

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

NEW FORMAT, NEW SPEAKERS, MUSIC CITY... THIS FALL

This year, you will not want to miss the AAFPRS Annual Meeting, October 6 - 8, 2016, in Nashville, Tenn. Phillip R. Langsdon, MD, meeting director; Rami K. Batniji, MD, program co-chair; and Samuel M. Lam, MD, program co-chair, guarantee that this will be unlike any previous Academy meeting you have attended.

After reviewing the meeting brochure, you will notice that the program has been completely re-formatted. Instructional courses have been eliminated and the program has been organized around comprehensive topic-focused themes. There will be three days of rhinoplasty, surgical facial rejuvenation, facial reconstructive surgery, business/practice management, office staff program, and one day of emerging trends and minimally invasive techniques. Redundant talks have been removed; speakers will focus on facts, new technology, and emerging trends. You will sense that the content is more streamlined and targeted. Even the meeting room locations have been considered and coordinated for your convenience and ease of moving between sessions. The meeting organizers have ensured that this year's program will optimize your time and engagement.



The highly valued panel discussions are featured across the three days. Sam P. Most, MD, will moderate, Clinical Analysis of the Rhinoplasty Patient, with panelists Geoffrey W. Tobias, MD; Steven J. Pearlman, MD; Santdeep Paun, MD; and Jose A. Patrocinio, MD, PhD. Check out, Challenging Primary Rhinoplasty Cases, moderated by Dr. Batniji with panelists Jonathan M. Sykes, MD; Dr. Most; William E. Silver, MD; and Abdulkadir Goskel, MD. My Own Secondary Case and How it Changed my Rhinoplasty Practice, will be moderated by Stephen W. Perkins, MD, with panelists Dr. Davis; Holger G. Gassner, MD; Dr. Daniel; Grant S. Hamilton, MD; and Andrew S. Frankel, MD. Dr. Massry will moderate, Eyelid Challenges and

You will also find experts from around the globe. There will be master lectures, including Learning Rhinoplasty by a Progressive Approach and the Rhinoplasty Revolution with Rollin K. Daniel, MD. Richard E. Davis, MD, will present A New Paradigm for Refining the Wide Nasal Tip. There will also be master video presentations. Guy G. Massry, MD, will cover Techniques in Blepharoplasty; H. Devon Graham, III, MD, will present My Endo Forehead Technique.

Complications, joined by panelists Sean M. Freeman, MD; James C. Marotta, MD; and Babar Sultan, MD. One of the facial rejuvenation panels will focus on personal approaches with Tim Greco, MD, moderating and panelists Richard D. Gentile, MD, MBA; Stephen A. Prendiville, MD; Christian L. Stallworth, MD; and David B. Rosenberg, MD. There will be two facelift panels. One is on handling complications, moderated by William H. Truswell,

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PRESIDENT'S MESSAGE:

I have always been intrigued with leadership and inspired by how the very best leaders can transform an organization. As a student of leadership, I continue to read the works of John Maxwell, Jim Collins, Marcus Buckingham, and Steven Sebold, to name a few. I have come to understand that while most individuals believe that leadership is inherited, the best leaders are constantly working on self-improvement and "getting better." In other

words, being a better leader is a process and most of us, despite our genetics, can become better each year provided we are coachable. Something else I have come to realize is that the very best—and those Jim Collins, the esteemed author, would describe as level five leaders—are those who take a sincere and genuine interest in other people. One of the traits of true level five leaders is when questioned about the "transition point" in their companies, as they were getting on a trajectory of sustained growth and success, they never contribute success to himself or herself, timing, technology, or luck, but always refer back to the amazing team of people that they had during that extraordinary success.

I find this attribute fascinating and one I am constantly trying to emulate as it is not necessarily intuitive to many individuals in a position of leadership or to those of us that describe ourselves as over-achievers or driven. Furthermore, our training as physicians who endure a surgical residency fosters self-reliance and individualism as a matter of survival. We are taught to trust only what we have personally done and checked ourselves.

I am frequently reminded of our collective Achilles heel when I happen to be giving a talk on how to build a high performance team in a practice management session of meetings. It is extremely common for someone to approach me after the talk only to share their disbelief that I could possibly have a productive team of greater than 50 employees from today's current workforce as they struggle with chronic staffing issues and morale with just a handful of employees. If one were to take a poll of our members who either run a practice or are in a leadership role, I can assure you that over 90 percent would respond that their biggest challenge as a physician or surgeon is effective and adequate staffing. Most managers are quick to blame the "younger generation," who are described as the millennials, rather than their lack of leadership. However, it is a statistical fact that poor staff morale and its associated dysfunction in an organization is failed leadership, plain and simple. I encourage you to read Tony Hsieh's book Delivering Happiness. Tony was a young entrepreneur who had extraordinary success in building a culture of winning and accountability with primarily a millennial generation staff before he sold Zappos to Amazon for just shy of a billion dollars.

Being inspired by the leadership author, the late Stephen Covey, I have always tried to "seek to understand" rather than "seek to be understood," which brings me to the topic of this column about our millennial generation described as generation Y. Who are they? What makes them different? And how can we work with these employees to make a high performance team, whereby winning and accountability is palpable?

In order to answer the question, we need to understand what a generation is exactly, who the millennials are, and what is important to them. While most people describing the generation refer to a date when

CLOSING A GENERATION GAP

an individual was born, generations are really formed by historical events that occurred and have importance to how they think, dress, communicate, and even work. The millennials, also known as generation Y, were born between 1980 and 2001, are 94 million strong, and will become 50 percent of our workforce within the next five years. Before we discuss this further, it is important to understand that we should not stereotype any particular group. The following comments are simply generalizations that are found to be accurate based on polls, questionnaires, and collected data. Naturally, there are individuals that fit within the millennial generation who do not conform to these generalizations.

The millennials, having grown up in an area of prosperity, are not shy about expecting things or asking for things. However, they have been knocked down several times—experiencing the collapse of our economy in 2008 and the raw memory of 9/11. This is similar to those of us baby boomers who can recall the death of JFK and the impact it had on us as a generation and how we felt about that event. The millennials have seen parents and friends loyal to a company lose their retirement or become "displaced" from a longtime

position during a period of downsizing. While they continue to be pessimistic and cynical about the present, they're often relentlessly optimistic about the future. This generation is known for its sense of community, service, and altruism, yet they have also been described as self-absorbed and fiercely selfish by other generations. They struggle with having nothing and yet having it all. They can be very confident; they need constant clear communication and feedback. This generation is unwilling to just do their work and not ask questions of the establishment in exchange for the promise of long-term employment by one company.

This has resulted in the term the "backpack generation," who are just as happy to take their skills, intelligence, understanding, and technology elsewhere if they perceive the opportunity exists. Having witnessed the dysfunction of the workaholic baby boomers or generation X (born between 1965-1979), as well as the fear of war and terrorism, they have become acutely aware of the importance of their life-work balance. This generation is statistically the most educated generation we have witnessed, as secondary education has increased 30 percent since 2000. They are also the most culturally diverse population we have seen,

which has led to their acceptance of cultural differences never before experienced in our country.

As the profile of the American worker changes over the next several years with baby boomers retiring, the most successful leaders will be those who understand how to embrace the change in our workforce and more importantly, how to unleash and integrate the creative potential of the millennials given their style differences as compared to previous generations. Leaders must also understand the vast majority of millennials (90 percent) do not plan to stay with a given employer for more than five years (thus the "backpack generation"). It will be imperative to become creative with this generation and create an environment of culture to retain the very best, yet hold those accountable who are not chinning to the bar.

So how precisely can a physician leader take the information we have thus far about this generation and use it to remain competitive in our industry? This column is not intended to shed a solution, but rather to shed light on a challenge I find intriguing. I do encourage you to embrace the change with enthusiasm; realize if one is to remain competitive, it cannot simply be ignored.

Following are a few suggestions offered by Hendrick Hertzberg, a motivational expert who specializes in helping organizations attract, engage, incentivize, and retain the very best millennials.

1. Continue their education. While this may seem counter-intuitive with 90 percent of millennials intending to leave their current job situation within five years, competency is very important to this generation. Employers that assist them in their competency will likely retain the best.

2. Design a roadmap for
See Millennials, page 4

2016 ELECTION ANNOUNCEMENT

The election insert is included in this issue of *Facial Plastic Times*. The candidates have provided answers to some key questions that you may find helpful 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 Monday, August 15, 2016. 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 16, 2016, 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 in Nashville, October 8, 2016. Only voting eligible members who have paid their 2016 membership dues will have their ballots counted.

MILLENNIALS...MISSION, VISION, AND CULTURE

From President's Message, page 3 success. While the millennials may be cynical about the present, they are optimistic about the future. They want to know how they can add value to their current position and what it takes to get to a more valued position within the company.

3. Create an effective feedback protocol. Millennials crave honest, unfiltered feedback. Unlike the previous generation, this generation is not satisfied with an annual performance evaluation; or furthermore, does not tolerate being critiqued on an evaluation without previous constant communication of progress or lack thereof.

4. Embrace a mentoring program. While the millennials are not known for trusting individuals or organizations, unlike other generations, they are more likely to agree with this statement: "Employees should do what their managers tell them, even when they can't see the reason for it." With all the coaching and mentoring this generation has received while going through the educational process, they have learned at a young age that doing what a respected authority figure tells them is more likely to result in success. Since respect is earned, it becomes imperative that managers earn the respect of the millennials by actively investing in their relationship. The millennials have many questions about healthcare, retirement, leadership, the future, etc. To earn the respect of the millennial generation requires a genuine effort of mentoring rather than a superfluous explanation, which may have been acceptable to previous generations.

5. Encourage peer-to-peer pressure. This generation is the most social generation to have existed in our country connected by technology at all hours of the day. They work hard to fit in and conform to social norms. Managers must set standards high,

allow collaboration at work (this generation is not satisfied sitting in a cubicle all alone), reward those who are "rock stars," eliminate the "toxic," and hold those who are not necessarily "rock stars" accountable with honest, clear communication on a regular basis.

Furthermore, it has been shown that this generation responds more to meaning and purpose than simply results. Millennials are big believers in mission, vision, and culture. The managers and leaders who can more effectively define and create mission rather than just focusing simply on results are more likely to engage and retain the very best.

