

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

AAFPRS CANCELS IN-PERSON ANNUAL MEETING, LAUNCHES PLAN FOR VIRTUAL EVENT

After thoughtful deliberation, careful consideration and an abundance of caution, the AAFPRS Foundation Board made the difficult, but necessary decision to cancel the in-person gathering for the 2020 AAFPRS Annual Meeting.

Your health, safety and well-being are our top priority. Our thoughts and concerns remain with those who have been affected. Due to the ongoing spread of COVID-19, the risks associated with large face-to-face gatherings, and concern for our members, faculty, attendees, exhibitors, supporters, and the residents of Boston, we felt that hosting an in-person event this year would be imprudent. Additionally, there are still many uncertainties that would prevent our ability to deliver the high-quality program you've come to expect from AAFPRS.

#AAFPRS2020: Reimagined

The AAFPRS Annual Meeting provides unmatched education, hands-on training and networking opportunities which are vital to the growth of our specialty. We are disappointed about canceling the in-person conference, as it is truly one of the highlights of the year for the facial plastic and reconstructive surgery community. But that doesn't change our commitment and dedication to providing you with leading-edge clinical content, essential practice management pearls, and the opportunity to earn a sizable amount of your much-needed CME credit.

REGISTER TODAY!

WE'VE GONE VIRTUAL!

2020 AAFPRS ANNUAL MEETING

SEPT. 10-12, 2020

EARLY-BIRD DEADLINE: AUGUST 24

WWW.AAFPRS.ORG/ANNUALMTG

We are working to create a new, innovative virtual event that will offer high-caliber speakers, exciting topics, and opportunities to share information and best practices. This online event is a unique way to help you connect with and learn from colleagues during these unprecedented times.

Stay tuned... more details will be available soon!

Until We "Meet" Again

We hope the global pandemic subsides quickly and look forward to the day when we can gather in person. Plans are well underway for our 2021 meetings.

- A call for abstracts and presentations is now open for the Advances in Rhinoplasty and Facial Rejuvenation meetings (May 13-16) to be held in Orlando. See page 9 details. The AAFPRS Annual Meeting (Sept. 29-Oct. 2) will be held in Las Vegas. Keep an eye out for presentation and abstract submissions to open up in September.

• If it is safe to do so, we look forward to welcoming you back and to seeing you next year. ■

The 2020 Election Insert is included in this issue of *Facial Plastic Times*. The online ballot was sent to your email and mailed to those without emails on Wednesday, July 29, and voting will close on Monday, August 24.

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Facial Plastic Times is published by the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS)
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Phone: (703) 299-9291; Fax: (703) 299-8899
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PRESIDENT'S MESSAGE: EXERCISE YOUR



"Democracy is not a spectator sport."—Marian Wright Edelman

The recent passing of Congressman John Lewis, who served for over 30 years in the U.S. House of Representatives, is a reminder to us of something many of us may take for granted. Lewis' signature achievement was the passage of the Voting Rights Act of 1965. He, along with many others, were willing to risk their lives during the Selma to Montgomery Marches to protest discriminatory voting practices that prevented most African Americans and other minorities from voting.

Currently, approximately 60 percent of eligible voters cast their ballots in the U.S. presidential election. In the AAFPRS, we have often only had around 20-25 percent of eligible voters participating in our annual elections. Last year, we had almost 40 percent participation in the regular election—and then 35 percent in the runoff election. Hopefully, this increased trend of voter engagement will continue!

As specified in our Academy bylaws, voting eligibility is held by all individuals who are in the member categories of fellow, member, retired, and emeritus—and who are in good standing and up to date with their dues payments. Around 2013, the election process was converted from a mainly mail-in paper ballot to a primarily electronic ballot to better facilitate the ease and security of the voting process. (Within the world of member associations and professional societies, electronic ballots are considered a "best practice".) Those who prefer to mail-in, are able to request a paper ballot as an alternative if they find the electronic process prohibitive or less desirable for any reason. If emails to a member are bouncing back (or if we do not have an e-mail address for a member), a paper ballot is sent to the regular mailing address on file. In-person voting is also allowed when we have our Annual Business Meeting (held in conjunction with our Annual Meeting educational conference). And with our in-person meeting scheduled for Boston being cancelled this year due to the COVID-19 pandemic, we are in the process of identifying a different approach for this year's Annual Business Meeting—details will be shared in August. All elections are monitored by an outside, independent audit firm to ensure a fair and due process—and this audit firm officially counts and certifies the voting results. (No staff or Board members are involved in collecting and counting the actual votes; we all hear the election results at the same time as all members do—when the AAFPRS Board secretary is given the results from the auditor and he or she reads them to all.) We even hired a parliamentarian last year in order to further assure and affirm the validity of last year's complex election (and we are bringing that highly experienced parliamentarian back again this year too). **In other words, great care is taken to ensure that your vote matters—and is properly and ethically processed!**

Additionally, beyond the deep importance of your vote being cast to help select our new 2020 elected leaders, there are also proposed bylaws amendments on this year's ballot. Your vote in this regard is also key to help assure we continue to intentionally grow, mature, and innovate as an organization that is authentically grounded in valuing our diversity and fostering inclusion and meaningful engagement for each and every member! Let me explore this in further detail.

Our Academy exists for the sole purpose of supporting its members professionally, educationally, and wherever legislative and/or regulatory advocacy is needed. In response to concerns expressed by a variety

RIGHT AND POWER—AND VOTE!

of members over quite a number of years about a lack of more inclusive and holistic representation in leadership roles and at the podium, many proactive changes have been put into motion to more effectively engage a broadening spectrum of valued stakeholders. In March of 2017, your Board formally adopted a strategy of member engagement and inclusion in all aspects of the AAFPRS so as to better foster leadership, teaching, and other key opportunities that are truly more reflective of the beneficial diversity present within our membership. The evolution of our Academy must be synchronous with the needs—and composition—of our membership. Genuine culture change of this nature must be enacted thoughtfully and decisively, so it can become systemic, authentic, and sustainable. That is what we are striving to achieve, in partnership with every one of our valued members!

We have already attained much progress in this regard since 2017. This strategy has yielded many positive advancements, including: more diverse elected and appointed leaders; better genuine engagement of all our diverse members (inclusive of our young physicians and female members); and adopting a call for presentations at all AAFPRS conferences, yielding greater idea generation in our education programs and a dramatic expansion of member engagement at the podium across the full diversity and lifespan of our membership (while achieving exceptionally high education rating scores in the process).

So as to further build upon the above foundational actions in this important arena, an AAFPRS Diversity and Inclusion Task Force was launched last October 2019, with a charge to identify the most powerful additional recommendations to expand the Board's organizational strategy around engagement, diversity, and inclusion. After researching many of the best diversity and inclusion practices that other medical associations and professional societies (as well as other medical and non-medical entities) are engaging in, the Task Force has put forth a proposed bylaw amendment (which is listed as "2020 Proposal # 1 Academy Bylaws Amendment" on your 2020 Ballot) to add a new group vice president for diversity and inclusion officer position to the Board's Executive Committee. The Task Force sees this proposed governance change as the most impactful next step for the Academy to take, so as to further advance diversity and inclusion, as both core values for the AAFPRS and as a business imperative for the Academy and Foundation too.

