are nominated.

The most important duty of the Nominating Committee is to nominate highly motivated individuals who will undertake the responsibilities of their office with integrity, passion, and commitment.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Education is foremost
- Value-added membership benefits
- Improving AAFPRS relevance in a changing health care milieu

Please indicate what goals you would like the AAFPRS to strive to achieve.

Universal recognition as the epicenter of facial plastic and reconstructive surgery.

Cynthia M. Gregg, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



I have been an active member of the AAFPRS for 22 years while working in both academic medicine and in private practice. During this time, I have had the privilege and honor to serve on numerous committees including:

- Board of Directors, ABFPRS 2008-2014
- Senior advisor, ABFPRS Board of Directors, 2014-present
- Co-chair, Oral Exam Development Group, ABFPRS, 2010-present
- Oral Exam Development Committee, 2006-present
- Examiner, ABFPRS Oral Examination

- Chair, Advanced Gifts Committee for Many Faces of Honor AAFPRS Capital Campaign
- Ethics Committee, AAFPRS
- Young Physicians Committee, AAFPRS

Please indicate what you think are the most important duties of the position for which you are nominated.

The most important duty of the Nominating Committee is to identify and select candidates who are best qualified to lead the AAFPRS. Selected candidates should represent a balance between academicians and private practitioners, and ideally would reflect a cross section of society members with respect to age and experience.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Continue to protect and defend our scope of practice as experts in facial plastic and reconstructive surgery in both the healthcare and public areas
- Maintain financial stability
- Encourage membership growth and maintain the value and relevancy of Academy membership for our members

Please indicate what goals you would like the AAFPRS to strive to achieve.

- It is imperative that we work to increase name recognition of the AAFPRS by the public, and that the public equate AAFPRS physicians with the exceptional training and quality patient care that they provide
- Maintain a high level of available educational opportunities and to increase the accessibility of CME opportunities to Academy members
- Enhance and expand our humanitarian programs both internationally and at the local and regional levels
- Continue to be proactive and strive to make it easier for members to be knowledgeable on social, legal, and economic issues that affect our specialty.

John F. Hoffmann, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.

I have been actively involved in the Academy for the past 25 years. I have had the honor to serve on numerous committees and programs. I have been in a full-time academic as well as private practice. I believe these experiences enable me to understand the needs and concerns of our diverse Academy membership.



Please indicate what you think are the most important duties of the position for which you are nominated.

The Nominating Committee plays the crucial role of identifying candidates for office and leadership positions in the Academy. The committee must encourage members--senior and junior alike--who demonstrate foresight and leadership potential to serve the Academy through elected office.

Please indicate what you think are three most important issues facing the AAFPRS and why.

Accreditation of our fellowship training programs is a current and on-going challenge. The Academy must continue to seek accreditation yet maintain as much autonomy as possible and be true to our proud legacy of providing the finest training possible. Outside regulation of medical practice by government and private organizations is an ongoing challenge to our members. The Academy should provide our members with resources to help them cope and adapt to the rapid changes occurring in healthcare. As the costs of running a facial plastic surgery continue to escalate, the Academy should pursue innovative ways to provide world-class education in more cost-effective ways through electronic media and other technologies.

Please indicate what goals you would like the AAFPRS to strive to achieve.

The Academy must remain the leader in peer-reviewed and evidenced based education. The Academy should work with organized medicine to seek and maintain nationally-recognized accreditation of our fellowship program yet remain independent and true to our history. The Academy should continue to work closely with the American Board of Facial Plastic and Reconstructive Surgery to maintain the highest moral and professional standards of accreditation. The Academy must remain a beacon of hope for those in the greatest need through our humanitarian efforts both domestically and in developing countries.

Lisa E. Ishii, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.

- Board of Directors, AAFPRS
- Board of Directors, AAO-HNSF
- Research and Quality Coordinator, AAO-HNSF
- Chair, PQSI Committee, AAFPRS
- Chair, EBM Committee, AAFPRS (past)
- Chief Quality Officer, Clinical Best Practices, Johns Hopkins Health System
- Senior medical director, Office of Johns Hopkins Physicians



Please indicate what you think are the most important duties of the position for which you are nominated.