The final challenge for businesses will be closing the generation gap. As we integrate more millennials with the baby boomers who are not retiring and generation X-ers,

you can expect to see tension. Experts have explained this tension almost as a sibling rivalry. This is an entire topic onto itself and far beyond what I had hoped to communicate in this column. However, it does deserve mention for those leadership geeks like me who are trying to make lemonade out of lemons with this leadership challenge. In closing, suffice it to say, most physician leaders will agree that the hardest part of their job is not the surgery or patients, but rather the associated management and leadership.

I, being the eternal optimist, welcome the

challenge and I hope to shed a little light into the generation that is 94 million strong and will make up 50 percent of our workforce in the next five years. For those of us not managing, leading, or holding staff accountable, it behooves us to work hard in understanding generation Y. Not only does generation Y also represent a huge consumer base, but also for those of us that have children, it is likely that one or more of our children are generation Y-ers (three of my four children are millennials). I can assure you—based on the heartache that I have witnessed by those friends and colleagues who have ignored their children during their formative years—it does not end well.

Edwin F. Williams, III, MD

THE CUTTING EDGE 2016
DEBATING THE CHOICES IN RHINOPLASTY

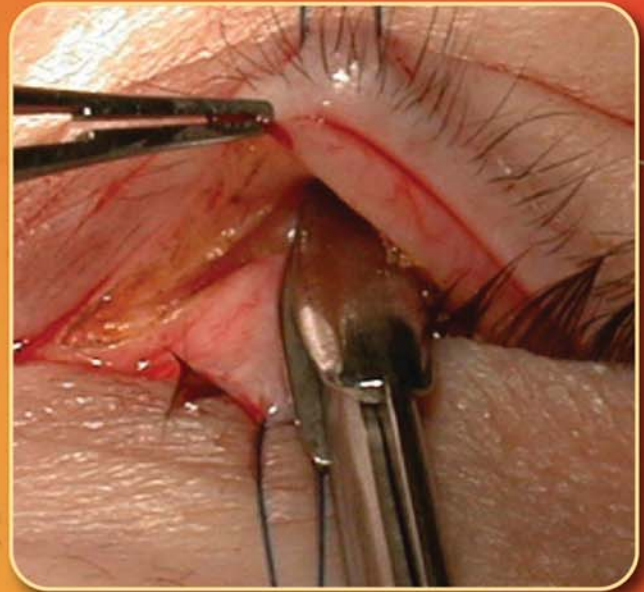
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REFLECTIONS ON A SUCCESSFUL 8TH WORLD CONGRESS

The 8th World Congress of Facial Plastic Surgery: Faces of the World, was held May 11 - 14, 2016, in the wonderful city of Rio de Janeiro, Brazil. Over 600 attendees from 37 countries had the opportunity to select from 240 lectures. The following comments were shared from participants.

From Robert Kesmarszky, MD

Four years after a great congress in Rome, ENT and plastic surgeons were fortunate to experience this successful event, hosted at the Sheraton, in a friendly and relaxed ambiance. The organizing committee was led by José Antonio Patrocínio, MD, president of the event; Pietro Palma, MD, president of the International Federation of Facial Plastic Surgery Societies (IFFPSS); and João Jairney Maniglia, MD, honorary president.

The participants represented the whole world. Besides Brazil, important delegations came from the United States, Colombia, Taiwan, Iran, Lebanon, Turkey, Argentina, Switzerland, Saudi Arabia, Paraguay, South Korea, and many other countries.

The presentations ran in five meeting rooms with perfect technical service, while the media room hosted many fruitful professional discussions. Selecting the sessions was difficult, due to the richness of the program.

On the first day, three workshops were organized about toxins, fillers, and the outstanding endopeel, representing a

chemical myoplasty and peeling. This revolutionary technique was presented by the inventors, Alain Tenenbaum, MD, and Mauro Tiziani, MD, from Switzerland. Several convincing lectures followed about its aspects in different utilities with live demonstrations.

The next three days of presentations were categorized into sessions about rhinoplasty, surgery of the aging face, treatment of the aging face without surgery, reconstructions, and miscellaneous. All of the presentations were highly instructive, in addition to the special video sessions and instructional courses.

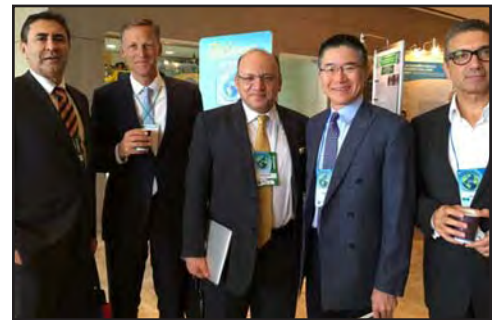
The international presence at the meeting and the competence of the speakers allowed a trip around the world, e.g., rhinoplasty of Asian, African, and other types of noses. The elegance of the presentation and expertise in rhinoplasty of Alireza Mesbahi, MD, was outstanding. The session led by Jonathan Sykes, MD, about applied facial anatomy for facial injections was flawless. Additional pearls included the instructional course with Dr. Palma on the complexity of the inner nose and its applications during rhinoseptoplasty and the life experience lecture of Gilbert Nolst-Trenité, MD.

The presentations from Brazil represented the expected pillars of the field, with plenty of innovation. Dr. Patrocínio presented about transpalpebral upper face rejuvenation. Ignazio Tasca, MD, from the Imola School discussed the deviated nose. The instructional



▲ REUNITED ARE (FROM LEFT): WASHINGTON ALMEIDA, MD (BRAZIL); MARCOS MOCELLIN, MD (BRAZIL); PIETRO PALMA, MD (ITALY); JOSE ANTONIO PATROCINIO, MD (BRAZIL); JOAO MANIGLIA, MD (BRAZIL); AND ANTONIO CEDIN, MD (BRAZIL).

(BOTTOM, FROM LEFT): DR. PATROCINIO (BRAZIL), ABEL-JAN TASMAN, MD (SWITZERLAND); ALIREZA MESBAHI, MD (IRAN), TOM WANG, MD (USA); AND DIOGO OLIVEIRA, MD (PORTUGAL). ▼



course on mastering endonasal rhinoplasty by Chih-Wen Twu, MD, chair of the congress, and the other presentations by Taiwanese colleagues represent the guarantee of a successful meeting in Taiwan in 2020.

From Pietro Palma, MD

Dr. Patrocínio is still receiving countless e-mails from speakers and attendees expressing their
See International, page 12



◀ SEEN HERE, ENJOYING THE COMPANY OF FRIENDS FROM AROUND THE GLOBE ARE (FROM LEFT): KEITH LAFERRIERE, MD (USA); WAYNE LARRABEE, MD (USA); ALIREZA MESBAHI, MD (IRAN); MARCOS MOCELLIN, MD (BRAZIL); FAZIL APAYDIN, MD (TRUKEY); JOSE JUAN MONTES, MD (MEXICO); JONG JO YONG, MD (SOUTH KOREA); JAIME FANDINO, MD (MEXICO); J. REGAN THOMAS, MD (USA); FERNANDO ARQUATE, MD (MEXICO); AND PETER ADAMSON, MD (CANADA).

ANCILLARY SESSIONS TO COMPLI- MENT EDUCATIONAL OFFERINGS

Nashville has its history...founded in 1779 by the Wataugans...capital of Tennessee by 1843, and now the home of country music and so much more. The AAFPRS has its history as well, and we are known today as the largest society of facial plastic surgeons worldwide. The chairs, Philip R. Langsdon, MD; Rami K. Batniji, MD; and Samuel M. Lam, MD, have created an extraordinary meeting and they are offering ancillary events that will educate and captivate. There is no fee for these activities, but register early to reserve your spot. Plan to leave Sunday morning, so you will not miss out. Here is a sampling of what to expect.

Day 1, Thursday

CME lecture workshop, Advanced Live Injection Course (after the Welcome Reception). Moderator: Sam M. Lam, MD. Instructors: Brian Biesman, MD; Mark Clymer, MD; Mary Lynn Moran, MD; and Deborah Sherman, MD.

This seminar will focus on live demonstrations of advanced injection techniques for facial enhancement by prominent injectors who come from multiple disciplines (facial plastic surgery, dermatology, and oculoplastic surgery). The hope is to explore the range of currently FDA-cleared products (both neuro-modulators and fillers) in diverse off-label strategies to restore, reshape, and rejuvenate all areas of the face and neck including the

AAFPRS Committee meetings will be held on Wednesday, October 5, 2016, starting at 7:30 a.m. If you are a committee member, please plan to arrive on Tuesday; committees meet face-to-face once a year and your attendance is encouraged and appreciated.

temples, periorbital region, mid-face, lips, nose, perioral region, lateral mandible/lateral face, etc. Food and drinks will be served.

Day 2, Friday

Breakfast sponsored event, 6:30 a.m - 7:30 a.m, Aesthetic Cranio-facial Reshaping with Custom Implants (sponsored by Implantech). Special presentation by Barry Eppley, MD (non-CME).

The session will include 3D computer designed implants make for powerful and unprecedented aesthetic changes of the face and skull; custom implants for desired aesthetic enhancements; and custom craniofacial implants that require innovations in incisional access for placement and fixation.

Friday during the day, check out the AAFPRS presentation stage in the Exhibit Hall. Join NeoGraft at the AAFPRS stage during all breaks and lunch. Featured topic: Hair Restoration Advances: Surgical, Topical, Technological.

Friday evening, Young Physicians' event, but all registrants are invited (sponsored by Galderma). Moderator: Lisa Grunebaum, MD. Injector: Jason D. Bloom, MD. GAIN presents MomGenes: A Live Injection Symposium (non-CME).

Day 3, Saturday

Saturday during breaks and lunch, the AAFPRS presentation stage in the Exhibit Hall will feature SkinMedica, an Allergan company.

Saturday evening: Allergan is planning a big surprise for meeting attendees. Don't miss the excitement; make your return flights for Sunday morning.

Stay tuned for details about the new and improved meeting App, faculty speaker ready room and lounge, and the registration/CME kiosks (ID number and password will be needed).

IN BRIEF: FLEET SURGEON

Stuart H. Bentkover, MD, of Worcester, Mass., was named best plastic surgeon in Worcester, four years in a row, according to the reader poll in *Worcester Magazine*.