In order to best represent the needs, interests, and diversity of all our members, your Board has unanimously endorsed this bylaw amendment. By further institutionalizing our commitment to our formal strategy of fostering, recognizing, and leveraging diversity and inclusion among all valued members, across all aspects of the AAFPRS Academy and Foundation, we will attain better member engage-

ment and benefits, while advancing more innovation and creativity in our Academy and our specialty. This new group VP would be responsible for the supervision and direction of all the Academy's efforts toward making diversity and inclusion a core organizational value through cultivating the growth of diversity within the membership and leadership.

Passing this proposed amendment, would strategically raise the visibility and actionable importance of diversity and inclusion to the Board governance level, thereby positioning the AAFPRS to continuously:

- Assure that we will further imbed diversity and inclusion in all we do as an organization;
- Better strengthen, diversify and grow the meaningful engagement of all AAFPRS members, while taking proactive steps to safeguard against any members feeling or being marginalized;
- Retain and grow our membership, while advancing cultural competence among our members and fostering greater equity for all;
- Leverage the value of our diversity to produce greater creativity and innovation that will benefit the specialty, the AAFPRS, and each Academy member and the patients they care for;
- And ultimately enable the AAFPRS to actualize a more relevant, diverse and inclusive Academy member experience that will drive a thriving and more equitable future for our specialty.

There is also a second proposed amendment on the ballot for your consideration that is intended to assure that the positive growing and widening scope of diversity within the Academy's membership (including, but not limited to, professional practice, gender, ethnic, race, age, etc.) is further taken into account when a nomination is being put forth via petition. Please take the time to carefully consider both proposed amendments—but in particular, the "2020 Proposal # 1 Academy Bylaws Amendment" for a new group VP for diversity and inclusion is really a natural extension and acceleration of the positive trajectory that is bringing about much needed and productive change in our beloved Academy.

It is critical for all of our voting eligible members to exercise their right to vote in this 2020 election—and in every election. Your Academy can only effectively represent you if you engage and participate. **No one else can speak for you!**

"The right to vote is the basic right without which all others are meaningless. It gives people, people as individuals control over their destinies."—Lyndon B. Johnson

Or, in the words of the great George Carlin—
"If you don't vote, you lose the right to complain."

Mary Lynn Moran, MD

AMA HOUSE OF DELEGATES MEETING GOES VIRAL; RUSSELL KRIDEL, MD, NEW BOARD OF TRUSTEES CHAIR

The 2020 Annual Meeting of the American Medical Association (AMA) was suspended due to the ongoing SARS-CoV-2 (COVID-19) pandemic. In lieu of the Annual Meeting, the House of Delegates (HOD) convened virtually on Sunday, June 7, 2020, for a Special Meeting to consider essential business, namely items to fulfill bylaws requirements or maintain the integrity of the AMA's policy positions. And among those assembling virtually, representing the interests of our Academy, were the following:

- J. Regan Thomas, MD, AAFPRS delegate to the AMA HOD (and casting our AAFPRS votes in the HOD), pictured here



- Paul J. Carniol, MD, AAFPRS alternate delegate to the AMA HOD
- Scott R. Chalet, MD, AAFPRS young physician representative
- Steven J. Jurich, AAFPRS executive vice president and CEO

As the business was limited, the proceedings generally included necessary business, key speeches, Board and council reports, election results, and several important reports of reference committees and amendments to the AMA constitution and bylaws. There were also special recognitions and affirmations of the many different "physician heroes" serving on the front lines of the COVID-19 pandemic from all corners of the medical field. Great appreciation was expressed by the HOD for the front-line

physicians' amazing courage and tireless service.

Also of particular interest, Susan R. Bailey, MD, an allergist and immunologist from Fort Worth, Texas, was sworn in as the 175th president of the AMA—and with Dr. Bailey's inauguration, it marks the first time that three consecutive women have held the office of AMA president (and as she accepts her one-year term as AMA president, the office passes from Patrice A. Harris, MD, MA, a child and adolescent psychiatrist from Atlanta, who was the first African-American woman to be elected AMA president).

Additionally, the AMA Board of Trustees (BOT) pledged action to confront systemic racism and police brutality, and shared with the HOD the following statement that was approved at its BOT meeting on Friday, June 5, 2020:

- The AMA recognizes that racism in its systemic, structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.

- The AMA opposes all forms of racism.

- The AMA denounces police brutality and all forms of racially-motivated violence.
- The AMA will actively work to dismantle racist and discriminatory policies and practices across all of health care.

The AMA also released a video of the Board reciting this statement as a symbol of its commitment to productively address racism. The AMA HOD expressed full support of the AMA BOT's call for all of organized medicine to confront systemic racism.

Then, on Monday, June 8, 2020, the AMA formally introduced the 21 members of its Board of Trustees for the coming year, following elections held during the Special Meeting of the AMA House of Delegates. Of tremendous importance to the

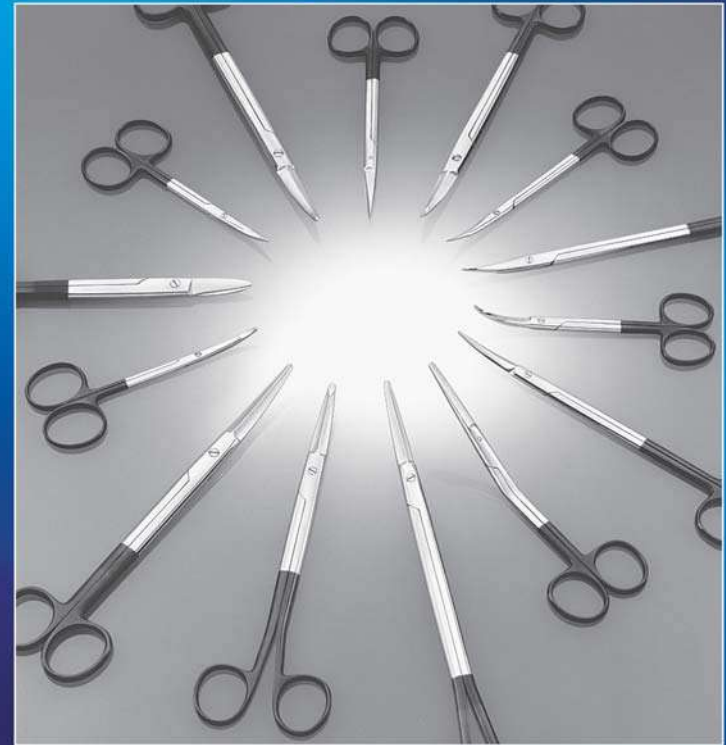
AAFPRS and the specialty of facial plastic surgery, former AAFPRS president and long-time Academy member Russell W.H. Kridel, MD, was introduced as the new chair of the AMA Board of Trustees. Dr. Kridel, a facial plastic surgeon and AAFPRS fellowship director from Houston, has been an AMA Board member since 2014 and served as secretary of the AMA board in 2018 and was then named chair-elect last year—with him now assuming the critical leadership role of AMA BOT chair.