"Multipliers" are leaders who constantly strive to develop the innate talent of others, and thereby "multiply" and expand the capabilities of those around them. The Nominating Committee is a critical Academy committee for its role in helping to identify potential Academy leaders. Committee members must appreciate important leadership traits, and recognize future leaders who will "multiply" abilities and inspire our membership. To recognize these traits they must be deeply engaged with the membership, and keenly aware of enthusiastic colleagues eager to serve in leadership roles. Further, nominating committee members must be sensitive to the Academy's demographic and strive for appropriate representation of all contingencies.

Continued ...

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- Membership and annual meetings. Numerous specialty society meeting and membership options exist. With finite time and money to invest in specialty societies, it is vital that the AAFPRS remain highly relevant and desirable to our members.
- Member education. It incumbent on us to provide a wide range of high value educational products to our members.
- Member diversity. The most successful organizations embrace diversity and the "wisdom of crowds".

Please indicate what goals you would like the AAFPRS to strive to achieve.

We must actively strive to strengthen our Academy with unique and tangible offerings, such as the LEARN education portal, to maintain current membership and entice new membership. Our meetings, critical resources for revenue, education, and networking must be world-class and unrivaled. There should be no question that for facial plastic and reconstructive surgery, the AAFPRS meetings are the highest value options in the marketplace. Further, we should have offerings for a diverse membership, and support diversity in our leadership.

Mary Lynn Moran, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.

My previous experiences have prepared me well for a position on the Nominating Committee. I have already served two years on the Nominating Committee for the Academy. Prior to this role, I was elected to serve on the Nominating Committee the Federation of State Medical Boards for two years. We sought out and vetted candidates from across the country who would provide excellent leadership for all of the elected positions at the FSMB. I have also served on the Academy and Foundation Boards for the last several years. I served as group vice president for membership as well as group vice president of research awards and development. These experiences have given me a great deal of insight as to what the various positions demand and what qualities make a good leader for each particular role within the Board.



Please indicate what you think are the most important duties of the position for which you are nominated.

Members of the Nominating Committee should be able to spot leadership qualities within the membership. Ideally, the candidate pool includes those experienced members with whom we are all familiar but also those who have been poised to contribute but have not yet been given the opportunity. Nominating Committee members should be able to generate and elicit enthusiasm from potential candidates about serving in various leadership roles.

Please indicate what you think are three most important issues facing the AAFPRS and why.

- Reinforcement and enhancement of public perception of the value of our expertise and professionalism
- Growth of involved and committed membership with continued efforts to enhance the value of what we provide to our members

- Maintaining clear national presence and voice as the debate over Patient Safety and Scope of Practice plays out including an effective grassroots effort

Please indicate what goals you would like the AAFPRS to strive to achieve.

- Rising otolaryngology residents are the future of this organization
- Continued membership growth
- Growth in meeting attendance
- Enhanced public relations efforts
- Vigilant grassroots efforts

Wm. Russell Ries, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated:

- Audit Committee 2010-2013
- Specialty Surgery Committee (Vascular
- Anomalies Subcommittee) 2006-2012; chair, 2011-2014
- Director-at-large, Board of Directors, 2004-2007
- Bylaws and Publications Committee, 1999-2003
- Program chair, Spring Meeting, 1997
- Pro Bono Committee, 1994-1996
- FACE TO FACE Committee, 1994-1996
- CME Advisory Committee, 1994-1998
- Credentials Committee Southern Region Representative, 1993-1994
- Courses Committee, 1993-1994
- Publications Committee, 1993 to 1999; chair, 1994-1997
- Membership Committee, 1990
- Future Plans Committee, 1989
- Written Examination Task Force Member, 1988-2003
- Fellowship Committee, 1987-1998
- Oversight to Maintain Educational Standards Subcommittee
- COSM Co-chair, 2015
- AAFPRS Governor BOG, 2014-present
- Vice President for Public and Regulatory Affairs, 2015-present



Please indicate what you think are the most important duties of the position for which you are nominated.