Harrison C. Putman, MD, of Peoria, Ill., was awarded best plastic surgeon and practice in the category of cosmetic surgery, by *Journal Star*. The local newspaper conducts readership surveys for the "Best of the Best" in a number of categories, including health care.



J. Regan Thomas, MD, of Chicago, past president, was recognized for his role as fleet surgeon for the Chicago Yacht Club. As fleet surgeon, Dr. Thomas coordinates a series of instructional courses on health and safety, including CPR and AED use for boaters. He also advises the group's leadership on health and safety issues and policies. The Chicago Yacht Club is one of the oldest and most prestigious organizations of its kind in the United States and is a leader in the world of power boating and sailing. ■



MESSAGE FROM THE MEDICAL EDITOR: DO WE REALLY

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



Recently, I was at a conference tasked with creating the best way to do filler treatments, as if there is one way. As I listened to colleagues—each with their different way of doing it—I could not help but think we are much like artists sitting around a table debating the best way to paint a portrait. While all physicians can understand the basic anatomy and mechanics of injecting filler, so too can the classical artists paint a bowl of fruit. It is the differences between the individual artisans, however, that we come to recognize and appreciate.

As aesthetic physicians, aren't we modern day artists in our own right? While so much attention and emphasis is placed on best practices, evidence-based medicine, and rigid protocols, the essence of what makes our field unique and special are the plethora of flavors, colors, and blends that individuals bring to the craft. We are all influenced by a unique combination of religions, cultures, and experiences. It is only through our individual prisms that we can create our version of beauty with the tools and products at our disposal. We can influence and share ideas; however, it is unlikely and perhaps unwarranted, if we were all to do it the same way.

Unlike general medicine, aesthetics does not take well to paint by numbers outcomes, flow charts, and standardized dosing. This is perhaps frustrating for third parties attempting to mold us into replicas, likely for an ulterior motive. Imagine if artists were funneled to all think and deliver their craft the same... imagine generational artists coming together such as Salvador

Dali, Joan Miro, Vincent Van Gogh, Pablo Picasso, Claude Monet, Michelangelo, Leonardo da Vinci, Henri Toulouse Lautrec, Edgar Degas, and Fernando Botero all sitting around a table attempting to come up with a consensus on fillers.

Da Vinci, as chair: "I'd like to welcome you to the Trans Millennial Consensus Conference: Putting it all Together, where we are tasked with finding the best practices for filler treatments. We are lucky to be here with our esteemed colleagues. Unfortunately, Paul Gauguin missed his connection; a typhoon hit the South Pacific and he could not make it.

Michelangelo: "Leonardo, who made you the chair?"

Da Vinci: "Well, I was chosen by the conference chairman Pope Richard II and the conference's triple platinum sponsor Medici-Gan."

Dali: "I would like to start off by saying that I don't really believe in all this natural look stuff. I think we should allow patients to appear just on the logical edge of reality. Let's call it sur-naturalism."

Da Vinci: "Now, Sali, you know our patients are asking to look perfect and thanks to Phidias, there is a golden ratio known since the fourth century B.C. that dictates perfection throughout all of nature including the human face. Shouldn't we use math as our guide to the perfect Vitruvian face?"

Picasso: "Who says a perfect face is what we find beautiful? I mean, I am all for teaching beginners the paint by numbers thing, but who really wants a nose to be completely straight or symmetric? The people of Barcelona are not like those in Florence. My patients like the uniqueness of their characterized features. Therefore, I offer edged asymmetric eyes, crystalized noses, and ears and lips that make you appreciate the

individuality of each feature and person. When faces are not perfect they tell a better story."

Monet: "Picasso, you certainly think outside the cube, but really all over the place."

Picasso: "What do you mean Claude?"

Monet: "Well, nobody looks at just one or two features of the face. In Giverny, we like to sit among the stacks, reflect, and view beauty from a distance. For it is only then that you can see the whole picture. And it is important to recognize the influence of light. When you are close up the face appears flat. May I impress upon you that if we want to highlight the O-G curve and the G-K line just right then we need to view the face from oblique angles at various light settings. Only from a distance and with a bit of interpretation can we appreciate the beauty."

Da Vinci: "Botero, what do you think?"

Botero: "Ok, all of you guys are way off on a tangent. Listen, I think what looks best and most preferred is a full round gordito face! People want to look healthy and vitality is expressed by pillow full cheeks. I suggest we use cannulas to place large boluses of highly concentrated high G fillers in the midface."

Michelangelo: "Uh no, Botero, that is where I have to stop you. Nobody wants to look fat and lazy. I suggest we emphasize the secondary sexual characteristics of the genders. For a woman, let's draw attention to the lips and highlight the cupid's bow and philtral columns. For a man, strengthen the chin and jawline to an idealized version that proclaims virility. This is what my patients want. I mean, look at all the apps today with morphing tools allowing a person to create their own idealized version of themselves. They are portraying an image beyond perfection. Despite us all knowing it, we don't shutter because we all seek the

ideal even if it is beyond reality."

Toulouse: "Ok, I've been listening quietly but I don't believe we should look at our patients as individual canvases in isolation. Yes, we can make a perfect face as Lenny mentioned or even beyond perfect as Micky mentioned, but our results really only have meaning when we recognize the impact our interventions have had on our patients as they move within the context of their life. We should be asking how our treatment affects their disposition when they are out entertaining, socializing, or working. Are they happier, better people? Do they experience greater self-awareness?"

Van Gogh: "Sorry, I've been quiet, kind of feeling down today. Toulouse, when you mentioned self-awareness, I thought I should comment. Many of my patients feel comfortable in their bedroom gazing into a mirror knowing they are doing it for themselves and nobody else. And yes, I agree, it can potentially lead to increase awareness and confidence. Unlike Botero, however, I really believe this is best achieved using small needles with tight fanning strokes. And to get even better results, I like to blend my fillers to just the right viscosity and tones."

Botero: "Fine Vince, that may work for you, but I am against blending. There is a risk for contamination and I think the people of Colombia gravitate to the consistency of robust primary colors."

Da Vinci: "Ok, as chair, I really want us to come to a consensus here. Oh, who is that at the door? Hey, it is Edgar. Edgar, where have you been?"

Degas: "Oh sorry, I am running a little late. I could not help myself from watching the little dancers in the studio next door. Nevertheless, I heard Toulouse and mostly agree with him. You know us French; we stick together."

Da Vinci: "Ok, we are out of time. Once again, we cannot all agree on the best methods and techniques for doing a filler treatment. I look forward to welcoming you to next year's congress. Don't forget, there will be a dissection course in Bellagio next year."

Botero: "Uh excuse me, can we please mention my filler course in Medellin? I invite you all to come in November."

Da Vinci: "I really have to conclude this meeting. Thank you to our sponsors, Medici-Gan, Merz-schilds, and Galdermavis, a division of the Holy Nestle Empire. I hope to see you all at the welcome reception at the Red Mill. Henri loves it and I hear they serve a dynamite absinthe. Let's all try to meet there later to discuss further."

Could they ever come to a consensus and would we want them to? They all have forged a version of beauty in their own right. Just as some people prefer one artist to another, perhaps our patients seek variability in physicians as well. After the basics of beauty and safety are agreed upon, it is our uniqueness in aesthetic thought and practice that separates us as individuals. These same two tenets act as the glue, strengthening and enriching us collectively. This is what makes aesthetics a unique field on the forefront of medicine and culture. There is a reason that we are growing at a rate of 10 percent per year attracting the best, brightest, and most creative of each medical school class. We should aim to protect, preserve, and celebrate our individual tastes. Otherwise, over-aggressive, consensus driving may be the slippery slope leading us to irrelevancy and commoditization or to a corner alcove at the Holiday Inn starving artist convention hall. ■

By all accounts, the 2016 AAFPRS meeting at COSM was a huge success. The six outstanding keynote lectures, 33 oral paper presentations, and 48 posters contributed to an innovative and exciting program. "We continue to see a steady increase in participation and enthusiasm for AAFPRS at COSM," says co-chair Robert M. Kellman, MD. "With that in mind, we would like to extend a special thank you to all of our participants and presenters."

"This year we had the pleasure of recognizing our top three oral presentations and our top three poster presentations," adds co-chair Lisa E. Ishii, MD. Congratulations to the following individuals for their outstanding accomplishments.

Paper presentation winners

1st - *Safety of Simultaneous Lip Lift and Open Rhinoplasty*
Louis Insalaco

2nd - *Interaction of Mesenchymal Stem Cells with a 3D Printed Polyetheretherketone Scaffold for Craniofacial Reconstruction*
Michael Roskies

3rd - *Evaluating the Effect of Spreader Grafting on Nasal Obstruction Using the NOSE Scale: A Comparison between Functional Rhinoplasty and Septoplasty*
Aurora Standlee

Poster winners

1st - *Current Evidence Based Algorithms in the Management of Venous Malformations*
Patrick Morgan, MD

2nd - *Trends in Nasal Subunit Reconstruction by Facial Plastic and Reconstructive Surgeons*
Yuna Larrabee, MD

3rd - *Optimizing Septal Cartilage Autografts in Septorhinoplasty*
Robert Brody, medical student

Please mark your calendars for COSM 2017, April 26 - 30, 2017, in San Diego. More information will follow as to when abstract submission opens.

FACE TO FACE SPONSORS GUATEMALA MISSION

In April 2016, the FINN Foundation completed its fourth annual medical mission to Quetzaltenango, Guatemala, under the sponsorship of both the FACE TO FACE and the FINN Foundation. The team was led by J. Charlie Finn, MD, and joined by Scott Stephan, MD; Christian Stallworth, MD; and current AAFPRS fellows Kevin Motamedi, MD; Jeffrey Watson, MD; and resident Christine Taylor, MD. Several wonderful support staff from Texas and North Carolina provided anesthesia, nursing care, and logistics coordination.

Our trip began with a four-hour journey into mountainous terrain of rural Guatemala, passing through the beautiful cobblestoned colonial town of Antigua before reaching our final destination of Quetzaltenango. This is the second largest city in Guatemala, located at nearly 8,000 feet and surrounded by jagged mountainous terrain with vibrant terraced agriculture.