Without question, Dr. Kridel has and will continue to represent all of our Academy's interests exceptionally well—and will be a vital advocate for us, and for all physicians, on any matters of key concern that arise. His appointment as AMA BOT chair is truly a victory for our Academy, our members, and our members' patients, as Dr. Kridel will continue to be an authentic voice for us all, amid the most strategically impactful entity in organized medicine. Please join us in offering an excited congratulations—and thank you—to Dr. Kridel for his assuming the chair role of the AMA BOT, and for all he continues to do on behalf of our Academy and our specialty! ■

On June 12, 2020 the AAFPRS Board issued its own **Board Statement on Fighting Injustice and Encouraging Inclusivity**. Please [click here](#) to view the full statement.

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LOOK BOTH WAYS BEFORE CROSSING THE STREET, A

By Kaete Archer, MD



How does a cosmetic facial plastic surgeon with a new practice on Park Avenue end up asleep, at 3:00 a.m. on a cold, suspicious, linoleum hospital floor... sweaty... exhausted... wearing a used plastic gown and hugging a little brown bag that contained—at that very moment—the most valuable thing she owned? Was this really happening? You bet. Forever changed? You bet.

I've been at a crossroads before. And I've made career pivots before. You close your eyes and pray because, only amateurs say things like "guarantee". With a tough attitude and very little to lose, I moved to New York City in 2018 and opened a private practice on Park Avenue while working at Harlem and Metropolitan Hospitals.

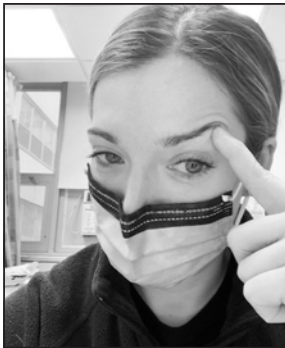
For the last two years, I rode the subway every day. Today, I haven't ridden the subway since March, a microcosm of why, according to the *New York Times*, the New York subway is facing a \$16 billion deficit and why the New York market has seen a 40 percent uptick in inquiries for moving out compared to this time last year.^{1,2}

You are probably tired of reading about SARS-Cov-2. I don't blame you. Hospitals are still fighting and people are still dying. And no one here feels like a hero. The trauma of New York's experience was that it happened in the beginning when 1) we didn't understand effective treatment; 2) we could only test patients who were already dying; and 3) caught off-guard, we kept running out of this little thing called PPE. It was a time when doctors looked at sick patients and whispered to

themselves, "I don't know how to help you."

March 1 was New York's first case, a 30-year old woman in Manhattan, recently traveling from Iran. There was no plasmapheresis, no ventilator maneuvers, and very little evidence-based medicine. And on March 14, patients just started dying. Approximately four months later, 228,000 patients in New York have tested positive and 22,956 patients have died from COVID-19.³ These numbers have only recently been surpassed by California and Florida. In comparison, 2,763 New Yorkers died in the World Trade Center attacks on 9/11.⁴

On March 20, a Friday in my private office, a dermatology colleague got a tip that the Governor was about to shut down New York with an executive order, closing 100 percent of non-essential businesses. An hour later, it happened. In one day, the center of the world stopped rotating. On March 22, the Governor ordered all hospitals to cancel elective and non-critical surgery to expand hospital capacity. On March 23, the Governor signed an executive order requiring hospitals to increase capacity by a minimum of 50 percent. The pre-op and PACUs became ICUs and all of the beds, everywhere, were moved into patient rooms



ON DOCTOR'S DAY, MY LAST REGULAR CLINIC BEFORE THE SHUTDOWN. ▶

and into make-shift areas in the hallways.

On Doctor's Day, March 30, I was told that my normal ENT resident clinics at Harlem Hospital were being cancelled and I was being assigned to the ER to check pulse oximetry and work shifts in the "influenza-like illness clinic"—they didn't want to call it the "COVID clinic". My shift? 12:00 a.m. to 8:00 a.m. I sat at a computer desk covered in plastic. I put my cell phone in the plastic bag that previously held my plastic gown for the shift. My face was squished into a N95 mask I never thought I'd have to wear and—let's be honest—I always taste that vanilla spray on fit-testing. The EMR used a red bar to indicate ER patients who are COVID. The entire ER census was red. Some of the staff were wearing those plastic ponchos that you buy frantically from a street vendor when you get caught in the rain in NYC. I was given a single N95 mask and told to keep it clean in this little brown paper bag, just big enough to hold a few perogies, and had to make it last an entire week. And I thought to myself—WTF?! This was before manufacturing of masks and PPE kicked in. If I lost that mask, would they give me another? "If we have one."

That same Doctor's Day, the USNS Comfort arrived in NYC harbor. At Pier 90, it was awe-striking hope at an absolutely impossible time, even though it ended up being largely ineffectual. Riding home from work one day, there was a five-block span in Manhattan, an area with 1.6 million people over 22 square miles, where I didn't see another soul.⁵ No other taxis, no dogs, no pedestrians, no shoppers, no coffee carts, no honking, no men and women in suits. In between the sirens, there was a heavy quiet, especially in those early, still-chilly days, so much uncertainty, so much fear, so much loneliness.

PERSONAL RECAP OF HER LAST FIVE MONTHS IN NYC

We started the pandemic before the luxury of widespread testing. Right now in NYC, you can walk into any CityMD (urgent care) and request a PCR swab or antibody test for free, for any reason at all. When the pandemic started in New York, we were not allowed to test people in the ER who were not sick enough to be admitted. The two unofficial criteria were oxygen saturation <90 percent and a fever. We told patients who likely had the virus that they weren't sick enough for the test and they had to go home and quarantine for two weeks.

They started dying in the hallway of the Emergency Room before they could get to the ICU. And then a 37-year old oral maxillofacial surgery resident died.⁶ And then nurses died. I stopped caring so much about the PPE because it was inevitable. And when you are tired and there are no beds, you sleep on the floor. "Now youse can't leave."⁷

A pivot—I went from cosmetic facial plastic surgeon to an essential worker. I have never been prouder of my ENT training because it made me useful and purposeful. With a young private practice that could quickly pivot to general ENT, it suddenly leveled the playing field. In addition to my work at the hospital, I opened up telemedicine seven days a week and reserved one day in the office for "ENT emergencies." Arguably dangerous work, but with nearly 1,000 people in New York dying per day, where were patients supposed to go? The Emergency Room? I would go home to my apartment waiting to get sick while trying to figure out how to stomach another meal of spaghetti and canned vegetables.

A crossroads—a pendulum of angst—swinging from bold and fearless to distraught and hopeless. Some days I would burn for a challenge. And then I'd cry on my way to work. At the same time, as I knew I was supposed to feel brave, I felt like a sacrifice. The

Hippocratic oath had doomed me to die. I was mad at the hospital, the virus, and the stupid PPE. And I was mad at my colleagues who did nothing. I guess they had more to lose than I did. But what if I don't want to die either? Was it...duty? Does that exist in medicine? Maybe it is simply another made-up sentiment from Madison Avenue that gives people something to say when there isn't much else to say.

The tracheostomies started in April. You may think we did hundreds of tracheostomies, but the truth is, most patients didn't live long enough. Eighty to ninety percent of intubated patients only got off the ventilators by dying. The first tracheostomy I did, I put betadine in the nose. Why? We had no clue how to really help. Halfway through, I made the nurse cut off my N95. It all felt impossible.

