

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

EXCEPTIONAL INVITED SPEAKERS IN NASHVILLE

You can count on outstanding invited speakers at this year's Annual Fall Meeting, October 6 - 8, 2016, in Nashville, Tenn. The Jack Anderson Lecturer is Sahar Saleem, MD, professor of radiology at Cairo University-Egypt. Andy Bailey, serial entrepreneur and coach, is the John Conley Lecturer. The Gene Tardy Scholar is Craig Havighurst, author, speaker, and media producer.

Dr. Saleem is an international expert in fetal imaging, neuroscience, and paleo-radiology. She is the leading member of the Egyptian Mummy Project, who did the CT scanning of the royal mummies of Ancient Egypt. Dr. Saleem is known worldwide for her discoveries of mummification procedures, and rewriting history by solving the mysteries of death of Tutankhamun and Ramesses III. She has authored several scientific articles and chapters in books in the domains of diagnostic radiology and paleo-radiology. She is the author of the recently released book, *Scanning the Pharaohs*, which brought to light her new analysis of the lives and deaths of pharaohs and queens of Ancient Egypt.

Join Dr. Saleem, Thursday, October 6, at noon, for the Jack Anderson session, "Pharaohs'

Special Beauty Treatment for the Next World." Beauty was important for Ancient Egyptians, regarded as a sign of holiness. CT studies of pharaohs and queens of the New Kingdom (circa 1550-1070 BC) indicate that the Ancient Egyptian

(Petra Coach), based on principles of the Rockefeller Habits. Since 2011, he has facilitated hundreds of sessions and gained clients across a variety of industries and business size. Mr. Bailey also works on additional business

concepts: Align, Music City Flats, and 30A Vacation. Align is a business execution software designed to develop focus and accountability for teams. Music City Flats is a flat-breads and wine bar, where Bailey is an investor and part-time coach. A vacation home



Sahar Saleem, MD

Andy Bailey

Craig Havighurst

embalmers did elaborate procedures with the intention of preparing the royals for the next world. Embalmers strived to make the corpse look beautiful and as lifelike as possible; they used eye prosthesis, did nose jobs, and inserted subcutaneous fillers. The embalmers re-enforced the facial contours by placing foreign materials beneath the skin in three main regions: the front face, lateral cheek-jaw, and temporal. These regions are comparable to our modern understanding of facial contours and reconstruction. You will not want to miss this remarkable session.

Mr. Bailey, the John Conley Lecturer, recently sold his company of many years (NationLink Wireless), which afforded him the time and resources to build an execution coaching business

purchasing and management company in the 30A area of northwest Florida, 30A Vacation feeds his need to get to the beach more often and to build a portfolio of vacation homes.

On Friday, October 7, 11:40 a.m., attendees will have the privilege of hearing, "Where's Your Focus? Focus and Prioritize to Get Things Done," with Mr. Bailey. He will delve into four priority management techniques: create true focus in your life; clearly define and visualize your goals; manage your routine to result in consistent execution; and fight off the demons that steal your time and attention. You will leave with improved focus, concentration techniques, and a personalized, actionable plan.

Mr. Havighurst will deliver *See Lessons in Listening, page 11*

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PRESIDENT'S MESSAGE:

One of the greatest challenges we've faced this year, given all of the changes we are experiencing as an organization in medicine, was to select a new executive vice president to lead the AAFPRS. I am so proud to have successfully led that effort over the past 10 months. I'd like to dedicate this column to introduce to our members Steve Jurich, our new EVP.

With Steve Duffy's assistance early on, we posted the position and poured over approximately 50 qualified applicants. Once

we narrowed down the applicant pool to nine extremely qualified individuals, it was time to really roll up my sleeves and present the three best candidates to the AAFPRS Board of Directors at the winter Board meeting held in conjunction with Facial Rejuvenation 2016: Master the Techniques this past March at the Beverley Wilshire Hotel.

Having an absolute obsession with extraordinary talent, I spent hours upon countless hours on the phone with candidates and their references. I asked very specific questions designed to select the most qualified individuals with a proven track record of having successfully faced an environment of adversity, while simultaneously creating a culture of winning and accountability within their organization.

At the Board meeting, despite us having three truly outstanding candidates, the decision to offer Steve Jurich the position of EVP was quick and unanimous by our Board. He not only had the experience and the CV, but also came to the interview unbelievably prepared having thoroughly discussed our strategic planning, documents, and finances of the AAFPRS for the past five years followed by a plan of action should he be selected for the job. He has been a total gentleman throughout the negotiation process and I am certain he will do a spectacular job representing the AAFPRS and leading our organization and staff over the next many years.

He is a graduate of Adelphi University with more than 27 years combined non-profit association and health care business management experience. For the past nine years, he was the senior vice president and chief operating officer of the National Home Infusion Association (NHIA). At the time of his hire by the chief executive officer of the NHIA in 2007, the organization had recently been issued a statement of "going concern" by an outside financial auditing firm stating that there was urgent and substantial doubt that the NHIA would continue to exist given their current financial position.