Despite the large population of Quetzaltenango and the surrounding region, medical resources remain sparse and access to facial reconstructive surgery is even more limited. Over the last four years, we have assembled a team to address the vast unmet needs of the local population, which include repair of microtia, cleft lip and palate, traumatic nasal fractures, scar contractures, and facial soft tissue injuries.

On the first day of our mission, patients and their families filled the waiting area of the Hospital Regional de Occidente. Many had traveled from across the country spending hours or days in transit in anticipation of the opportunity to receive care. We screened 109 patients in total including numerous patients who had returned for follow up, having had surgery with us in prior years. Over the following five days, the team performed 39 surgeries ranging from cleft

rhinoplasty and microtia repair to fat transfer for Parry-Romberg syndrome.

Equally important to the spirit of our mission was collaboration with local physicians, educators, and medical students. We were delighted to work alongside local plastic surgeon, Mynor Miguel Ros, MD, without whom our visit to the hospital and utilization of the operating rooms and clinic would not have been possible. Dr. Ros joined us in several cases and was indispensable in providing reliable post-operative care for our patients after our departure. We are most appreciative of his efforts.

Lastly, our team is proud to have contributed to the prosecution of what will be the second ever cadaver available for teaching and study in the San Carlos de Guatemala Centro Universitario de Occidente medical school. Through the dedicated efforts of local surgeon and anatomy professor Ariadna Cifuentes, MD, the first two cadavers have been procured for hands-on learning beyond the textbook. Dr. Finn was invited to perform the head and neck dissection of the cadaver,



which was photo-documented for a museum display and will remain a core part of the anatomy education for several years to come.

Our team is most grateful for the funding and support provided by the FACE TO FACE program; we are dedicated to providing consistent and ongoing care to the people of Quetzaltenango. The team will return next year to carry on its mission to serve, educate, and collaborate with the people and physicians of the region. The need for care will continue, as will our commitment in this most rewarding effort. ■

ACADEMY AWARDS

The AAFPRS is still accepting nominees for the following Academy awards: Residency Travel, William Wright, F. Mark Rafaty, John Dickinson, and Community Service. The awards will be presented at the 2016 Fall Meeting in Nashville, Tenn.

The William K. Wright and F. Mark Rafaty Memorial awards may be presented each year to an AAFPRS member who has made outstanding contributions to facial plastic and reconstructive surgery.

The John Dickinson Teacher award honors an AAFPRS fellow or member for sharing knowledge about facial plastic surgery with the effective use of audiovisuals in any one year.

The Community Service award may be presented each year to an AAFPRS member who has distinguished himself or herself by providing or making possible free medical service to the poor in his or her community.

For more information, contact Glenda Shugars at (703) 299-9291, ext. 234, or visit the AAFPRS Web site, AAFPRS Foundation, the Research Center: www.aafprs.org/research/awards/.

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NASHVILLE AWAITS AAFPRS

From Cover Story, page 1
MD, along with Konstantin Vasyukevich, MD; Amir M. Karam, MD; Dominic Bray, MD; and Dr. Prendiville, as panelists. The second one is on challenges of the facelift with panelists Devinder S. Mangat, MD; L. Mike Nayak, MD; and J. Randall Jordan, MD, with Daniel E. Rouso, MD, moderating.

There will be a panel discussion on devices and one on marketing as well.

Make your plans now to take advantage of this outstanding educational event. Come for the sessions, but stay to experience Nashville. The fall is a beautiful time to visit. Bring your family along to enjoy the Music City and all it has to offer in entertainment, history, and culture. There are many wonderful music venues to explore; don't miss the ultimate country scene, the Grand Ole Opry House, where every Tuesday, Friday, and Saturday you can catch legends and current stars perform. Tour the famous pre-Civil War mansions. Alternatively, if you would like to see why it is named the Athens of the South, check out the full-size replica of the Parthenon in Centennial Park, and the 42-foot high statue Athena. Many more outdoor and indoor adventures await you.

Registration is now open; visit www.aafprs.org. To receive the discounted fee, register before August 22, 2016. Special rates have been reserved for AAFPRS meeting attendees at the Omni Nashville Hotel. You can book your room by visiting: www.omnihotels.com/hotels/nashville/meetings/americanacademy-of-facial-surgery.

Enclosed in this July issue of *Facial Plastic Times* is the Election Insert.



FACIAL PLASTIC TIMES JULY 2016

2016

JULY 29-31

*2016 PORTLAND RHINOPLASTY COURSE
Portland, OR
Director: Tom D. Wang, MD

OCTOBER 5

AAFPRS COMMITTEE MEETINGS
Nashville, TN

OCTOBER 6-8

ANNUAL (FALL) MEETING
Nashville, TN
Program Director: Phillip R. Langsdon, MD
Co-chairs: Samuel M. Lam, MD, and Rami K. Batniji, MD

DECEMBER 1-3

*THE CUTTING EDGE 2016
New York, NY
Chairs: Sherrell Aston, MD; Daniel Baker, MD; and Dean M. Toriumi, MD

2017

APRIL 26-30

AAFPRS SPRING MEETING
(in conjunction with COSM)
San Diego, CA

MAY 4-7

ADVANCES IN RHINOPLASTY
Chicago, IL
Co-chairs: Peter A. Adamson, MD; Sam P. Most, MD; and Oren Friedman, MD

*ENDORSED BY THE AAFPRS

INTERNATIONAL RECOGNITION

From World Congress, page 8
thanks for having provided them with such an excellent educational and social opportunity, as well as for the warm, international atmosphere throughout the meeting.

As the IFFPSS president, I would like to express my deep gratitude to you, to the Brazilian ORL and FPS societies, and to the local organizing committee for the hard work you have done in making this magnificent event happen. At the same time, I would like to thank all of the IFFPSS friends for taking the time out of their busy life and practice to come to participate in Faces of the World.

I am profoundly happy to witness that IFFPSS made a giant step forward in terms of international recognition and development of the art and the science of facial plastic surgery.

On a more personal level, it was remarkable to meet so many old friends and make new ones.

CLASSIFIED AD

Practice Opportunity San Francisco Bay Area
40-year-old, accredited office-based surgery facility, facial plastic surgery practice including hair transplantation, available for fellowship trained FPS or equivalent. Immediate association available and early practice acquisition/transfer/sale. Contact Sheldon S. Kabaker, MD, for further details and information regarding practice and timeline. The practice is located in the San Francisco Bay Area community of Oakland, California, only 20 minutes from downtown San Francisco. E-mail requests to: OaklandFPS@aol.com.

ELECTION INSERT 2016

This 2016 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 2016 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 8, 2016 at 8:25am at the Music City Center, Nashville, TN).

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 Monday, August 15, 2016. 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 completed and returned post-marked on or before Friday, September 16, 2016 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 2016 membership dues will have their ballots counted.

NOMINEES FOR 2016 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 2016 *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

John L. Frodel, Jr., MD
William H. Truswell, MD

Secretary-elect

David W. Kim, MD
Theda C. Kontis, MD

Group-VP for Public and Regulatory Affairs-elect

Patrick J. Byrne, MD
Mary Lynn Moran, MD

Southern Region Director-elect

Anthony E. Brissett, MD
Krishna G. Patel, MD

Midwestern Region Director-elect

Steven H. Dayan, MD
Benjamin C. Marcus, MD

Canadian Region Director-elect

Jamil Asaria, MD
Andrew B. Denton, MD

Director-at-Large

J. David Kriet, MD
Brian J.F. Wong, MD

Nominating Committee

Paul J. Carniol, MD
Minas Constantinides, MD
John F. Hoffmann, MD
J. David Kriet, MD
Anthony P. Sclafani, MD
Tom D. Wang, MD
Brian J.F. Wong, MD

Audit Committee

Jonathan M. Sykes, MD
Tom D. Wang, MD

Western Region Credentials Rep.

Sam P. Most, MD
Tom D. Wang, MD

ELECTION INSERT 2016

To the AAFPRS Membership:

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 29 years, I have been honored to be involved and serve in numerous capacities: AAFPRS course speaker, chairman of the Annual Meeting in San Francisco in 1997, Chairman of the Fellowship Committee, member of numerous other committees (including the Fellowship Review Committee for nearly 10 years), and as vice president of education, serving as a member of the Board. Additionally, I currently serve on the Board of Directors of the American Board of Facial Plastic and Reconstructive Surgery as well as represent craniomaxillofacial specialties on the AO North America Board of Directors. Now, I am honored to be nominated again to be a candidate for president, along with my very good friend and colleague, Dr. Bill Truswell. As I stated last year when I was nominated for the same position to run against 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 OHNS 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 3 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 readdress who is eligible to attend our meetings, as increased attendance levels is certainly a goal. I again applaud the AAFPRS leadership for re-finding a great place to emphasize resident participation in our Academy at COSM meeting every spring, as the abundance of excellent free papers (mainly presented by residents and fellows) fits comfortably in that 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 ABFPRS 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).

Finally, I must mention my appreciation of the dedication and effort that EVP Steve Duffy has given the Academy over the years. I join everyone in praising and thanking Steve for this. Additionally, I look forward to being involved in the smooth transition for our next EVP.

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

ELECTION INSERT 2016

Dear Friends and Colleagues,

We have come a long way and accomplished much in our first half century. That initial, visionary band of facial plastic surgeons morphed into our present Academy. We are the specialty of facial plastic surgery respected throughout organized medicine and expanding rapidly around the globe. We are the group who provides the training, the continuing education, the research, the advocacy, and the practice of facial plastic surgery. We have many reasons to be proud.

Our educational meetings and courses draw attendees across many specialties and from all corners of the world. Rhino-plasty, now branded as The Chicago Meeting, increases in attendance each year. Facial Rejuvenation - Master the Techniques was very highly regarded this winter and will enjoy its own branding going forward. These courses along with our Annual Meeting and participation in COSM, offer broad educational opportunities.

As much as we want to celebrate the Academy's impressive achievements, we must realistically focus on some important issues that need our ongoing attention.

I'm sure we all remember, two to three years ago, when the Board became embroiled in demanding discussions regarding our possible relationship with ACGME. There is no doubt that our 46 fellowship programs are without equal in training facial plastic surgeons. ACGME accreditation while desired by some is a shoe too narrow for all our programs to fit into. The Board assembled the Fellowship Improvement Task Force and handed it over to our very capable, incoming president, Fred Fedok. This task force created the Accreditation Council for Post-residency Specialty Education (ACPSE). Up to now, the Fellowship Review Committee has reviewed FPRS fellowship programs and recommended them to the Foundation Board for approval on a case-by-case basis. During the ACGME discussions, the Foundation Board decided that such reviews should be performed by an independent accrediting organization. Earlier this year, the Board approved the ACPSE to assume this role. The ACPSE recommends to the Foundation that all fellowships become accredited. The goal is to have all the programs eventually become either ACPSE or ACGME accredited training programs.