But I was never alone and my experience is not unique. The New York medical community rallied. As volunteer faculty at Lenox Hill Hospital/Manhattan Eye, Ear and Throat Hospital, I was on conference calls arranged by the otolaryngology chair, David Edelstein, MD. These calls were designed to update faculty about the status of the hospital system and to distribute information from other countries, specifically about the critical impact of COVID-19 in the head and neck. It was on one of these calls that I first learned about a sentinel symptom of the virus—anosmia and the potential danger of steroids. The information from these calls single-handedly



NEW YORKERS WAY OF HELPING... ▲ CLAPPING AT 7:00 P.M. EVERY NIGHT TO THANK ALL FRONTLINE WORKERS.

guided my quick transition to telemedicine/ENT during the shutdown.

The New York facial plastic surgery/plastic surgery community, despite being one of the most competitive marketplaces in the world, collaborated in a vulnerable way, knowing that we were all going through this together.

The New York Facial Plastic Surgery Society was a standout resource for me, navigating a private practice in the pandemic. Current president, Joseph Rousso, MD, organized multiple conference calls over the shutdown to answer member questions about legal and accounting, staff management, safety and revenue. Many cosmetic facial plastic surgery practices pivoted to social media, offering virtual consultations. Joshua Rosenberg, MD, was the first one I saw use #teleplastics, which I thought was genius.

New Yorkers wanted to help but didn't always know how. They were doing their part by sheltering at home. Sometime towards the end of March, people across the boroughs started clapping at 7:00 p.m. every night to say thank you to all of the frontline workers. And then the clapping was joined by honking, singing, horns, musical instruments, and

See Your Service, page 10

YOUNG PHYSICIAN'S COLUMN: STARTING A FACIAL PLASTIC SURGERY PRACTICE IN AN ACADEMIC CENTER

By Oscar Trujillo MD, MS, Assistant Prof., Facial Plastic and Reconstructive Surgery, Department of OTO, Columbia University Medical Center



For all of us who aspired to become physicians, it's a long road before we can finally begin our practice. We face many choices along the way, but none carried as much weight to me as choosing where to begin my career.

After I completed residency in Otolaryngology Head and Neck Surgery at New York Presbyterian, I trained in a fellowship largely centered on cosmetic facial plastic surgery in a private practice setting. At the start, I honestly did not know what a cosmetic facial plastic surgery practice looked like in an academic center. The cosmetic facial plastic surgeons I trained with during residency, each had some component of private practice outside of the academic center. I assumed these jobs were very rare, as every facial plastic trained surgeon I knew had gone straight into private practice.

However, I did know of some very successful examples of how an academic center could incorporate facial plastic surgery. One fortunate day, I got the opportunity to return to Columbia University Irving Medical Center and New York Presbyterian Hospital—the very place where I trained—to start an academic practice in facial plastic surgery.

In accepting this opportunity, I saw three key elements as critical to success. First, I hoped that the leadership and culture would be supportive of my building a cosmetic facial plastic surgery practice. Second, I needed to navigate a way to build a strong practice, understanding that the infrastructure of an

academic institution is vastly different from a private practice model. Finally, I hoped to meaningfully train residents and medical students, and in some way, contribute to advancing our field.

Fortunately, since I started two years ago, everyone from our chair to my fellow faculty have been extremely supportive in helping me build a cosmetic practice. In addition to my office on the main campus, I practice in a new and modern office space in a great location convenient to my target patient population. We share this space with our own CUIMC dermatologists and ophthalmologists, which promotes collaboration and helps to establish patient referral patterns. I also have the support of an excellent marketing team, and the prestige of a respected major academic institution, which inspires the confidence of my patients.

Importantly, cooperation within our head and neck surgery department, particularly with our rhinologists and pediatric ENT specialists, generates a large volume of referrals for both functional and cosmetic rhinoplasty. Initially, nearly all of my surgeries were functional rhinoplasty, and increasingly I started to get the question from patients, "while you're in there, can you....?" From there, my cosmetic rhinoplasty practice began to blossom. This pattern of internal referrals is common in many otolaryngology departments, but I never realized the potential in the context of cosmetic rhinoplasty.

This was my first big break into cosmetic facial plastic surgery. Once I was able to combine cosmetic and functional rhinoplasty into a single procedure with successful results, I was then asked by my patients, "what else do you do?"

This opened the door to procedures addressing the aging

face. These patients are typically the hardest market to penetrate, especially in an ultracompetitive environment like New York City where there are many very talented facial plastic surgeons. But how and where would I perform these aging face procedures that have no function or insurance-covered component to them? Tertiary care settings are typically associated with high anesthesia and facility fee costs that might discourage patients from these surgeries. Having had the advantage of training in a private practice setting, I started performing aging face procedures (with the exception of deep plane facelifts) under local anesthesia in my office, as many facial plastic surgeons do. Again, my department and chairman were very supportive, and helped me acquire everything from high quality instruments to a liposuction machine. This has truly accelerated my practice, as many of my patients love the idea of foregoing both general anesthesia and a visit to the operating room.

Typically, a young facial plastic surgeon would start a practice with injectables and then move into aging face procedures or cosmetic rhinoplasty. My practice proceeded in the opposite direction, in that I did my first "mini" facelift in the office even before I had a significant injectable practice. I believe this is unique to building a cosmetic practice in an academic center, as it's really only possible when you have the pleasure of working with so many colleagues that facilitate collaboration and internal patient referrals. Most importantly, collaboration allows everyone to provide great care to patients in each of our own subspecialties.

Lastly, looking back, I realize that there is an incredible

See *Teaching Residents*, page 12

FACIAL PLASTIC SURGERY EDUCATIONAL AND RESEARCH FOUNDATION FOR THE AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

CALL FOR PRESENTATIONS NOW OPEN

DEADLINE: AUG. 10

AAFPRS PRESENTS...

TWO GREAT MEETINGS, ONE MAGICAL LOCATION

Facial Rejuvenation Master the Techniques

ADVANCES IN RHINOPLASTY

ORLANDO, FL. | MAY 13–16, 2021

The AAFPRS Foundation is excited to announce that its two flagship specialty meetings will be co-located for the first time!

Help shape the agenda and take an active role in supporting our specialty by submitting a topic for presentation. Our robust, comprehensive program is greatly enhanced by shared experiences and peer-to-peer discussion, as well as innovative techniques and pearls taught by our physicians.

Whether you're a practice management consultant, a young physician, or a surgeon that's been in practice for several years, we welcome your contribution to this important event.

WWW.AAFPRS.ORG/ABSTRACTS_PRESENTATIONS

FACE TO FACE: LAMBAYEQUE, PERU

By David Chen, MD, AAFPRS
Fellow, Portland, Ore.

In conjunction with the FACES Foundation (Portland, Ore.), an AAFPRS-led FACE TO FACE team completed another successful medical mission trip to Peru, January 25 to February 1, 2020. This well-established team was once again primarily based in Lambayeque, Peru operating in Hospital Belen, with additional surgeries performed in the larger neighboring city of Chiclayo at Hospital Regional.