During my phone conversation with Russ Bodoff, the former CEO of the NHIA, he stated to me that Steve Jurich was the best senior executive he had worked with in his entire 35-year career. He told me Steve personally dug into the finances, cleaned everything up, gave very accurate reporting to the Board, and subsequently went after revenue generation by turning around their meetings and making them financially solvent, while successfully and simultaneously going after industry support, which ultimately turned the organization's finances back around. Mr. Bodoff informed me that he wished he could've taken credit but it was really Steve that led them to a financially solvent position. By the end of 2008, the NHIA received a clean financial audit with "no going concern," which continued through the present and an actualized position year-end bottom line budget for 2008-2015. Prior to 2008, the NHIA, which had been founded in 1991, had never finished any year in the black.

Nancy Kramer, RN, BSN, CRNI and NHIA vice president of clinical affairs made reference to the severe challenges facing the home infusion industry at the time, ranging all the way from health care reform to

INTRODUCING STEVE JURICH, OUR NEW EVP

increased scrutiny of pharmaceutical compounding. She states, "Steve's strategic ability to proactively help the team craft a path forward, while insuring the association remained responsive to every situation, gave us the much-needed stability during the turbulent ride of the past several years." She further states, "Steve had always been an amazing mentor, always willing to put whatever time and energy was needed not only to get the job done but to get the job done exceptionally well."

"Steve has the ability to strategically pull people together when working towards a common goal," says Jenn Waugh, NHIA associate director of office services. His fun, upbeat personality inspired us, especially in those times when our work was daunting."

Chris Maksym, PharmD, RPh, and chairman of the NHIA Board of Directors during the time of transition in 2008 states, "Steve provided vision and leadership to turn the NHIA annual conference into a truly outstanding event. His attention to detail touched all aspects of the NHIA operations, but it was also his tireless work to ensure the NHIA annual conference was a success and a value-add to members that resulted in a product that brought them back year after year and resulted in the subsequent growth of our meetings and membership."

While I had many conversations with Steve over the past year, in preparation for this column I asked Steve if he could take a few minutes and jot down his thoughts on exactly why he was drawn to the AAFPRS as an organization and his thoughts now that he has accepted this position. Following is his response:

As I embark upon this new journey with the American Academy of Facial Plastic and Reconstructive Surgery, I am exceptionally excited to collaborate with all the AAFPRS stakeholders

over the years ahead, as I'm deeply drawn to the Academy's mission and the impactful work its members do for patients. Over the last 27-plus years of engaging in varied association and health care management leadership roles, I have found myself to be a highly mission-driven professional, inspired to genuinely partner with others to advance the greatest levels of patient quality of life and care—and that is exactly why I am so very honored and eager to begin my role as the new AAFPRS executive vice president.

In familiarizing myself with the Academy and its impressive 50-plus year history, I was profoundly drawn to its unique culture of inclusiveness, teaching, sharing, and mentoring among its members. I have always found that both clinical and business successes are most often attained at the intersection of diversity of thought and the willingness of individuals to step up and share such thoughts—and it is that openness to sharing and learning from achievements (and even from mistakes) that is at the heart of the AAFPRS culture. Thus, it is with this exhilarating reality in mind, that I stand ready to foster further diversity of thought among internal and external stakeholders to generate additional innovation for the Academy, the AAFPRS Foundation and for our valued members. Together, we will build upon the impressive AAFPRS history and genuinely partner to promote the



collaboration, compassion, and teamwork required to achieve desired business priorities and goals, within our complex and shifting national health care infrastructure. As a passionate leader devoted to making a difference in the lives and businesses of association members, I am thrilled to play a vital role in actualizing the AAFPRS mission, objectives, and positive financial performance, so as to further position the Academy as the world-wide leader representing the specialty of facial plastic surgery!

In closing, I am very, very excited for the AAFPRS and our new EVP. I am honored to have been part of the process in selecting someone who will be a terrific fit for our very close AAFPRS family. Furthermore, being a family man myself, I was personally attracted to Steve's candidacy and here he is shown with his own family (from left): his wife, Madeline; youngest son, Matthew; daughter, Margaret; and his oldest son, Jake. Please do take a few minutes to say hello to Steve Jurich, our new EVP, at the AAFPRS Annual Fall Meeting in Nashville, October 6 - 8, 2016. I hope to see you there.

Edwin F. Williams, III, MD

PR COLUMN: A REVIEW OF RECENT MEDIA COVERAGE

The media is in love with all things facial plastic surgery, and the AAFPRS has certainly done its part to foster this lovefest in a responsible and evidence-based manner.

Our pitch on the new face of facial plastic surgery (namely the millennial) continues to resonate with print, television, and online journalists. It has helped to foster dialog about the needs, wants, and preferences of Gen Y—a group which has surpassed baby boomers as America's largest generation.

We first moved the needle forward in 2014, when we reported the effect that social media and selfies were having on requests for facial plastic surgery (in a word, huge!). Our 2015 report further confirmed that growing numbers of 20-somethings are undergoing facial plastic surgery and aesthetic treatments. The statistic that started it all: 64 percent of facial plastic surgeons saw an increase in young people under age 30 getting aesthetic procedures like Botox in 2015.