Over the last two fiscal years it was necessary to withdraw funds from the investment accounts of the Academy and Foundation to cover operating expenses. This was the result of many factors. The two Aging Face Courses preceding the Beverly Hills Course lost a considerable amount of money. The International Meeting in New York was in the red as well. This prompted several discussions in the winter of 2015 between myself, the past and current presidents, and Phil Langsdon. Dr. Langsdon, a director, has 23 years experience running multispecialty facial plastic surgery meetings. The results of these discussions were two exigent Board of Directors meetings in Boston in April and Chicago in July. The meetings culminated in the decision to bring event planning back into the Academy office. This will bring hotel benefits and points back to the Academy thus helping to offset expenses. Last summer the position of director of education and meetings was created and it was our good fortune to hire the very knowledgeable and experienced Jackie Gunderson to fill the post.

Over the last six years the Academy membership has been in a steady decline. One fact of major concern is that almost half of ABFPRS fellowship trained diplomates drop their Academy membership after four or five years. The loss of dues paying members has a negative economic effect on the Academy, and if the decline continues, it will have an effect on our political clout in organized medicine as well. This past winter, a letter was drafted over the signatures of officers from both the AAFPRS and the ABFPRS and sent to ABFPRS diplomates who had let their membership expire. Currently, discussions are underway to develop strategies to retain and increase membership.

In addition to decreasing membership rolls, corporate support for meetings and events has significantly dropped over the last number of years. Our membership rolls are small compared to dermatology and plastic surgery. We don't carry the financial clout of the larger organizations. We need to design a game plan to elevate our stature in the eyes of companies to show we can compete with the larger groups for their donations. The Industry Task Force will need to develop innovative ways to encourage and increase corporate support.

Lastly exhibitor participation is also shrinking at our meetings and courses. The reasons for this are numerous. Again our size as a customer base is less than that of our competitors. Exhibitor space has become increasingly costly at meeting venues. A perennial issue with exhibitors is the often-low traffic flow to their booths. Various means of exhibit space configuration have been tried in the past with varying results. The Exhibit Advisory Committee should be revamped. Exhibitor participation must be encouraged. The committee needs to meet once a year to review and discuss options.

This year the Academy undergoes a major transition. Our long time executive vice president and friend, Steve Duffy, will retire. Under the guidance and excellent effort of our current president, Ed Williams, the Board has chosen Steve Jurich as our new EVP. He will begin in August and Steve Duffy will aid and advise in the transition. Having participated in the selection process, I had the opportunity to meet with the candidates and join in the interviews and decision-making. Mr. Jurich has excellent credentials and experience in managing small non-profits. He is dynamic, enthusiastic, quite personable, and has great people skills. He will transition quickly with the help of a dedicated Board of Directors.

Shortly after last fall's Annual Meeting, I traveled with Ed Williams for a two-day visit to the Academy Board offices in Washington DC. We first spent time with Steve Duffy to better understand the workings of the office. Afterwards, I spent half a day with Amy McFee, our financial consultant, to learn the ins and outs of our finances. Then I joined Ed in individual interviews with each staff member. We came away with an excellent idea of their thoughts, responsibilities, interworkings, concerns, and ideas of the trajectory of the Academy. We gained great insight into the strengths and weaknesses of the AAFPRS and its employees. We also realized every newly elected president and treasurer needs to have this experience. It will strengthen their roles in leadership. The Board of Directors has a responsibility to gain intimate knowledge of the Academy they were elected to oversee.

It is a great honor to be nominated president-elect. We are friends, colleagues, mentors, and students. I have learned much in my two positions on the Board of Directors. The last three years as treasurer allowed me to participate very actively in the leadership. I come now with an intimate knowledge of the mechanics of the Academy's governance. I have experienced its unity, discord, and unity once more. I have known that which appeared fraught with danger and helped work through troubling issues to guide our society on its storied journey into the future of facial plastic surgery. It would be my greatest honor to accept your trust to lead the Academy. It has been my professional home for a very long time and I would serve with all my energies in its best interests with an eye to the future and an ear to the past.

William H. Truswell, MD

PRESIDENT-ELECT

Nominated for president-elect are John L. Frodel, Jr., MD of Marietta, GA and William H. Truswell, MD of Northampton, MA. This position serves a one-year term and succeeds to president the next year and may only serve one term in this office.

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, I will 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, I will 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.
- As there has been a gradual increase in the number of ABFPRS diplomates who have dropped out of the AAFPRS, I will work to facilitate appreciation by members of the ABFPRS of the many efforts made by the Academy

in assisting the Board and its diplomates, with the goal of greater membership retention of these diplomats in the AAFPRS.

William H. Truswell, MD

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

AAFPRS

- Currently treasurer (2013-16) AAFPRS BOD
- Treasurer-elect (2012-2013) AAFPRS BOD
- AAFPRS Executive Committee - current
- AAFPRS Foundation Board - current
- Eastern regional representative AAFPRS BOD (2004-2006)
- Eastern regional representative-elect AAFPRS BOD (2003-2004)
- Endowment Investment Committee - Academy
- Endowment Investment Committee - Foundation
- Audit Committee - current
- FACE TO FACE Committee - current
- Chair Development Committee - past
- Chair Exhibitor Advisory Committee - past
- Numerous other Committee appointments over the last 30+ years including Strategic Planning, Nominating, CME, Public Information, Ethics, Membership/Residency Relations, Regulatory and Socioeconomics Affairs, Industry Relations, among others.



ABFPRS

- Vice president (2015-2018)
- Board of Directors member (2005-2011)
- Senior advisor to the BOD (2011-present)
- Credential Committee chair (2012-2015)
- Credential Committee co-chair (2015-present)
- Oral examiner since 2002

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

- Leadership, organization and oversight. Work with the president and the new EVP in strengthening the structure and culture of the Academy. Bring stability to the Academy's finances.
- Championing our specialty to the public. Promoting facial plastic surgery in organized medicine, and advocating our cause legislatively and politically.
- Supporting AAFPRS educational programs and strengthening AAFPRS fellowships by encouraging participation in the Accreditation Council for Post-residency Specialty Education (ACPSE).

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

- Stabilizing the Academy's financial position. Over the last two years, due to many factors, it was necessary to withdraw considerable funds from the investments of the Academy and the Foundation to cover operating expenses.
- Increasing membership. Over the last six years, Academy membership has been in steady decline. This has a direct negative effect on finances and political clout in organized medicine.
- Collaboration with otolaryngology to strengthen the brand of facial plastic surgery in the community and organized medicine.

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

I would like to continue on our 50 plus year journey of advocating facial plastic surgery as the leader in education, innovation, research, and outreach. As the ACPSE evolves, it should become an equivalent body to the ACGME for other qualified, non-ACGME eligible programs. The AAFPRS will continue to work with the ABFPRS to gain the wholehearted support of the American Board of Otolaryngology and increased recognition by the American Board of Medical Specialties.

SECRETARY-ELECT

Nominated for secretary-elect are David W. Kim, MD of San Francisco, MD and Theda C. Kontis, MD of Baltimore, MD. 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.

David W. Kim, MD

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

- Member, Board of Directors, 2012-2016 (Western region director) and 2008-2011 (Young physician's representative)
- Course co-chair: 2013 and 2015 Advances in Rhinoplasty, 2011 Aging Face, 2007 Fall Meeting
- Board member, Rhinoplasty Society, 2014-present
- Senior board examiner, ABOto, 2011-2015



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

The key role of the secretary is one of leadership. As a senior executive board member, the secretary must support and guide the president, EVP, and other Board members in decision-making. This role requires experience, creativity, judgment, and commitment to the well-being of the organization.

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

- Membership growth. Our numbers have trended down in recent years. We improve early and frequent outreach to trainees and provide accessible valued resources to existing members.
- More consistent standards for education and meetings. We must build on recent efforts to improve organization and consistent standards of content and improved continuity and institutional memory across rotating meeting chairs.
- Advocacy. Despite our achievements, members still face hurdles in credentialing or in legal matters (such as truth in advertising) related to the challenged legitimacy of our training programs. As credentialing guidelines trend toward becoming more stringent, we must be more pro-active in advocacy strategies.

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

- Stabilize membership over the next five years and grow membership over the next 10 years.
- Develop improved institutional memory and more consistent standards in our educational meetings.
- Develop proactive strategies for advocacy. We need relevant and accurate information available to our members and a mechanism for a broad discussion to inform our decisions.
- We have built a robust brand as experts in facial plastic surgery. We should push to deepen this awareness in the eyes of the public, industry, and medical community.

Theda C. Kontis, MD

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

- Current AAFPRS Executive Board Member: Group vice president for membership and society relations (In this role, I have actively worked to increase membership via a membership drive)
- Chair, Educational Portal (LEARN) Committee (In this role, I have overseen and advised staff in development of the portal.)
- Chair, Evidence Based Medicine Committee
- Director, Mentor 4 Success Program
- Co-director Facial Rejuvenation Meeting, Beverly Hills, 2016 (We revitalized the Aging Face Meeting into a dynamic and well attended venue.)
- Co-director, AAFPRS Fall Meeting, Boston, 2010 (One of the best attended Fall Meetings in AAFPRS history, completely changed the way speakers are selected to make the process fair and inclusive.)
- Senior advisor, CME Committee
- Senior advisor, Fellowship Committee
- Senior advisor, Curriculum Compendium Subcommittee
- Senior advisor, Women in Facial Plastic Surgery Committee



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

Over the last few years as a Board member, I have seen how important it is to have a vision for the future of the AAFPRS.

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

- Membership. In my last three years as group VP of membership, I have become keenly aware that younger physicians are losing interest in medical organizations. It is crucial that we focus on our younger members, and make sure there is VALUE in AAFPRS membership.
- The AAFPRS is welcoming a new executive vice president this year. We must assure that the new EVP continues the vision and values we have established. The Board must maintain close communication as we initiate a new staff member.
- Academy finances must be carefully monitored. Because industry is limiting their support of our meetings, we must strive to be careful with our expenses.