Dana Smith, MD (Kaiser Permanente Portland, OR) was the surgical team leader. He was joined by AAFPRS board certified surgeons Tom Wang, MD (Oregon Health Sciences University); Lisa Morris, MD (Selaroma Plastic Surgery, Salt Lake City, UT); and Jessyka Lighthall, MD (Penn State Health). Additional surgeons included pediatric otolaryngologist, Allison Dobbie, MD (Children's Hospital Colorado); otolaryngology chief resident Natalie Krane, MD (Oregon Health Sciences University); otolaryngology chief resident Tom Shokri

(Penn State Health); and myself (see above photo with patient), current AAFPRS fellow David Chen, MD (Oregon Health Sciences University).

Thirty-four other volunteers from the Portland area and beyond joined the surgical team including pediatric anesthesiologists, nurses, scrub techs, and speech and language pathologists.

The FACES Foundation works closely with the Lambayeque Lions Club who provides local support for the team during the trip. The close partnership with the Lions Club and local support from the hospital staff, physicians, and nurses are indispensable in helping to provide care to children with cleft lip and palate deformities.

During the 2020 trip, 43 patients underwent surgery including cleft lip repairs, cleft palate repairs, speech surgeries, alveolar bone grafts, cleft rhinoplasties, among others.

On the final day, the team celebrated with members of the community and the Lion's Club with an evening of dining, dance, and performance. ■



CLASSIFIED AD

A successful cosmetic surgery and medical aesthetics clinic is looking to hire a board certified facial plastic surgeon to work at our fast paced Vancouver, British Columbia practice. Our senior facial plastic surgeon has over 20 years experience performing all aspects of facial plastic surgery. We work in partnership with a full service medical aesthetics centre that contributes significantly to our referral base. A successful candidate will have completed an AAFPRS fellowship and be board certified in facial plastic surgery, with a Canadian medical license or pathway to working in Canada.

About You. You have an outstanding, caring patient demeanor, facial plastic surgery experience, and provide quality results. You have a winning personality, are a team player, and excellent communicator. The ideal candidate is passionate about building a full time career in cosmetic surgery but does not want the responsibilities and financial risk associated with setting up a large practice.

Our facility focuses on the management and marketing of plastic and cosmetic medical procedures. Our model focuses on patient care and satisfaction. Our surgeons and treatment providers make the final decision as to the patient's candidacy and are expected to put patient safety first.

Only qualified candidates will be considered. Please submit your cover letter and resume to:
vancouverange@gmail.com

THANK YOU FOR YOUR SERVICE

From *Look Both Ways*, page 7
pot banging. People went onto rooftops, balconies, stopped in the streets, and hung out of windows. It was a way for people who didn't know how to help, to help.

Eventually, the extra ICUs closed, the "influenza-like illness" clinic closed, and elective surgery resumed. Today, it looks OK but we all know the city suffered a major heart attack in more ways than one and the virus is still a threat. We have passed into Phase 4 and I watch the numbers with a touch of trepidation and fear. However, I was walking home last week from the hospital in scrubs and passed a homeless woman sitting on the street

corner. She said, "Thank you for your service." And you live to fight another day. ■

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Thank you and stay well.



TEACHING RESIDENTS, FELLOWS

From *Young Physician's*, page 8 learning curve in one's first few years of practice, particularly in an academic environment. My practice has ranged from complex facial trauma cases to in-office blepharoplasty under local anesthesia, all while teaching residents and medical students eager to learn all of these techniques. It is incredibly rewarding to see how engaged they are, even if they are not necessarily interested in pursuing facial plastic surgery. The reality is that I'm not too far removed from where they are now, and I'm learning alongside them with every procedure or surgery, even if I've done it before.

I understand now why my fellowship mentors, who each have successful private practices, still enjoy teaching fellows every year. It is a privilege to train the next generation of surgeons and teaching them has accelerated my own understanding of the field of facial plastic surgery and fueled my desire to continue to be better. ■

CLASSIFIED AD

Seeking BE/BC facial plastic surgeon to join a well-established cosmetic surgery practice in beautiful Portland, Maine.

Board certified plastic surgeon in a busy cosmetic surgery practice seeking a BE/BC plastic surgeon. Brand new facility with two on-site AAAASF operating rooms and established staff that converts patients at a high level. Practice has been in Portland, Maine for 30 years with renowned reputation for cosmetic outcomes and converting

For consideration, please submit CV directly to: Christina@maineplasticsurgery.com.



FACIAL PLASTIC TIMES JULY 2020

2020

SEPTEMBER 10-12

AAFPRS ANNUAL MEETING

(NOW VIRTUAL)

Boston, MA*

Co-chairs: James Shire, MD; Michael

Somenek, MD; Kaete Archer, MD;

Richard Gentile, MD; and Amir

Suryadavara, MD

The in-person 2020 Annual Meeting

scheduled for Boston has been

cancelled due to COVID-19 and the

conference will be virtual--refer to the

cover story on page 1 of this FPT issue

for details.

Meeting Director: J. Randall Jordan, MD

2021

APRIL 9-10

AAFPRS Spring Meeting

in conjunction with COSM

New Orleans, LA

MAY 13-16

Advances in Rhinoplasty

Orlando, FL

MAY 13-16

Facial Rejuvenation: Master the Techniques

Orlando, FL

SEPTEMBER 29-OCTOBER 2

AAFPRS ANNUAL MEETING

Las Vegas, NV

CLASSIFIED AD

Aesthetic practice opportunity in Houston

Seeking board certified facial plastic surgeon to join an established multi-location aesthetic plastic surgery private practice in the Houston metropolitan region. Our locations include on-site state-licensed and accredited ASCs and integrated noninvasive aesthetics/med-spa programs in new ground-up constructed free-standing facilities to offer unique luxurious destinations for aesthetics and wellness.

Excellent opportunity to quickly develop a boutique aesthetic rhinoplasty and facial aesthetics practice. Candidates with a minimum of 2-3 years of practice experience preferred. Open to recent facial plastic surgery fellowship graduate with extensive aesthetic rhinoplasty experience. Support available for candidates who also wish to do some reconstruction/general ENT/sinus surgery. We offer a fun and supportive work environment with a practice and marketing infrastructure to foster your success. We uphold patient care, outcomes, and safety to the highest level. Competitive compensation with a robust productivity bonus structure.

Interested candidates should send a CV and cover letter to recruitment@basuplasticsurgery.com.

ELECTION INSERT 2020

This 2020 election insert is being made available to eligible voting members via e-mail, regular mail, and as an electronic insert with the July *Facial Plastic Times*.

SPECIAL NOTE

This special election insert is provided to the membership in conjunction with the 2020 AAFPRS elections. Once again, voting for AAFPRS officers, directors and elected committee members will be conducted primarily by **online balloting** (or you may request a paper ballot to vote instead by regular mail—see below).

IMPORTANT: Online ballot notifications will be sent by e-mail to all eligible members (fellows, members, emeritus, and retired members who are in good standing/current with their dues) on or before July 29, 2020. Please make sure that the AAFPRS has your correct e-mail address (and 2020 dues payment) in order to receive your online ballot (those without an e-mail on file will receive a paper ballot to vote by regular mail instead). To send your updated contact information to the AAFPRS and/or to make a dues payment, please contact Patricia Adair, director of member relations, at padair@aafprs.org or (703) 299-9291 to ensure that you receive your online ballot. Should you wish to vote by regular mail instead, please send your request to Patricia Adair by no later than August 12, 2020 in order to receive a paper ballot.