The Nominating Committee should be providing the most competent and diverse candidates for leadership positions in our Academy.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

- The financial health for our Academy is essential in these challenging economic times. We must strive to increase Academy revenue so that we can continue to provide membership benefits.
- Education has always been a cornerstone of the AAFPRS. We must continue to provide the best educational opportunities for our members.
- As the premier group of facial plastic surgeons, we must continue to advocate for recognition of our members as the experts with their patients, the medical community, the media, industry, and government.

The Nominating Committee must ensure that the candidates for the leadership positions within our Academy are the best qualified individuals to further these goals

Please indicate what goals you would like the AAFPRS to strive to achieve.

- Membership is critical to maintaining our financial stability. It is essential that we retain our existing members and continue to increase the number of new members.
- We must persist in providing the best educational opportunities and look for new innovative ways to enhance membership benefit.
- Continue our advocacy so that our members are the recognized experts in facial plastic and reconstructive surgery

AUDIT COMMITTEE

Nominated to serve on the Audit Committee are Steven H. Dayan, MD of Chicago, IL and James Randall Jordan, MD of Ridgeland, MS. Audit Committee members serve one, three-year term.

Steven H. Dayan, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.

I have served on many advisory boards, think tanks, licensing committees and academic review boards. I have experience in auditing business projects of both small and large companies.



Please indicate what you think the most important duties of the position for which you're nominated.

To always put the best interest of the AAFPRS front and center.

Please indicate what you think the most important issues facing the AAFPRS and why.

- Staying relevant in the industry
- Providing greater tangible benefit to our members
- Evolving our meetings

Please indicate what goals you would like for the AAFPRS to strive to achieve.

To become the go to and undisputed leading organization when it comes to facial aesthetics, not only with our own members but as importantly to the business community, media, regulatory agencies, and academia.

James Randall Jordan, MD

Please indicate other experiences that you think have prepared you for the position which you are nominated.

I have been closely involved in the management of the Department of OTO-HNS at the University of Mississippi for 12 years as the vice chair and medical director. I have graduated from an executive mini-MBA course at Millsaps College with courses in accounting and finance. Personal finance and investing is an avocation. I was in private practice for ten years before I joined the department at UMC, and I feel that this gives me a more balanced perspective.



Please indicate what you think are the most important duties of the position which you are nominated.

The Audit Committee is charged with review of the audit statements for the AAFPRS and clearly the most important duty is to be certain that the funds of the AAFPRS are utilized as intended by the members and elected officials of the AAFPRS, and that the fiduciary responsibilities of the AAFPRS are upheld accordingly.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

I think the most important issue facing the AAFPRS, and many professional societies in general, is the availability of financial support for our missions. We have been fortunate to have many generous members who have donated substantial amounts to the AAFPRS, and it is imperative that these funds are put to good use and for their intended purpose. As financial support from our industry partners continues to decline, it will be increasingly challenging to achieve our various missions, and the role of the Audit Committee will become even more important.

A second issue that is also faced by many professional societies is that of relevance to the members. Are we meeting the needs of our members? Do we help our members advance their careers in an effective manner? Do we provide the kinds of educational opportunities that our members want? Do we help them promote and improve their practice? Does our society promote the reputation and public perception of facial plastic surgeons in an effective manner?

The third most important issue that is more specific to our society is that of our relations with other surgical and medical specialties, and the broader medical profession more generally. Tremendous strides have been made in our relations with the other specialties with which we share common ground, but there is room for growth here still. We need to be in the forefront of the minds of all medical professions when they think of an expert in the field of facial plastic surgery, whether these individuals are MDs, advanced practice providers, RNs, or others.

Please indicate what goals you would like the AAFPRS to strive to achieve.