Continued ...

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

- We need to make sure there is value in membership. This includes long-distance learning via the LEARN portal and on-site learning at fabulous meetings.
- We need to enhance our relationships with industry and try to improve obtaining their support.
- We need to think out of the box for increasing membership and improving our meetings.

GROUP-VP FOR PUBLIC AND REGULATORY AFFAIRS-ELECT

Nominated for group VP-elect for public and regulatory affairs are Patrick J. Byrne, MD of Baltimore, MD and Mary Lynn Moran, MD of Franklin, TN. 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.

Patrick J. Byrne, MD, MBA

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



I have been very fortunate to serve as the Academy's eastern regional director. I am a full professor at Johns Hopkins, where I have served as the division and fellowship director at Johns Hopkins for many years. I am also the chief medical officer of a biotech startup company; as we have navigated the regulatory process to begin an FDA Phase I trial. As a Johns Hopkins medicine international director, I've led Joint Commission and quality improvement efforts at several overseas affiliate medical centers. I obtained my MBA from the Wharton School of the University of Pennsylvania.

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

The GVP for public and regulatory affairs is responsible for the supervision and direction of the Multimedia Committee, the Regulatory and Government Affairs Committee, and the Public Information Committee. Each of these are vital to the Academy. The Multimedia Committee, through our varied educational offerings, is critical to our ability to thrive in the future. The government affairs component very well may become increasingly important as we see more inter related activities with other surgical specialty groups.

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

- We live in an era in which industry support is declining, and meeting attendance more challenging. Our strategy to thrive in such an environment will depend on our ability to adjust with the times. We need to develop more effective ways to deliver, and monetize our knowledge.
- National trends are toward more integration of educational and training opportunities between facial plastic surgery and other related specialties. We need to be vigilant that such trends play out in a fashion that benefits our providers and patients. I believe this is achievable.

- The Affordable Care Act, regardless of how it may evolve, is a reality. As MACRA is introduced, and payment reform begins to play out, even our specialty will be affected in important ways. Some are predictable - while others aren't. We need to be thoughtful and proactive in our strategy with this in mind.

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

- The specific immediate needs are to improve our financial footing to protect our ability to serve our members in the future.
- I believe we should focus our efforts in a strategic fashion on two objectives: first, to further develop our prominence as the premier resource for education in the field (this means far more than just meetings). Next, to strengthen our brand value for members. We have not, in our history, approached this second objective in a coordinated and strategic fashion. We should.

Mary Lynn Moran, MD

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



I served on the Medical Board of California for seven years, which has prepared me well for the role as group vice president of public and regulatory affairs. My experience on a regulatory board of a state with over 100,000 licensed physicians has given me great insight into many of the challenges that face the medical profession. I also served on the national level for the Federation of State Medical Boards both on the Nominating Committee and the Bylaws Committee. I gained valuable insight into the ways that differing regulatory bodies can work together toward a common goal. Furthermore, my efforts with the Physician Coalition for Injectable Safety enabled me to work with leaders in other core professions toward improving patient safety.

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

- Awareness of evolving legislature in various states and among other regulatory bodies that affect our profession and our patient's well-being.
- Having an ability to communicate effectively and in a timely fashion with other shareholders about important topics.
- Facilitate opportunities to continue to evolve and elevate our profession in the face of an everchanging medical climate.

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

- It is important that we stay at the leading edge of legislation affecting our profession and our patients' safety.
- We need to continue to distinguish ourselves by our commitment to excellence in patient care and our desire to advance our profession with innovation and expertise.
- We need to continue to seek out the best and the brightest individuals who are also committed to growing and strengthening our profession.

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

- Vigilant and visible grassroots efforts
- Ongoing PR presence
- Continued membership growth
- Support of innovation and evolution as a profession

SOUTHERN REGION DIRECTOR-ELECT

Nominated for southern region director-elect are Anthony E. Brissett, MD of Houston, TX and Krishna G. Patel, MD of Charleston, SC. This position serves a one-year term, succeeds to southern region director the next year, and serves a three-year term and may only serve one term in this office.

Anthony E. Brissett, MD

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



Baylor College of Medicine (2003-2016)

- Associate professor (Tenured)
- Division chief, Division of Facial Plastic and Reconstructive
- Faculty Group Practice, department representative
- Faculty Senate, department representative

AAO-HNS

- Task force on new material
- Senior board examiner
- ACGME Facial Plastic Surgery Milestone Committee representative
- Education Committee representative

AAFPRS

- Co-chair, 2014 Annual Meeting
- Fellowship Research Review Subcommittee
- Education Committee
- Awards Committee
- Young Physicians Committee

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

- Assess and serve the needs of the members of the AAFPRS
- Support the resident and fellowship education needs for the AAFPRS
- Participate in long range planning and vision casting for the AAFPRS and its membership

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 remain current in their fund of knowledge and are able to provide the highest level of care to their patients
- Financial stability will allow our specialty the independence and flexibility to best serve its members and our patients.

- Membership. New members represent the lifeblood and 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.

Krishna G. Patel, MD

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



I am honored to be nominated for the southern region director-elect. I have been an active member of the AAFPRS for nine years. Early on, I became involved in various society committees. I admire the organization and wish to be an integral part of its success. Listed below are past and present experiences that have provided me with a strong foundation and insight that will enable me to serve as a regional director.

- Director of Facial Plastic and Reconstructive Surgery at Medical University of South Carolina (MUSC)
- Faculty senator at MUSC
- Secretary for the South Carolina Medical Association-Otolaryngology Society (2011- present)
- Chair-elect for Plastic Reconstructive Surgery Committee, AAO-HNS (2015)
- Co-director for the COSM Spring Meeting in Boston 2015, AAFPRS
- Recipient of Annual Resident Teaching Award in 2010 and 2014
- Oral Board examiner for ABOto exam(2015) and Written Exam Board Question Task Force (2013-2015)

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

- Emphasize the importance of facial plastic and reconstructive surgery education within the regional residency programs.
- Support and promote the interests and goals of AAFPRS in the southern region.

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

- Continuing to improve public awareness and branding for facial plastic and reconstructive surgery. It is imperative that board-certified facial plastic and reconstructive surgeons should be the first choice surgeon for these subspecialty procedures.
- Equally important as public awareness is also awareness amongst our medical colleagues. We must continue to enlighten the medical community to the unique qualities and capabilities held by our specialty.
- Emphasizing the importance of providing excellence and breadth of training within facial plastic surgery fellowships.

Continued ...

ELECTION INSERT 2016

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

- As a specialty we must continue to grow within areas of research. This will not only strengthen our current knowledge but encourage innovation for future growth.
- AAFPRS educational meetings should continue to be the foremost location for facial plastic and reconstructive surgeons to meet, debate, learn, brainstorm, as well as direct the future of the field.

MIDWESTERN REGION DIRECTOR-ELECT

Nominated for midwestern region director-elect are Steven H. Dayan, MD of Chicago, IL and Benjamin C. Marcus, MD of Madison, WI. This position serves a one-year term, succeeds to midwestern region director the next year, and serves a three-year term and may only serve one term in this office.

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 creating, managing and executing business projects of both small and large companies.



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

I would like to always put the best interest of the AAFPRS front and center.

Please indicate what you think are the three 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 the AAFPRS to strive to achieve.

The AAFPRS should 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.

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 midwestern region director-elect. I have been very active in the AAFPRS for the last 12 years. I have served on multiple standing committee 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 two years on the LEARN portal and fellowship redesign project.

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 midwest director 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.

CANADIAN REGION DIRECTOR-ELECT

Nominated for canadian region director-elect are Jamil Asaria, MD of Toronto, ON and Andrew B. Denton, MD of Vancouver, BC. This position serves a one-year term, succeeds to canadian region director the next year, and serves a three-year term and may only serve one term in this office.

Jamil Asaria, MD

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

I am honored to have been nominated for the position of canadian region director for the AAFPRS. My experience training in the Canadian residency system and then pursuing an AAFPRS fellowship with Dr. Shan Baker in 2009-2010 provided me with a solid foundation in our field. I believe that my background in private practice combined with a strong academic affiliation at the University of Toronto will serve as a good representation for the Canadian scope of facial plastic and reconstructive surgery.



AAFPRS Involvement

- Committee member: Postgraduate Curriculum, FACE TO FACE, and Emerging Trends and Technologies (2010-2016)

ABFPRS Involvement

- Board examiner (2016)

Academic Presentations

- Multiple courses and presentations at the AAFPRS, IFFPSS, and CAFPRS Meetings

University of Toronto Involvement

- Involved with full-time teaching at the fellowship level and resident level in facial plastic and reconstructive surgery

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

I believe that the most important roles of the Canadian region director are to uphold and promote the values of the AAFPRS. Within the region, this involves supporting facial plastic surgery at many different levels and building policies and programs with both short-term and long-range goals.

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

- Establishing and maintaining the highest standards in facial plastic and reconstructive surgery. We must continue to support top quality meetings, courses and research in order to demonstrate authority in the field.
- Training future leaders. It is critical to build upon and continue to improve our fellowship education programs. The key to our ongoing success is through our future generations. This starts early at the medical student and resident level and continues beyond fellowship training with continuing education for practicing surgeons.
- Certification, credentialing and participation. Our membership needs to grow in a unified direction by encouraging involvement with our Academy. Together with the ABFPRS, we need to continue to uphold strong criteria for certification and encourage our members to become actively involved in the Academy. Participation from a diverse group of individuals will help to strengthen our political and financial standing.

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

Specific to the Canadian Region, I would like to see the AAFPRS increase its scope at the residency and fellowship levels. While we have excellent leadership in the field of facial plastic surgery, there is room for more direct involvement of our academy on the educational front. With the help of the AAFPRS, I would like to see divisions of facial plastic and reconstructive surgery within each department of Otolaryngology in Canada as well as the creation of new fellowship programs in order to further establish and grow our specialty at home.