All 2020 ballots, which will contain the finalized slate of nominees listed below within this election insert (as well as two potential bylaw updates being presented to the membership for consideration), must be completed/received on or before August 24, 2020 to be considered valid. Once you have voted, you will not be allowed to change your vote. Only eligible members who have paid their 2020 membership dues will have their ballots counted.

Please Note: Due to the COVID-19 pandemic, the in-person 2020 AAFPRS Annual Business Meeting scheduled for Saturday, September 12, 2020 has unfortunately been **cancelled for Boston, MA**. Updated/revised information for the 2020 AAFPRS Annual Business Meeting will be sent out in early August.

NOMINEES FOR 2020 ELECTIONS

In accordance with Article XI, Sections 1(a) and (b) of the AAFPRS Bylaws, the Nominating Committee's report was provided to the voting membership by May 1 of the year of the Business Meeting (e-mailed to the membership on May 1, 2020 and published in the April/May 2020 *Facial Plastic Times*). Furthermore, in accordance with Article XI, Sections 1(a) and (c) of the AAFPRS Bylaws, additional nominations for the various offices may also be made with prior written consent of the nominees by one or more written petitions of 10 voting members in good standing received by the secretary by June 1st prior to the Annual Meeting—and one additional nominee(*) has been made by petition for the 2020 Election Ballot, in this regard and is noted below "Nomination by Petition." Thus, the following members have been nominated to be placed on the 2020 Election Ballot under the below listed open positions. Additionally, also in accordance with the bylaws, the candidates for the president-elect position were asked to submit an "open letter" to the membership via this election insert. The letters are on pages 2-4 of this insert.

President-elect

Patrick J. Byrne, MD, MBA

(Nomination by Nominating Committee)

Grant S. Hamilton, III, MD

(Nomination by Nominating Committee)

Corey S. Maas, MD*

(Nomination by Petition)

Secretary-elect

Jamil Asaria, MD

Benjamin C. Marcus, MD

Group Vice President for Education-elect

Theresa ("Tessa") A. Hadlock, MD

J. Randall Jordan, MD

Group Vice President for Research, Awards, and Development-elect

Anthony E. Brissett, MD

Krishna G. Patel, MD

Canadian Regional Director

Mark Samaha, MD

Kristina Zakhary, MD

(Only Canadian members shall vote for this position.)

Midwestern Regional Director

Lamont R. Jones, MD, MBA

Clinton D. Humphrey, MD

(Only Midwestern region members shall vote for this position from the states: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI)

Southern Regional Director

Mark M. Beaty, MD

Ivan Wayne, MD

(Only Southern region members shall vote for this position from the states: AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX, VA, VI, WV)

Young Physician Representative

Miriam Loyo Li, MD, MCR

Grace Lee Peng, MD

Nominating Committee

Daniel G. Becker, MD

Louis M. DeJoseph, MD

Vishad Nabili, MD

Jennifer Parker Porter, MD

William H. Truswell, MD

Andrew Alex Winkler, MD

Audit Committee

Jaimie DeRosa, MD

Timothy Doerr, MD

Southern Regional Credentials Committee Representative

J. David Holcomb, MD

Angela K. Sturm, MD

Please Note: All information and responses provided by each of the candidates within this election insert **express the views and opinions of each of those candidates only**—and, as such, does not express official policy or opinion of the AAFPRS or its leadership. Additionally, the Academy officially remains neutral where all candidates are concerned and does not support or ask for support for any specific candidate(s)—and no one is authorized to speak on behalf of the Academy in support of or against any candidate(s).

ELECTION INSERT 2020

Dear AAFPRS Colleagues:

We are facing a pivotal moment in our history. If there has ever been a need for a sense of urgency, it is now. There are three reasons for this. First: our Academy is in the midst of a turnaround, after years of tenuous financial and regulatory footing. Second: **there has been some division recently within our ranks**—for many reasons, now is the time for listening, mutual respect, and unity. **Finally: due to changes that have been greatly accelerated by the pandemic, we now face the reality that a key component of our business model (educational offerings) needs to be carefully evaluated and reconsidered.** In recent years, we have all seen a **fundamental shift in how physicians find and consume content, and the array of demands upon their attention and pocketbooks.** Now, due to **COVID 19**, we have an **acceleration of that dynamic.**

The **AAFPRS has had a phenomenal impact on my own life that I can never fully repay.** I adore facial plastic surgery. I began my career at an institution which had previously struggled to develop a comprehensive program in facial plastic surgery. Our vision was to create a successful program spanning all aspects of facial aesthetic and reconstructive surgery. **The AAFPRS advocacy has empowered us**—helped give us legitimacy as we built our program. It provided context, cover, guidance, and alliances. **The AAFPRS educational content** has been the primary vehicle for my own self-improvement. The AAFPRS is incredibly important to the dreams of thousands of surgeons in the U.S. and across the globe. **I would be honored to help it grow and thrive into the future.**

I do think this is key: the world has changed. While we must build upon our legacy, **we must focus our attention forward, rather than backward.**

Why me? I would like to share some aspects of my own experience that I think make me well qualified to serve as president at this particular time in our history. **I may be a bit unique in that I have always lived my professional life straddling two worlds: academic and private.**

In my academic practice, I have lived the life of the academic who has labored to get promoted in the school of medicine through research and publications, as well as the gratification of mentoring residents. I have experienced the struggles to gain support for our unique practice needs within a large academic institution that is not designed to be nimble and entrepreneurial. I know how frustrating this is to so many members! This is not typically the experience of my friends in private practice. This has helped me to learn an array of skills to “get things done”—to successfully navigate this environment to gain the support necessary for our group to succeed.

In my private practices I have experienced the personal and practical benefits of a lean structure, a profitable elective service line, of rapid decision making around marketing and personnel, and other key decisions that help to determine success or failure of the practice. Decision making is so much quicker and simpler! However, I have also experienced the weight and responsibility of ownership, as well as the challenges of running a private business. Having skin in the game changes things, a lot, which perhaps not all academics have personally experienced. I felt the uncertainty as we applied for our PPP loan to protect our employees, and the relief when it hit the bank account.

I see my role as a creative problem solver. My nature is to see opportunities, often where others see obstacles. I try to question assumptions consistently. **Our Academy has, amongst its membership, great diversity. This is a strength!** Whether it is with regards to gender, ethnicity, age, practice setting, or any other source of diversity, our members' views and experiences are a tremendous source of opportunity. **Our Academy needs the engagement and commitment of all our members if we are to continue to realize—and hopefully expand—our important role within organized medicine.**

My approach. Many things in our Academy are already working well! **We have incredible meetings, a highly skilled membership, legendary leaders in the field, and a strong brand. We should celebrate and clone those bright spots.** These call for replication, rather than disruption. At the same time, we must also take a clear eyed, realistic view of the present and likely future, and be curious and open minded in our **search for new opportunities.** Wayne Gretzky's over used aphorism to “skate where the puck is going, not where it has been” applies to us. **Our youngest members, in particular, are a terrific resource to help shape our future.**

I believe it is key to acknowledge that we are all excellent at self-delusion (myself included). We believe we make decisions rationally. We often don't. Instead, we are prone to motivated reasoning and converse in our own echo chambers of groupthink.