Some of our biggest hits on this topic included Stylecaster's, "Thanks Kylie: More Millennials than Ever are Undergoing Plastic Surgery," which extensively quoted Edwin F. Williams, III, MD. The *New York Daily News* also reported our findings, as did Yahoo Beauty, *Women's Health* magazine, the *Chicago Sun Times*, and The Doctor Weighs In site.

There is more. We saw coverage on Greatist.com with the feature, "Why More 20 Somethings than Ever are Getting Botox." Medscape also reported on the findings in, "Is Social Media Driving Cosmetic Surgery among Millennials?" *Health News Digest* picked up the story for 90 million eyes, and disseminated it to all of its syndicated outlets and users.

We are also earning more traction internationally, including

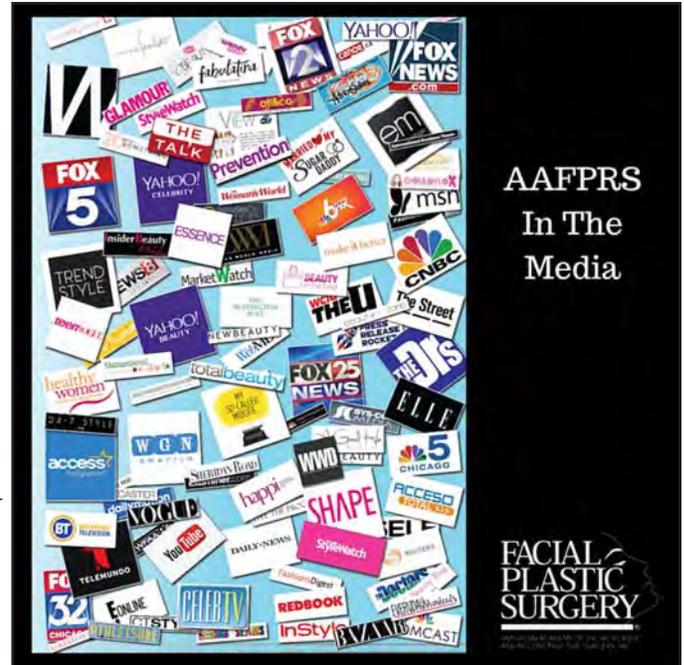
features on millennial facial plastic surgery in *Great Skin Dublin* and the UK's *Daily Star*.

The hits just keep on coming. We are still seeing consistent coverage of this very hot topic. Kelz PR suggests reaching out to your media list and letting them know how this trend is mirrored in your practice. It can be a great feature for a local paper or television news segment.

Since many millennials are graduating from college now, a pitch on graduates seeking cosmetic enhancements will likely get attention as well.

While millennial facial plastic surgery has clearly been our story of 2016 thus far, other topics that proved popular with the media include celebrity emulation, cures for tech neck, and advances in lip rejuvenation. *Women's Health* highlighted the Academy's statistics in an article on the different rules for the different decades. Skin cancer surgery coverage peaked in May during National Skin Cancer Awareness month, and helped position facial plastic surgeons as leaders in this area. Fabulous Forever did a great job with an online feature article.

In looking toward the future, male facial plastic surgery is trending high. We just released a pitch on this topic for Men's Health Awareness month (June), and we expect to see a lot of dividends in June and beyond. Whether saying "I do" to Botox before a wedding or seeking eyelid surgery to look more rested and refreshed in the office, growing numbers of men are visiting AAFPRS facial plastic surgeon



members. There is a pronounced uptick in younger men under 35 seeking rhinoplasty, neck liposuction, chin implants, and acne scar reduction procedures.

This is great fodder for your blog, and may help you plan any updates to your marketing material or Web site. We also suggest education seminars tailored to these growing populations of potential patients. Invite them to your office for a frank discussion on available options; these will likely result in more treatments booked.

This increased coverage and media interest reinforces the importance of the Academy's survey results and our efforts to spread the word about facial plastic surgeons as the face experts. We are open to suggestions and insights on how to make these statistics even more robust for 2016. Remember to always share, post, or tweet any of the articles that you or your colleagues are featured in across all social media channels. ■

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

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AMA REPORT: 2016 ANNUAL MEETING IN CHICAGO

By J. Regan Thomas, MD, Delegate

This year's annual meeting of the AMA in Chicago proceeded as usual until the Orlando massacre occurred early Sunday morning. At that point, the topic of gun violence was thick in the air and created a whirlwind of controversy and discussion. The one thing everyone could agree on, however, was the need for the AMA to have a strong voice regarding the epidemic of gun violence, ultimately calling it a "public health crisis." A late resolution was created and passed overwhelmingly in the House of Delegates calling for a lifting of the federal ban on gun violence research. Although gun control was discussed with this resolution, the resolution itself has no gun control language, only

recommending that research on gun violence be performed.