Andrew B. Denton, MD

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

I have been in practice now for 15 years. From the outset, my practice has been dedicated solely to the field of facial plastic and reconstructive surgery. I hold the rank of assistant professor at the University of British Columbia and I am the owner and medical director of the West Coast Cosmetic Surgery Center in Vancouver, British Columbia. I was incredibly fortunate to have two superb AAFPRS fellowship directors at the University of California San Francisco and a supportive and highly skilled mentor to join when I returned to Vancouver. The Academy is responsible to a



large part for my professional success and I would be honored to serve as Canadian region director-elect.

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

Ongoing advancement of the field of facial plastic surgery in Canada--in particular as it relates to the awareness of provincial regulatory bodies of our specialty and the extensive training and experience that AAFPRS trained surgeons possess.

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

- Increasing and in many cases, intrusive regulatory oversight not consistent with the tradition of evidence based medicine.
- Continuing to define facial plastic surgeons as a unique and highly qualified specialty group to the public, governmental regulatory bodies and the media.
- Ongoing excellence in teaching and education for new graduates and existing members and the ongoing embrace of new technologies to further this goal.

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

In addition to the Academy's ongoing demand of excellence and professionalism amongst its member surgeons, see 3 above.

DIRECTOR-AT-LARGE

Nominated for director-at-large are: J. David Kriet, MD of Overland Park, KS and Brian J.F. Wong, MD of Irvine, CA. This position serves one, three-year term.

J. David Kriet, MD

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

Since completing my AAFPRS fellowship in 1998, I have been an active member of the Academy and have seen the rewards of association with such a strong organization. I have served on numerous committees and chaired the Awards and Fellowship Research Review Subcommittees. I have also served on the Academy Board as midwestern region director. This service has provided beneficial insight into the workings of the AAFPRS. As director of facial plastic and reconstructive surgery at the University of Kansas, I oversee the facial plastic surgery education of our residents and medical students. I hold leadership roles at the University of Kansas and serve on the Board of Directors of the KU Midwest Ambulatory Surgery Center. I have served as course chairman for numerous educational venues have served as chair of the AO North American Craniomaxillofacial Medical Education Committee and currently serve as an elected international trustee for the AO Foundation.



Continued ...

Please indicate what you think are the most important duties of the position for which you are nominated.
 This position would allow me to represent the Academy membership on the Board of Directors, stay informed of issues affecting the practice of facial plastic surgery, and serve as a liaison between our membership and the Academy.

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

- Maintaining and building membership. This is critical in our current economical climate and as physicians become more selective in their membership choices.
- Continuing to support our position politically and keeping abreast of changes in legislation at local, regional, and national levels.
- Continuing to increase public awareness of the high quality care provided by AAFPRS members

Please indicate what goals you would like the AAFPRS to strive to achieve.
 We should continue to expand the utility of the LEARN portal.

Brian J.F. Wong, MD

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



I bring a broad combination of skills and diverse experiences. While a full-time academic, I have been at the center of several technology startups. I am heavily involved with laser and biomedical engineering societies, and have had leadership positions in the key organizations. I review grants for NIH, and play a leadership role in allocation of federal research dollars. I have a robust practice focused on rhinoplasty.

- Director of AAFPRS Fellowship Program (nine fellows)
- Professor and vice-chairman, UC Irvine OTO-HNS
- Associate editor, JAMA Facial Plastic Surgery
- Editor-in-chief, Lasers in Surgery and Medicine
- NIH Funded Principal Investigator (18+ years)
- Course director for over 20 CME Events
- Board of Directors, American Society for Lasers in Surgery Medicine (three terms)
- Standing member, NIH Study Section (Center of Scientific Review)
- Fellow, International Society for Optics and Photonics (SPIE)

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

- Identify opportunities for membership growth and brand awareness
- Oversee organizational fiscal viability and responsibility
- Recognize key challenges and existential threats to the society, and identify potential solutions
- Maintain vigilance over the changing regulatory and reimbursement landscape and position the AAFPRS optimally to deal with changes.

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

- The AAFPRS needs to continue to grow both in terms of regular membership and fellows, especially via the second pathway as strength comes from numbers. International membership growth is essential as well.
- Competition for CME patronage is intense and we overlap with other specialties. Our attendance must continue to increase not only for revenue generation, but to establish AAFPRS primacy as the lead organization for facial aesthetic surgery.
- International growth/global branding: The facial plastic surgery brand is established in the U.S., but this is not the case internationally. The global branding must continue, along with international outreach, meetings, and collaboration essential.

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

- Continued international growth and collaboration with peer organizations in Europe, Asia, and South America
- More focused national marketing to increase brand awareness for the AAFPRS. Along the same lines, develop a multi-year long-term agenda to accomplish task similar to that executed by peer societies.
- Expand number of fellowship training programs.
- Develop strategic collaborations with complementary specialties.

NOMINATING COMMITTEE (CHOOSE 3)

Nominated to serve on the Nominating Committee are: Paul J. Carniol, MD of Summit, NJ; Minas Constantinides, MD of Austin, TX; John F. Hoffmann, MD of Spokane, WA; J. David Kriet, MD of Overland Park, KS; Anthony P. Sclafani, MD of New York, NY; Tom D. Wang, MD of Portland, OR; and Brian J.F. Wong, MD of Irvine, CA. These positions serve one, two-year term.

Paul J. Carniol, MD

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



AAFPRS and ABFPRS

- Vice president-elect of membership
- Past treasurer
- Past VP for research and development
- Past chair and senior advisor, Emerging Trends Committee
- Past chair, CME Committee, Needs Assessment Subcommittee
- Chair, Budget Task Force
- Member, TILC Committee
- Co-director, Annual Meeting 2009
- Past member, Audit Committee
- Past member, Investment Committee
- Board member, ABFPRS
- Audit Committee, ABFPRS

Others

- President, Medical Society of New Jersey
- Director, Facial Plastic Surgery Rutgers New Jersey Medical School
- Co-president New Jersey Academy of Facial Plastic and Reconstructive Surgery and New Jersey Academy of Otolaryngology-Head and Neck Surgery
- Past president New Jersey Chapter of the American College of Surgeons
- Director, Facial Reconstruction Courses at the Rutgers New Jersey Medical School

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

- In these challenging times the Nomination Committee should select the best qualified candidates to lead our Academy.
- Another important part of this process is that the committee should recognize and reward those who have worked for our Academy. We also must give our younger members an opportunity to develop into our future leaders.

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

- Advocacy. We must continue to advocate for recognition of our members as the experts in facial plastic surgery with their patients, the medical community, the media, legislators and regulators.
- The AAFPRS has offered excellent educational meetings and courses. With the growth of online learning, we will have to continue to expand our online education in terms of scope, complexity and content.
- We should also teach our members how to market and manage their practices in these challenging times.

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

- Education. We must always strive to provide the best educational opportunities for our members including the latest in facial plastic surgery as well as practice management and marketing related issues. We will have to expand and improve the online educational opportunities for our members continued ...
- Advocacy. We must continue to advocate for recognition of our members as the experts in facial plastic surgery with our patients, the medical community, the media, legislators, regulators and the health insurance industry.

Minas Constantinides, MD

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

I have dedicated much energy in service to the members of the AAFPRS. I am currently serving my 8th of 9 consecutive years on the Board. I am secretary on the Executive Committee of the AAFPRS. Before that, I was group vice president of research, awards and development, where I oversaw our research, awards and the FACE TO FACE program. I have served as chairman of the FACE TO FACE Committee and Fellowship Committee, and have been a member on numerous other committees including the Fellowship



Review Committee, on which I am still active. I have been a director on the American Board of Facial Plastic and Reconstructive Surgery (ABRPRS) and a board examiner on the ABFPRS and the ABOto. My experiences have allowed me to see how the Academy and Foundation work from the ground up, and have given me a broad perspective on the AAFPRS and how we relate to other societies within otolaryngology and to medicine as a whole.

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

The Nominating Committee is crucial. Members consider who has the leadership and perspective to take our Academy and Foundation to the next level of success. In 2005, the number of Nominating Committee members was increased from seven to 12, and in 2008 a by-laws change allowed a single candidate for president-elect by a 2/3 vote of the Nominating Committee. These historic changes make the jobs of those on the Nominating Committee all the more vital.

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

- Membership. Our Academy is only as strong as our individual member's active participation. Current mentorship, educational and online programs must be expanded to ensure our members continue to see value in not just paying dues, but actively participating in committees, meetings and philanthropic programs.
- Education. Our meetings are good, but can be better. Recent decisions by the Board to appoint a director of meetings and bring meeting planning in-house are good beginnings, but we have a lot of work to do to ensure continued growth and improvement. Our online LEARN portal should continue to add educational, CME content and become more user-friendly.
- Collaboration. We have made significant, positive advances in collaborating with friendly colleagues in plastic surgery (ASPS and ASAPS). Such outreach allows improved sharing of educational experiences and eventually will make positive impacts at the community level. Collaborations are tricky; we need to stay vigilant that those we have work in our favor, and new ones make us stronger.

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

- Improved budget oversight. Despite our strong reserves, we must be watchful that budgeting is considered at all levels of our activities. Recent draws from our reserves to provide working capital must not be repeated.
- Effective EVP transition. With Steve Duffy retiring and Steve Jurich taking over as our new EVP, we must ensure a smooth transition so vital meetings and programs continue growing.
- Expand industry relationships to find "out of the box" ways to collaborate and benefit from them.

John F. Hoffmann, MD

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

It has been my privilege to have actively served the Academy for 25 years. It has been my honor to serve as Fall Meeting chair and to have participated in numerous Academy committees. It has also been my honor to serve as an examiner for the ABFPRS. My practice has been both full-time academic as well as private practice in a single specialty group. This diverse practice opportunity helps me to better understand the concerns of our diverse membership.



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

The Nominating Committee is charged with the important responsibility to seek out those who have demonstrated true commitment to the Academy and possess the leadership skills needed to further the goals of the Academy. These individuals are then encouraged to serve their colleagues in leadership positions. As these individuals will guide the Academy going forward, it is crucial to seek out those with the talent and personality to help the Academy succeed.

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.

The Academy must continue to provide its members the finest education possible in both didactic and hands-on fashion. This educational goal is further strengthened by maintaining the highest ethical and educational standards for our Fellowship Program. The Academy must continue to support its members as they struggle with the evolution of health care reform. The Academy must work hand-in-hand with the ABFPRS to maintain the highest moral and ethical standards of our profession and also to continue the efforts to further enhance the accreditation of our training and Board.