In order to facilitate optimal decision making, I prefer an inclusive process that starts by **asking important questions,** which will help us identify and prioritize **our greatest opportunities** as an Academy. We then **generate solutions,** and finally **plan and implement the changes** needed, **holding ourselves accountable** as we do.

All voices matter. It is vitally important to question our assumptions. How will we grow membership, when our total addressable current market is not growing? Are we able to offer an expanded array of options for content without diluting our brand? What is the format for education of the future? What can we learn from telemedicine and virtual meetings that we can quickly leverage? How do we engage industry and experience the mutual benefits when we are so much smaller than other competing groups? What are our unique competitive positions, that we need to protect? What are the new opportunities not yet developed? **Can we become something much more than we have been? (I believe the answer is yes!)**

I would to use my initial year as president-elect to assist the president on laying the groundwork to develop a multi-year growth and improvement plan. **I favor an aggressive program to evolve our Academy to be more responsive to our members' needs, generate more value for all, and to be more impactful on our specialty.**

The process of helping the organization grow and improve will take a real team effort. I am honored to be considered for this position. Thanks for your consideration!

Respectfully,
Patrick J. Byrne, MD (Nomination by Nominating Committee)

ELECTION INSERT 2020

Dear AAFPRS Colleagues:

It is an honor to be considered for the office of president-elect. Though I know many of you as both friends and colleagues, I'm certain that I have not yet met many of our members. By way of an introduction, I'd like to tell you how I got here.

When I decided to change careers, leaving Industrial Design, and apply to medical school it was with the intent of becoming a facial plastic surgeon—though I didn't specifically know about our specialty at the time. As a first year medical student I would sit on the floor in the library and read through old issues of *Plastic and Reconstructive Surgery* (this was before the *Archives of Facial Plastic Surgery* was established!) and I quickly realized that the papers that were most interesting to me were those that involved facial plastic surgery. A summer externship confirmed that career choice for me. Though I went to a large medical school, the campus I attended did not have an otolaryngology residency program making it especially challenging to match into a spot. Fortunately, I did have a facial plastic surgery mentor in Chris Putman, MD, who helped advise me at this early stage of my career. It was both exciting and terrifying to only want to be a Facial Plastic Surgeon. It's a bit of a narrow target! Ultimately, I trained in otolaryngology at the University of Iowa and was fortunate to spend my fellowship year with Dean Toriumi, MD, who instilled in me a love for rhinoplasty and the drive to be a perpetual student—always asking questions and pushing myself to get better.

After fellowship, I worked at the University of Iowa and helped establish their multidisciplinary cosmetic surgery clinic. During those many meetings trying to work out the details of coordinating a practice between facial plastic surgery, plastic surgery, oculoplastic surgery, and dermatology, I became known as “the glue” keeping the group working toward our common goal.

Shortly thereafter, I took a position at Mayo Clinic where I have been for the last nine years. At Mayo Clinic, I have again played a key role in establishing our new Center for Aesthetic Medicine and Surgery navigating many of the same challenges as before and continuing to advocate within our institution for facial plastic surgery. As the years have gone by, I hear less and less “I didn't know ENT did plastic surgery.” My colleagues in plastic surgery have asked me to mentor some of their residents with elective rotations. I've always used that time to educate them about the history of our specialties and how they started with Sir Harold Delf Gilles, “the father of modern plastic surgery” and an otolaryngologist—arguably the first facial plastic surgeon. I hope that their experience with me gives them a favorable view of our specialty.

As an enthusiastic reader of both *Coming of Age* and *Here to Stay* by Robert Simons, MD, I am knowledgeable about our history and the battles that our predecessors fought for their own recognition and education. As president-elect, I believe that we should never take for granted the successes that they and we have fought for. We should continue to advocate for our specialty and members both by educating the public that they should always “trust their face to a facial plastic surgeon” and by working closely with legislators and organized medicine to ensure that our rights and recognition as a specialty are not infringed.

As president-elect, it would be a priority for me to further strengthen our organization. We are less vulnerable if we are united and robust in number. I would be transparent so that our membership understands how the Academy is working for them and providing value for their membership dues. Every year, we have many more highly qualified fellowship applicants than we do fellowships. Though we have a non-fellowship pathway to ABFPRS certification, I'd like to create a program to ensure that we can keep those excellent surgeons engaged with our Academy from the moment they finish their residency training.

Despite this being my professional home, I admit that it was quite some time before I felt that I truly belonged, and that was while being involved in committees and serving on task forces. Many others likely feel the same way. As president-elect, I'd ensure that all aspects of our Academy not only foster diversity but also strive for inclusion. A recent study by Boston Consulting Group found that companies that reported above average diversity had innovation revenue almost 20 percent greater than those that were below average. A commitment to these principles can only make our organization more robust and better able to weather an uncertain future.

I humbly ask for your vote. I may not have all the answers but, if elected, I pledge to tirelessly ask the questions that will help us find them. I'll work as “the glue” to communicate with our members, leaders, legislators, industry and colleagues in other specialties to strengthen our professional relationships to safeguard the standing of our specialty. I'll passionately advocate for better recognition of our specialty in both the eyes of the public and organized medicine. We are the experts in facial plastic surgery and deserve to be recognized as such. I'll work with our membership to develop strategies for ensuring that all of our members—both those in private practice and academic practice—feel that this is their home and that they are represented. This will result in better meetings, stronger membership, more innovative solutions and a more secure future. I would be honored to do this with you.

Respectfully,
Grant S. Hamilton, MD
(Nomination by Nominating Committee)

ELECTION INSERT 2020

Dear AAFPRS Colleagues:

In order to understand my desire to pursue the office of president-elect of the AAFPRS, please take the time to read this message in its entirety. I am bringing my candidacy forward at the encouragement of members from California and across the Country, and consistent with the foresight of the founders that, in our bylaws, created a pathway for any small group of members to put forward a candidate to **assure democracy**, which can also help to maintain a balanced representation of the membership. The current bylaws state that "...the Nominating Committee should engage in all candidate selections in a manner that reflects a balance of academic and private practice candidates..." It is clear to me that the candidates put forth on this slate do not comply with that bylaw criterion. **The Nominating Committee chose from amongst themselves for three of the four open executive committee Board positions.**

It is this critical balance, to assure representative leadership, that prompted me to put aside other opportunities in order to serve our membership. The number of AAFPRS members is about half the number when I served on the Board. We need to regain those numbers and understand that without more member BENEFITS we will not fully recover.

Candidacy Principles.