Other activities at the AMA included me, your current delegate; alternate delegate Andrew Campbell, MD; young physician delegate Scott Chaiet, MD; along with Academy executive vice president Steve Duffy, meeting with fellow otolaryngologists from around the country in the OTO Section Council meeting. We discussed resolutions that directly impact the practice of otolaryngology, head and neck surgery, and facial plastic surgery. A hot topic was the U.S. Pharmacopeial Convention (USP) compounding rules. This issue is making it nearly impossible for many practices to treat their allergy patients efficiently and can even affect many facial plastic surgeons regarding the use of mixed local anesthetic and even neuromodulators.

We are working diligently—frequently in private meetings with members of the USP—to resolve this difficult situation.

During the AMA meeting, we also convened with our plastic surgery colleagues and examined issues common between our specialties. Topics related to MOC debated concurrently in the House of Delegates. Relevance of the exam processes, ties to licensure and hospital privileges, and expenses to members for the process were considered. We later met with other "core" specialties of surgical dermatology and oculoplastics, where we also reviewed the issues. This year, we all agreed on almost all of the topics and resolutions.

Our specialty should

be especially proud of our fellow facial plastic surgery colleagues playing key and important roles at the AMA, the nation's largest and most influential physician organization. Russell W.H. Kridel, MD (seen here, to my left), is a



member of the Board of Trustees and is a very visible leader within the organization. Bruce Scott, MD (see below, to my right), serves as



the vice speaker of the house and is helping to run the business meeting in the House of Delegates. Having two of our fellow facial plastic surgeons in these important leadership positions is a genuine point of pride for our specialty.

This will be Steve Duffy's last year representing us at the AMA. He has an exceptionally long history with the AMA and is irreplaceable in his ability to network, understand the inner workings of the AMA, and unwavering dedication. He will be honored with a lifetime achievement award at the interim AMA meeting in Orlando this fall, an extremely prestigious award. Congratulations to Steve; it is well-deserved.

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INTERNET INSIDER: CONTENT MARKETING, THE KEY TO SEO FOR 2016 AND BEYOND



“Content is king,” is one of these mantras that you’ll hear repeatedly from digital marketing gurus and read ad nauseum on search engine optimization (SEO) Web sites. But what exactly does this mean, and why does the chorus seem to be growing louder? While content has always been a necessary component in how Google and other search engines organized their results, the quality of that content has risen in importance. No longer is it acceptable to write a procedure page or a blog post stuffed with a particular keyword; you need writers that know how to write content for marketing.

What is content marketing?

The fancy definition of content marketing. It is a strategic approach focused on creating and distributing valuable, relevant, and consistent content to attract and retain a clearly defined audience in order to increase customer action. Simply put, you want to write articles that people enjoy or find interesting, in order for them to trust or respect your authority to the point where they become a client. It is a way of entering potential clients into what marketers refer to as the sales funnel:

- Awareness: The customer is aware of the existence of your brand.
- Interest: The customer is actively expressing an interest in your brand.
- Desire: The customer is aspiring to a particular product or service of your brand.
- Action: The customer is taking the next step toward purchasing the chosen product or service of your brand.

You should have different types of content for different positions along the sales funnel. For example, how do you engage people just searching for informa-

tion? How do you attract those already aware of your particular services?

Content marketing does not equal SEO

There seems to be some confusion in both the general public and with certain journalists and bloggers about the different natures of content marketing and SEO. You’ll see headlines such as, “Content Marketing vs. SEO,” or “Will Content Marketing Overtake SEO?” These are nonsensical ideas, and they belie a lack of understanding of either discipline. The truth is that content marketing is a very powerful tool in the overall strategy of SEO. It is a technical strategy with a single goal to place a Web site’s pages in prominent positions in results pages. Content marketing is a strategy to attract and maintain customers. But, as I hope will be demonstrated, the overlap here is powerful. If content is indeed king, that content marketing is the engine that produces that content that SEO is so dependent upon.

Content marketing complements SEO

Aside from site architecture, the two most important aspects of SEO are keywords and backlinks. This is where a smart content marketing strategy can provide keywords, and a well written article will provide backlinks from those interested in your article. The best way to build links is through amazing content. Think downloadable whitepages! Catchy top 10 lists! And don’t forget viral videos. Which reminds me...

Content isn’t just written

People tend to assume that content solely refers to written articles. But content is anything created and housed on a Web site. These can be photos, audio clips, YouTube videos, slideshow

presentations, infographics, animated gifs, or Vine shorts. It is limited only by current technology and your imagination. And lest you think these types of content can’t be optimized for search, try Googling anything without a video result appearing. There is a whole tab on Google devoted to images and to video. Take advantage!

Bottom line

You’re not truly optimizing for search unless you have a long-term strategy for the content on your site. As search engines grow more sophisticated, the quality of the content will affect the result of your position more and more. Conversely, your content requires sound SEO tactics if it is to thrive. Keyword placement and frequency still play a role, and a writer without a real knowledge of content optimization can waste opportunities to find new clients. ■

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

LINK YOUR SITE

Do you know that you are able to have a link to your practice Web site in the Academy’s Physician Finder Section? And with this link, you are able to have an extended surgeon page in the Academy’s site. For more information, contact Rita Chua Magness at the AAFPRS office phone at (703) 299-9291, ext. 227 or by e-mail at rcmagness@aafprs.org.