I believe we need to seek new industry partners in order to support our missions and maintain our standing as the leaders in our field. We need to maintain a positive balance sheet as we go forward.

SOUTHERN REGION CREDENTIALS REPRESENTATIVE

Nominated for the southern region credentials representative are Anthony E. Brissett, MD of Houston, TX and Samuel M. Lam, MD of Dallas, TX. The southern region credentials representative serves a five-year term.

Anthony E. Brissett, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



It's an honor to be a nominee for the position of Southern Region Credentials Representative. As a fellow of the AAFPRS and a longstanding member of the AAFPRS, I have been involved in many aspects of the organization. Relevant experiences that have prepared me for this leadership position include:

Baylor College of Medicine

- Associate professor
- Director, Division of Facial Plastic and Reconstructive Surgery

- Co-director, Baylor Aesthetic Center
- Faculty senate representative

AAO-HNS

- Senior board examiner
- Education Committee member
- Task Force for new Material
- ACGME (milestone committee) Facial Plastic Surgery Representative

AAFPRS

- 2014 AAFPRS Annual Meeting program co-chair
- Education Committee member
- Young Physician Committee member
- Awards Committee member

Please indicate what you think are the most important duties of the position for which you are nominated.

New members are the lifeblood of our Academy and the Credential Committee serves as the gateway to membership to our Academy. I consider this office a critical position in terms of future growth and development of our organization. Duties that are important for this position include a diligent and timely response to applicants and a commitment to maintaining the highest standards of our members.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

Education

- As the preeminent organization responsible for the surgical training of our residents and fellows, optimizing the quality of surgical training allows our specialty to maintain the highest surgical standards and quality of care.
- Continuing medical educational with traditional or online courses will ensure our members maintain current and are able to provide the highest level of care.

Financial stability

Financial stability, will allow our specialty the independence and flexibility to best serve it's members and our patients

Membership

New members represent the future of our organization. The combination of educational resources and strong financials

will allow the organization to offer services that attract patients and improve upon care.

Please indicate what goals you would like the AAFPRS to strive to achieve.

The AAFPRS needs to continue to define itself as the organization that offers the highest quality of care in the area of facial plastic and reconstructive surgery. This goal can be accomplished with a combination of high education standards and patient awareness.

Samuel M. Lam, MD

Please indicate other experiences that you think have prepared you for the position for which you are nominated.



My past and current experiences have been primarily with the Multimedia Committee serving many years as chair of multiple sub-committees including Electronic Media chair during which time I worked extensively on video streaming capabilities, Publications chair when I spearheaded the new edition of The Face Book as well as redesign of the brochures, and currently as World Wide Web chair, I have been the head of relaunching the AAFPRS' new Web site from the ground up as well as launching of the new app. I have also actively served on the CME Committee for many years. I believe all of these experiences have given me a unique insight to succeed in this new position.

Please indicate what you think are the most important duties of the position for which you are nominated.

I believe the most important duties of mine are to represent the southern members in a faithful and responsive way, to contribute to the Board through diligent service, and to bring fresh new ideas that will be impactful for all members and for the AAFPRS during my tenure.

Please indicate what you think are the three most important issues facing the AAFPRS and why.

I believe that the three most important issues facing the AAFPRS are as follows:

- Increasing our membership numbers through innovative strategies, increasing awareness, and improving member benefits
- Building brand equity to the name "facial plastic surgeon" and AAFPRS through improving media contacts, greater digital presence, and professional relations with our colleagues
- Providing the most outstanding educational programs to the membership to combat the attrition in attendance caused by competing meetings, loss of members, and tightening budgets from both vendors and attendees

Please indicate what goals you would like the AAFPRS to strive to achieve.

My goal is to help the AAFPRS build a stronger, larger, and sustainable membership base through creative strategies (of which I have many ideas) and to bring about greater brand recognition of its members and the AAFPRS for both the public and our colleagues by leveraging media and technology in all the many facets possible.