J. David Kriet, MD

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

Since completing my AAFPRS fellowship in 1998, I have been an active member of the Academy and have seen the rewards of association with such a strong organization. I have served on numerous committees and chaired the Awards and Fellowship Research Review Subcommittees. I have also served on the Academy Board as midwestern region director. This service has provided beneficial insight into the workings of the AAFPRS. As director of facial plastic and reconstructive surgery at the University of Kansas, I oversee the facial plastic surgery education of our residents and medical students. I hold leadership roles at the University of Kansas and serve on the Board of Directors of the KU Midwest Ambulatory Surgery Center. I have served as course chairman for numerous educational



venues have served as chair of the AO North American Craniomaxillofacial Medical Education Committee and currently serve as an elected international trustee for the AO Foundation.

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

This position would allow me to represent the Academy membership on the Board of Directors, stay informed of issues affecting the practice of facial plastic surgery, and serve as a liaison between our membership and the Academy.

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

- Maintaining and building membership. This is critical in our current economical climate and as physicians become more selective in their membership choices.
- Continuing to support our position politically and keeping abreast of changes in legislation at local, regional, and national levels.
- Continuing to increase public awareness of the high quality care provided by AAFPRS members

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

We should continue to expand the utility of the LEARN portal.

Anthony P. Sclafani, MD

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

Through service as the vice-chair and chair of the Academy's CME Committee for a total of 10 years and also as Program Chair of the 2008 Annual Meeting and the 11th International Symposium of Facial Plastic Surgery, I understand well the challenges and opportunities to provide for the educational needs of Academy members. These experiences also have helped me get to know many Academy members of diverse professional interests and practices. Having served as the director-at-large representative to the AAFPRS Board, I also am familiar with the economic and political challenges facing the Academy. I believe these experiences give me an excellent perspective on the needs of the Academy, the qualities required for Academy leadership positions and the tremendous potential within our membership to lead to the Academy.



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

It is essential that the Nominating Committee identify the most qualified candidates for each position. This requires a thorough understanding of the responsibilities of each position and a critical appraisal of each nominee's qualities. The Nominating Committee must provide the membership with a choice of the candidates well-suited for each position, while promoting a diversity of skills, background and attitude within the Academy leadership.

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

The Academy must continue to provide high-quality facial plastic surgery training and education, public relations outreach to maintain our leadership as the premier physicians of facial plastic and reconstructive surgery and political and economic representation and advocacy for our members in a fiscally responsible way.

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

The Academy needs expand membership by continuing to seek new and enhanced methods of delivery continuing medical education, such as the LEARN portal. An energized and expanded membership will allow the Academy to more effectively represent the economic and political needs of facial plastic surgeons.

Tom D. Wang, MD

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

I served as Board member and president and gained knowledge and understanding of Academy structure and function. I also have a strong desire to continue to serve our membership.



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

I think it is important to maintain the strength and credibility of our organization in order to better promote the interests of our members.

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

- Continued battle for legitimacy with organized medicine
- Maintain relevancy of Academy for all members
- Foster and sustain interest in facial plastic surgery among younger members to maintain membership base.

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

The Academy will continue to expand educational options for members as well as sustain continued excellence in the practice of facial plastic surgery.

Brian J.F. Wong, MD

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

I bring a broad combination of skills and diverse experiences. While a full-time academic, I have been at the center of several technology startups. I am heavily involved with laser and biomedical engineering societies, and have had leadership positions in the key organizations. I review grants for NIH, and play a leadership role in allocation of federal research dollars. I have a robust practice focused on rhinoplasty.

- Director of AAFPRS Fellowship Program (nine fellows)
- Professor and vice-chairman, UC Irvine OTO-HNS
- Associate editor, JAMA Facial Plastic Surgery
- Editor-in-chief, Lasers in Surgery and Medicine



- NIH Funded Principal Investigator (18+ years)
- Course director for over 20 CME Events
- Board of Directors, American Society for Lasers in Surgery Medicine (3 terms)
- Standing member, NIH Study Section (Center of Scientific Review)
- Fellow, International Society for Optics and Photonics (SPIE)

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

- Identify opportunities for membership growth and brand awareness
- Oversee organizational fiscal viability and responsibility
- Recognize key challenges and existential threats to the society, and identify potential solutions
- Maintain vigilance over the changing regulatory and reimbursement landscape and position the AAFPRS optimally to deal with changes.

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

- The AAFPRS needs to continue to grow both in terms of regular membership and fellows, especially via the second pathway as strength comes from numbers. International membership growth is essential as well.
- Competition for CME patronage is intense and we overlap with other specialties. Our attendance must continue to increase not only for revenue generation, but to establish AAFPRS primacy as the lead organization for facial aesthetic surgery.
- International growth/global branding: the facial plastic surgery brand is established in the U.S., but this is not the case internationally. The global branding must continue, along with international outreach, meetings, and collaboration essential.

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

- Continued international growth and collaboration with peer organizations in Europe, Asia, and South America
- More focused national marketing to increase brand awareness for the AAFPRS. Along the same lines, develop a multi-year long-term agenda to accomplish task similar to that executed by peer societies.
- Expand number of fellowship training programs.
- Develop strategic collaborations with complementary specialties.

AUDIT COMMITTEE

Nominated to serve on the Audit Committee are Jonathan M. Sykes, MD of Sacramento, CA and Tom D. Wang, MD of Portland, OR. Audit Committee members serve one, three-year term.

Jonathan M. Sykes, MD

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



Since joining the AAFPRS in 1985, I have been focused on the success and advancement of the AAFPRS and its missions. I have served on the Board of Directors of the AAFPRS for the past several years, as president, western regional director and as the vice-president of education.

Organizational

- AAFPRS Executive Committee 2005-2012
- AAFPRS Board of Directors 2002-2012
- AAFPRS president 2010-2011
- AAFPRS Western region director
- AAFPRS vice president of education 2006-2009
- Past committee chair, Cleft Lip and Palate Committee and Surgical Subspecialty Committee
- AAFPRS fellowship director 1991-2009
- AAFPRS Appointee, Consensus Conference
- Steering Committee (Interspecialty Committee on Injectables)
- Board of Directors, Smile China

AAFPRS Committees

- Cleft Lip/ Cranio maxillofacial (Former Chair)
- Fellowship
- Fellowship Review
- Endowment Investment
- FACE TO FACE
- Future Plans
- CME and CME Advisory Board
- Chair, Ethics Committee

Educational

- Fellowship preceptor, 20 years
- Professor and director of facial plastic surgery, UC Davis Medical Center 1989-present
- Senior examiner ABoto
- Examiner ABFPRS and MOC exams
- Co-director AAFPRS Fall Meeting 2007
- Former director AAFPRS Spring and Winter Meetings
- Co-director, Joint EBM meeting with ASAPS and ASPS 2013

Humanitarian

- Greater than 25 humanitarian surgical missions

Please indicate what you think are the most important duties of the position for which you are nominated.
The financial health and security of the AAFPRS is important in allowing it to fulfill its functions in education and maintaining the viability of the specialty. The Audit Committee serves an important role in reviewing the finances and assuring the financial health of the Academy. As past president and former longtime member of the Investment Committee, I feel well-suited to be elected to the Audit Committee. I have served on the Board of

Directors of the AAFPRS for 10 years and have been a member of the Investment Committee for at least that period of time. I would be honored to be elected to serve on the Audit Committee in this important role.

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

- Membership. In order to effectively function, the membership of the AAFPRS must grow. This requires involving residents at an early level of training, and continuing to offer programs and services that are valuable to the membership.
- Education. The foundation of the AAFPRS is that it is the preeminent educational organization for facial plastic surgery in the world. The AAFPRS must strive to continue to have educational opportunities (fellowships, courses, videotapes, web-based learning) that are on the cutting edge of knowledge and technology.
- Financial Stability. All of the programs and services provided by the AAFPRS require two fundamental resources: manpower and money. It is clear that we have a solid and committed core membership. In order to continue our educational excellence, legal representation, and social programs, we need financial stability. This will equate to political and educational strength.

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

- Membership growth. Achieved through the development of innovative educational programs and value-added services.
- Financial security. Achieved by increasing corporate and philanthropic donations and by maintaining our successful educational programs.
- Improved educational opportunities. Expand our services to web-based learning.
- Long-range planning. Anticipate future important issues (“act, rather than react”).

Tom D. Wang, MD

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



I served as Board member and president and gained knowledge and understanding of Academy structure and function. I also have a strong desire to continue to serve our membership.

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

I think it is important to maintain the strength and credibility of our organization in order to better promote the interests of our members.

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

- Continued battle for legitimacy with organized medicine
- Maintain relevancy of Academy for all members
- Foster and sustain interest in facial plastic surgery among younger members to maintain membership base.

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

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WESTERN REGION CREDENTIALS REPRESENTATIVE

Nominated for the western region credentials representative are Sam P. Most, MD of Stanford, CA and Tom D. Wang, MD of Portland, OR. The western region credentials representative serves a five-year term.

Sam P. Most, MD

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

- I have served on the Board as western region director and I am currently group vice president for research and development
- Chair, Research Committee
- Chair, Research Center
- Meeting director, Facial Rejuvenation, Mid-Winter, and Advances in Rhinoplasty meetings



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

The most important duties of this position are to recruit appointees who are dedicated to the AAFPRS and our mission our collective efforts to improve patient care through our leadership in innovative research and teaching. We are a relatively small specialty, but by leveraging our numbers we can make a big impact on patient care.

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

The past several decades have seen increased recognition of our specialty. We are strong because we are extremely good at what we do as facial plastic surgeons. Part our heritage includes teaching and innovation and I would like to see this continue to grow. In order to do so, we can use our resources to create a new generation of facial plastic surgeons who are not only great clinicians, but who are also recognized for being innovators, teachers, and researchers. We have already begun this through our Research Center, and we hope to continue to do so. I believe that by doing so, we would be moving our specialty to the next level.

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

It is important to improve patient care through innovation, research, and partnership with industry, and thus establish a leadership position for our specialty in all areas of facial aesthetics and reconstruction.

Tom D. Wang, MD

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

I served as Board member and president and gained knowledge and understanding of Academy structure and function. I also have a strong desire to continue to serve our membership.



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

I think it is important to maintain the strength and credibility of our organization in order to better promote the interests of our members.

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

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