RESEARCH GRANTS AND AWARDS: RECIPIENTS FOR 2016

The Educational and Research Foundation for the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS Foundation) is pleased to announce this year's recipients of the Leslie Bernstein Grant Program, which is generously funded by an endowment from Leslie Bernstein, MD, DDS. The program is coordinated by the Research Committee of the AAFPRS Foundation and the Centralized Otolaryngology Research Efforts (C.O.R.E.). There are three grants available through the program.

The Bernstein Grant encourages original research projects that will advance facial plastic and reconstructive surgery. A \$25,000 grant may be awarded annually to an Academy member and may be used as seed money for research projects.

The Investigator Development Grant supports the work of a young faculty member in facial plastic surgery in conducting significant clinical or laboratory research and who is involved in the training of resident surgeons in research. One \$15,000 grant may be awarded each year.

The Resident Research Grant stimulates resident research in projects that are well-conceived and scientifically valid. The resident grant is a \$5,000 award given to residents who are AAFPRS members.

The recipient of the Bernstein Grant for 2016 is Matthew Miller, MD, a resident at the University of Virginia School of Medicine. His study, "Bone Regeneration in Craniofacial Skeleton Using Growth Factors and Stem Cells," postulates that delivery of an FDA-approved osteoconductive scaffold (PLAGA) cross-linked with osteoinductive (BMP-6) and angiogenic (VEGF) growth factors, and loaded with GSCs will be an ideal strategy for the treatment of complex defects in the craniofacial skeleton.



John J. Chi, MD, is the recipient of the Investigator Development Grant. Dr. Chi is an assistant professor at Washington University in St. Louis. The goal of his research titled, "Shared Decision Making in Complex Nasal Reconstruction," is to investigate the factors that impact the shared decision making of patients undergoing complex nasal reconstruction following Mohs surgery.



There are two individuals receiving the Resident Research Grant this year. Joshua Au, MD, is a resident at the University of California, Los Angeles. His research project, "Artificial Hair Implantation in a Rat Model," aims to design and create PHDPE and ePTFE hair-



bearing scaffolds and evaluate their biocompatibility in a rat model.

Weitao Wang, MD, is a resident at Rochester University in Rochester, N.Y. His project, "Optimizing Bone Allograft in Craniofacial Defect Reconstruction," proposes a novel tissue engineering approach to osteogenesis of bone allograft that mimics the regeneration seen in bone autograft.



Research Center Awards

The Many Faces of Generosity campaign provided funding to expand the research efforts among its members and as such has established two grants and a scholarship as part of the Research Center Awards.

The Research Scholar Award is a \$30,000 grant presented annually and renewable for an additional two years. It is given to the candidates that demonstrate the potential to make a significant contribution to the profession of facial plastic and reconstructive surgery and will make meaningful contributions to the field.

The Clinical Research Scholarship is a \$15,000 contribution intended to provide financial support to AAFPRS members to pursue academic training in the principles of clinical research design, data management, statistical analysis, and manuscript and grant preparation.

The AAFPRS Clinical Investigation Award of \$2,500 is presented for smaller projects to be awarded to those surgeons who don't normally participate in research projects but have smaller, meaningful projects that could contribute to facial plastic surgery. These grants are meant to foster continued contribution from members to the field of facial plastic surgery.

Dr. Chi (pictured to the left) and Myriam Loyo, MD (seen here), have been presented with the Clinical Research Scholarship. Dr. Chi is pursuing a master of health population sciences at Washington University School of Medicine. Dr. Loyo is pursuing a certificate for the human investigator program at Oregon Health and Science University.



Travis T. Tollefson, MD (shown below on the left); Scott R. Chalet, MD (far right); and Dr.

Chi, have all received the Clinical Investigation Award. This is Dr. Tollefson's second Clinical Investigation Award; he also



MESSAGE FROM THE MEDICAL EDITOR: LET'S BE REAL

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



“**D**octor, I want a nice nose. I want it

turned up and narrowed just a little, but not too much. I want it to look cute, natural, like this photo on my phone. But I am sure you know what I want. You are the expert; just make it perfect.”

Have you heard this before? Better yet, how often do you hear this? Is perfection becoming increasingly more expected? And if so, why? Is it unique to aesthetic patients or is it just a symptom of an ideal driven society becoming accustomed to nothing less than perfection?

After 15 years in practice, expectations for perfection or for the ideal are exponentially expanding. Patients during consultation often request their favorite movie star's nose, guaranteed outcomes, and—for the first time ever—refunds if ideals are not met. My inkling is that an over-served generation X and an over-nursed millennial generation have sparked this entitlement. Both seem unable to temper primal urges to guzzle in all they can from their mobile phone and camera loaded with apps that allow living a virtually ideal moment at the swipe of the finger. Photos that do not match the ideal can be immediately disposed until the right one is achieved. In addition, if just shy of perfection, the chosen one can be morphed, filtered, and contrasted until the perfect trophy of shadows, proportions, and angles are realized. A story is created and is ready for uploading to the social media façade of choice. Such an ability to quickly evaluate, manipulate, and achieve the perfect version of “me” and my life perhaps contributes to an empowered consumer who has a deified given right to always be pleased.

Are we physicians, however, partly responsible for the patients' inflated expectations? Are we swallowed up into the vocal majority and ushered to the front of the crowd promoting a false idealism with over promising videos, Instagram, Snapchat stories, and social media chatter? Since the beginning of recorded civilization, idealistic values have always existed, desired, and promoted as a standard by which we should aim—from Greece's Pantheon of Gods and Plato's forms to biblical commandments and da Vinci's Vitruvian Man. The ideals of history, however, have been tempered by gnostic sobriety recognizing that perfection was allegorical in nature. Even Moses, perhaps the most righteous man to have existed, was separated from perfection by two sins.

Wanting the ideal has always been preached, but even Plato knew we could only see the shadows of it. And perhaps it is our lack of perfection that fuels idealistic philosophies of Buddhism, Karl Marx, and Kant. Yet achieving pure idealism rarely succeeds in a world inhabited by an imperfect humanity. Perhaps for the very few enlightened, a life dictated by the ideal can succeed;

however, an idealism that is absolute along with the ideologues that preach the faith eventually tend to break under the weight of their own narcissism. Look no further than Plato's republic, Marx's communism, Hitler's Final Solution, and modern day fanatics of all religions, crafts, and trades unwilling to welcome the pragmatic. Idealism leads to darkness; the literalist of the fifth century arguably drew in a medieval age that saw idealism trump empiricism. A dogmatic cloud halted intellectual, cultural, and medical progress for almost 1,000 years. Not until a reformation and an Italian rebirth welcomed in opposing thought and discourse did human culture awaken.

Cultural enlightenment is fueled by a pragmatism that bypasses the barriers set up by idealistic people and extremes. And, while the idealist may receive immediate reinforcement and shiny accolades, a looming uncertainty always exists. The pragmatist in contrast is a marathoner defined in retrospect and nearly always celebrated for victories.

Pragmatics tends to be compromising and open to bending

See Recognize, page 14

LAST CHANCE TO NOMINATE YOUR PEERS FOR 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 Rita Chua Magness at (703) 299-9291, ext. 227, or visit the AAFPRS Web site, AAFPRS Foundation, the Research Center: www.aafprs.org/research/awards/.

FACE TO FACE MISSION TO PERU

The Northeast and Northern California divisions of Healing the Children recently completed their third annual cleft lip and palate mission to Ica, Peru. In partnership with the AAFPRS Foundation's FACE TO FACE International Program, the 36-person mission team was led for the second year by AAFPRS member Evan Ransom, MD, from San Francisco, and facial plastic surgeon from the New York Eye and Ear Infirmary, Joseph Rouso, MD. Additional surgical staff included Augustine Moscatello, MD, an otolaryngologist practicing in Westchester, N.Y.; Gerald Geldzahler, DDS, an oral maxillofacial surgeon practicing in Livingston, N.J.; and Sean Alemi, MD, an otolaryngology resident from the University of California, San Francisco. Anesthesia care was provided by a stellar group from Cook Children's Hospital in Fort Worth, Texas.

On their first day, the team was enthusiastically greeted by a waiting room full of families and their children; some had traveled up to 40 hours to reach the Hospital Regional de Ica. With the assistance of pediatricians, speech and language pathologists, anesthesiologists, nursing staff, and several local volunteers, the team screened 111 patients this year. From this group, the surgical team successfully completed 57 operations during the week—highlighted by 16 cleft lip repairs, 22 cleft palate repairs, two cleft rhinoplasties, one maxilla advancement, one mandibular distraction, one first stage microtia repair, and an otoplasty for a constricted ear deformity. In addition, the speech and language pathology group was able to work with a large group of previously-repaired patients, as well as children from the community with other oral and speech issues.

The team is already planning for next year, with ongoing efforts



DR. EVAN RANSOM IS SEEN HERE WITH A PATIENT AFTER A CLEFT LIP REPAIR.

to expand patient recruitment and surgical care during the week. To get involved with charitable programs through FACE TO FACE or Healing the Children, or to make a donation, please visit: www.AAFPRS.org, www.htcne.org, and www.HTCNorCal.org. ■

CLASSIFIED AD

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

LESSONS IN LISTENING

From Cover Story, page 1

this year's Gene Tardy Scholar lecture, "Lessons in Listening," on Saturday, October 8, 10 a.m. Find out why the ability to hear is a far cry from the art of listening, which is an acquired skill that requires practice and mindfulness. There are many paths to deeper listening, but perhaps the most obvious and enjoyable is rarely encouraged or imparted—the variety of strategies for listening to music. Music City-based writer and media producer, Mr. Havighurst, relates his journey in learning how to listen and think like a musician. Explore how to develop an ear for pitch and intervals. Listen to parts and the whole. Feel dynamics and the frequency spectrum. These strategies will help your passion for music and translate into better listening in all aspects of life.

Studying music in Nashville since the late 1990s, Mr. Havighurst has written for NPR, WPLN-FM, *The Wall Street Journal*, *Texas Monthly*, among others, and published a book titled, *Air Castle of the South: WSM and the Making of Music City*. He is senior producer and blogger for "Music City Roots," a nationally syndicated weekly live radio show that spotlights Nashville's roots and the Americana music scene.

The Academy is honored to have Dr. Saleem, Mr. Bailey, and Mr. Havighurst. This Annual Meeting will be unlike any other—a must attend for all.

There is still time to take advantage of the pre-registration fee; complete your registration online by August 22, 2016. The beautiful Omni Nashville Hotel is only steps away from the Music City Center (where the meeting will be held). Discounted rates are available through September 12, 2016. For more information about the three-day schedule and speakers, refer to the enclosed brochure. ■

Check out the fall issue of *Facial Plastic Surgery Today (FPST)*, the Academy's premiere marketing vehicle for your current and prospective clients. This newsletter is replete with attention-grabbing titles and helpful information; use in your waiting room, as referral collateral, and on your Web site.

"I'll Have What She's Having," will be the cover article featuring how the Kardashians are driving millennials to have cosmetic surgery. We cannot discount their popularity and its positive affect on facial plastic surgery practices. All of the trending procedures link directly back to the Kardashian crew, including lip enhancement and vampire facelifts. This article will feed the frenzy and have patients coming in to seek your services.

According to the AAFPRS survey, members are seeing patients come in with wrinkles and sagging jowls due to the repetitive motion of looking down at their smartphones. The inside article, "Improving Your Tech Neck," will address minimally invasive options to ameliorate the area—radiofrequency treatments, liposuction, injectables—along with more invasive procedures such as the necklift.

The "Ask the Expert" section responds to the following question: I am in my 30s and just starting to see these vertical lines between my eyebrows become more pronounced. Is it too early to consider Botox? The answer will explain how neurotoxins work and reiterate that it is not too early to consider a neurotoxin treatment, such as Botox, Dysport, or Xeomin.

Patients are always curious about the latest technology available and how it may be used in your practice. "What's New?" will describe Google Glass and the results of a small study, where surgeons used Google Glass to capture images, record video, and access medical records—all while in the operating room. The participants' feedback will assist in a comprehensive redesign that is currently underway.

How closely do your patients follow your recovery instructions after a facelift? The "Health Tip" will suggest 100



percent adherence is optimal and may include no heavy lifting, wearing protective eyewear, avoiding sun exposure, easing back into an exercise routine, and more.

October is domestic violence awareness month. On the back page of the newsletter, "Domestic Violence Awareness and Assistance—Facial Plastic Surgeons Give Back," will feature how our facial plastic surgeons are making a difference for survivors of abuse.

Order your digital copy of *FPST* today. Customize it with your practice information and photographs and then distribute it in the format that meets your needs. Clientele will appreciate your proactive approach to educating them with the latest information from an authoritative source. You will not be disappointed.

Refer to the enclosed *FPST* form and start your subscription with the fall issue. Return the form to the Academy office on or before September 15, 2016, and receive the summer issue (photo above) free of charge.

THE CUTTING EDGE 2016
DEBATING THE CHOICES IN RHINOPLASTY

36TH AESTHETIC SURGERY SYMPOSIUM

COURSE CHAIRMEN:
 SHERRELL J. ASTON, MD DANIEL C. BAKER, MD
 DEAN M. TORIUMI, MD

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**A Letter from the
OFPSA President
Rachel Hardy**



I don't know about you, but I typically look forward to the summer as the time when our practice slows down incrementally. People take vacations and return to work refreshed and refocused. We all enjoy a little more time to breathe and reboot. Coming from an academic setting, it's also the beginning of our new year. We have a new group of residents rotating with us in clinic and our annual cycle resets with the same predictive flow.

However, life is full of changes and surprises. Forgive me if this seems like an overtly obvious statement and allow me to explain the circumstances causing me to dwell on this fact of life. About a month ago, my surgeon told me he was leaving the University of Utah to start his own private practice. For a variety of reasons, I will unfortunately not be able to accompany him to his new practice. While I am deeply saddened to see him go, I am incredibly excited for the new opportunities that await him. In the interim, this change leaves our otolaryngology group without a facial plastic surgeon. I will be temporarily supporting our rhinology program while we look for a new cosmetic surgeon. In light of these events, I have decided that it is in the best interest of the OFPSA that we hold a general election for board members at this year's Annual Meeting in Nashville.

What does this mean for you? This means that you should thoughtfully consider whether or not involvement in OFPSA leadership would be right for you. I know you are an incredible group of talented, accomplished, thoughtful, courageous people. You have so much to offer each other. I hope that each of you will consider stepping into a leadership position. All new positions would become effective immediately following the Annual Meeting in Nashville. We will provide an update on our Web site in the coming weeks with a list of which positions will be available along with a description of responsibilities and an estimated requirement for time commitment. Please continue to check our Web site, www.ofpsa.org, for details.

This organization has gifted me with amazing colleagues who have supported and educated me throughout my time with the OFPSA. I thank each and every one of you, particularly those who have reached out and offered assistance. I know how much you truly care about your practices, your surgeons, your patients, and about your own professional development. I hope to continue to be involved in both the industry and the OFPSA, and I look forward to seeing you all at the Annual Meeting in Nashville.

On that note, please make sure that your office is registered for the upcoming meeting. You can reach out to Marcy Simpson with any additional membership or conference registration questions. Her e-mail is marcy-simpson@uiowa.edu. We are so looking forward to this year's program! See you in Nashville.

RECOGNIZE THE

From Medical Editor, page 10
with a big picture focus. Many do not realize Lincoln, the ultimate pragmatist, signed the emancipation proclamation freeing slaves in 11 states and the territories, yet Tennessee was not included. An astute political compromise needed to keep Tennessee on the side of the Union. Kennedy may have stared down Khrushchev during the Cuban missile crisis, but he also agreed to remove U.S. weapons harnessed in Turkey. Even Churchill, a staunch idealist, softened his stand in order to forge an alliance with Stalin.

Today, however, we seem to have a creeping neo-idealism that fuels populism. An idealism that is spouted by idealists who prey on the naïve, young, and emotionally vulnerable by selling dreams they know cannot be delivered. While this neo-idealism is overtly seen served up by our media savvy politicians feeding a ratings hungry 24/7 news cycle, it can also be seen more covertly by the bombardment of advertisements for Caribbean resorts promising blossoming romance and pills promising prolonged marital bliss. The perfect life seems so easy for all to grasp. However, we know pragmatically that the politicians rarely deliver on their promises, it occasionally rains in the Caribbean, and a little blue pill does not forge meaningful love.

In the practice of medicine, physicians might want to be cautious to recognize the creeping idealism that tugs at our vulnerabilities as well. Whether it is idealistic academics who team up with bureaucrats preaching new treatment paradigms, overpromising device companies guaranteeing happy patients, or financial whirlwinds and consultants quick to tell us how to run our practices not knowing the stresses and day to day burdens of making it work.

PRAGMATIC

The ideal is and always has been a figment of our imagination. The movie is never as good as the book. Our life may never be as glamorous as Brad and Angelina's life. Our vacations may never be as perfect as the family with the Facebook post from Fiji. Similarly, our practices may never seem to reach the level of proficiency that we envisioned or the standards set forth by the consultants. Our outcomes may not all be perfect. Shouldn't that be ok? Aren't we the ones who say the enemy of good is perfect, that we cannot make a silk purse from a sow's ear to understand that sometimes we accept "as good as it gets." As the diehard commitment for perfection, it may not be worth the risk incurred; and the pot of gold never as rewarding as the rainbow. More than anyone else...in medicine, we have a duty to shoot for the ideal but recognize the pragmatic.

However, we have a consumer population increasingly becoming accustomed to the ideal, perhaps fixated on perfection, and highly susceptible to advertisements and promotions promising the ideal. Beyond our fiduciary and ethical responsibility to do what is in the best interest of our patients, the material retribution of over promising the ideal includes false expectations, dissatisfaction, and disappointment. It is human nature to desire the ideal, but it may not be what we can deliver. The future of our success individually, collectively, and personally requires a path that is more likely paved by a sober pragmatism than a fleeting mirage of perfection. ■

Enclosed in this August issue of *Facial Plastic Times* are the FPST Subscription Form and Annual Meeting Brochure.



FACIAL PLASTIC TIMES AUGUST 2016

2016

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

Co-chairs: J. Randall Jordan, MD, and Lisa Gruenbaum, MD

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

PRESENTATION IN NASHVILLE

From *Grant Recipients*, page 9 received it in 2014. He is receiving the award this year for his project, "Comparative Effectiveness of Mandible Fracture Management: Risk Factors and Antibiotic Use." Dr. Chaiet is receiving the award for his project, "Nasal Valve Surgery: Trends in Ambulatory Surgery Centers from 2008 to 2013." Dr. Chi is receiving the award for his project, "Cost-efficacy of 3D Printing Medical Models for Mandibular Fracture Repair Surgeries."

Please join us in Nashville, Tenn., at the Grants and Awards presentation at the 2016 Fall Meeting, October 6 - 8, to acknowledge and congratulate these individuals.

To learn more about any of the Research Center opportunities or the Bernstein Program, go

to www.aafprs.org/research/research-center or contact Karen Sloat, senior project consultant by e-mail, ksloat@aafprs.org or by phone (703) 299-9291, ext. 230. ■

COMMITTEE MEETINGS

If you are a member of an Academy or Foundation committee (refer to pages 10-26 of the *2016 Membership Directory*), please plan to attend the once-a-year face-to-face meetings in Nashville, Tenn., immediately preceding the AAFPRS Annual Meeting, October 6-8, 2016. The committee meetings will be held from 7:30 a.m. to 3:30 p.m. on Wednesday, October 5, 2016. Please contact your staff liaison for questions.

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