- **Protecting the brand facial plastic surgery and facial plastic and rhinoplasty surgeons.** At this time in our specialty's history, protecting, defending, and propagating the brand: "facial plastic surgery" and "facial plastic and rhinoplasty surgeons" supersedes all others. Only five years ago, some of our leaders proposed to essentially concede our brand to the ACGME, and thus the plastic surgeons. Every hospital credential committee, professional liability carrier, industry rep and consumer in America should recognize the **AAFPRS** as the "**home**" of **experts in facial plastic and rhinoplasty surgery** with the American Board of Facial Plastic Surgery, as its certifying body. Informed consumers should be drawn to our specialty with "**Trust your Face to a Specialist, Trust a Facial Plastic and Rhinoplasty Surgeon**". **Branding FPS** means grassroots members in State-organized medicine associations like we have done in California. Under my California presidency, we have a seat at the CMA Specialty Society House of Delegates, where **California Society of Facial Plastic Surgery** members have protected and propagated our brand. In this regard, I pledge to the membership that I will do everything in my power to see that the "brand" is neither brought into question nor absorbed into other organizations that are not solely committed to preserving and advancing FPS.

- **Greater experience in leadership service to the AAFPRS.** I bring more leadership experience—in facial plastic and rhinoplasty surgery—to the upcoming AAFPRS election than both of my opponents. I have served as vice president and director for over nine years, serving on most committees as a member and as a chair (see page 6 for details).

- **Assuring a diversity of ideas and representation on a Board that, based on this Nominating Committee's selections, it is clear to me that "diversity and representation" took a back seat to an oligarchy** (Nominating Committee candidates recused themselves from any discussions on their candidacy). My presidency will be an independent voice to a Board that currently does not look like the professional diversity of our membership, especially when our institutional academic colleagues are, of course, subject to their institutional doctrines... where AAO/ABO exerts enormous influences. I know and respect this. I was full time for over a decade and I still care deeply for UC OTO-HNS where some of my lifelong friends are the leadership. Our membership needs—and must have—a voice that has lived through the challenges facial plastic and rhinoplasty surgeons face, whether they are under contract by an academic institution or are in private practice. I am the lone candidate who possess the "diversity" of experiences necessary now to represent the AAFPRS membership. While Dr. Moran and others have made headway with women and other groups participating, we appear to have an internal difficulty with geographic and other diversity. In my nearly 30 years in the AAFPRS, I have never seen a choice for president limited to two academicians only—it is unprecedented. I know and appreciate the presidential candidates and while these candidates have limited AAFPRS Board experience, I know them to be good people with good intent for *their* vision of the Academy. However, **California represents a very large number of the Academy membership with only one California president in the last 25 years.** I represent a departure from the "old guard" of AAO/ABO leaders with split organizational loyalties. I solely represent the interests of facial plastic and rhinoplasty surgery.

- **Member Benefits.** Academy membership must be an indispensable expense for every member... academician or private. The AAFPRS must offer opportunities that go far beyond meetings. In private practice, one has to decide every day where each dollar is spent and how it brings value to our business. The member-teachers need the opportunity to teach, researchers need the opportunity to share their innovations and for the vast majority of members running a business, we need to make Academy member benefits an expense that pays for itself many times over for every member. We will work to build consensus to make the website alone an indispensable reason to be a member. Publishing educational videos for the public... by and for our surgeons—a real learning center and a real member profile page—the website needs to be a priority. Our site must rank in the top five organic search engine rankings for every service line our members offer...starting with rhinoplasty! A must **member benefit**—sending **new patient leads** to your websites.

What I bring to the Academy is more experience, excellent relationships with industry and diversity of ideas, as well as having been a full-time academician for over 11 years. I understand the specific needs that our Academic members have in being teachers and leaders in our specialty. I bring over nine years of leadership experience serving on the AAFPRS Board of Directors when we had over 2,800 members. Diversity in understanding the importance in bringing real value to the members, including individual surgeons-business people that are the majority of our membership, while allowing for the teaching and leadership needs our academicians need to demonstrate to advance. Additionally, I have a strong ongoing relationship with industry, frequently speaking at other societies, and serving on advisory boards.

Our strength is in diversity and our focus in choosing leadership should include a diversity of perspectives that our Founders knew from the very start of this organization require balance between academician and private practice.

I appreciate your support in my efforts to contribute.

Respectfully,
Corey S. Maas, MD (Nomination by Petition)

ELECTION INSERT 2020

PRESIDENT-ELECT

Nominated for president-elect are Patrick J. Byrne, MD, MBA, of Cleveland, OH; Grant S. Hamilton, MD, of Rochester, MN; and Corey S. Maas, MD, of San Francisco, CA. This position serves a one-year term and succeeds to president the next year and may only serve one term in this office.

Patrick J. Byrne, MD, MBA

(Nomination by Nominating Committee)
Please indicate other experiences that you think have prepared you for the position for which you are nominated.

- **Busy clinician who does high volumes of both cosmetic and reconstructive surgery.** My practice is rather unique, in that I have significant clinical experience across the breadth of our field, in a very busy practice.
- **Extensive real-world experience in both academic and private practice settings.** 1) hospital based; 2) freestanding cosmetic surgery clinic/ASC; 3) large private plastic surgery practice; and 4) private practice owner.
- **Broad leadership experience.** I have been fortunate to serve in many such roles within the institution, and in national, international organizations.
- **Business experience.** Founder of two healthcare startup companies; chief medical officer of a third; owner of a private practice with 23 employees; strategic advisor to PE firms; MBA from the Wharton School of the University of Pennsylvania.
- **AAFPRS experience.** I have served the Academy in several roles. Notably, I have been on the Board during the **recent dramatic improvement in our Academies financial and regulatory footing.**

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

- The president needs to work on behalf of **all members (we serve both private practice and academic physicians)** in ways that are important to members.
- This means **listening to members with humility.**
- **Our world is changing, rapidly—and so must our business model.** The entire board, including the president, needs to acknowledge this while looking forward: how can we provide the greatest value to our members?

Please indicate what you think are the three most important opportunities and/or issues facing the AAFPRS and why. I prefer to see "issues" as opportunities, so allow me to frame each in that manner.

- **Greater unity.** It's really important that we stand united. This can be an opportunity to gain greater unity and collective leverage moving forward.
- **Greater influence.** We remain a relatively small player within organized medicine. Our membership and finances remain a critical area of focus. I would advocate for bold measures to focus not only stabilization, but also on growth.
- **Innovation.** The seismic shift worldwide that we are experiencing due to social distancing is going to produce long-term changes in how we as physicians and allied healthcare personnel identify and consume content. There is a great opportunity within this.



Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- **Stabilize and protect.** We must continue to improve our financial position and our brand value.
- **Growth.** We need to think very openly about where growth opportunities lie; carefully consider each of our assumptions; and be open to where we can improve.
- **Greater impact.** In the end, the members level of engagement is driven by how much **value we provide to them.**

Grant S. Hamilton, MD

(Nomination by Nominating Committee)
Please indicate other experiences that you think have prepared you for the position for which you are nominated.

I've been fortunate to have other leadership experiences that have prepared me for this position. At the University of Iowa, I was chair of the Division of Facial Plastic and Reconstructive Surgery and residency program director for an otolaryngology residency of 29 residents. At Mayo Clinic, I am the chair of the Division of Facial Plastic and Reconstructive Surgery and have been selected for Mayo Clinic's leadership development program that includes education on developing teams to meet organization strategic goals in addition to serving as chair of several other committees. This year, I begin my term as president of the Mayo Clinic Chapter of Sigma Xi: the Scientific Research Honor Society.

I have experience in service to the Academy. Currently, I am on the Nominating Committee and in prior years, the young physician's representative on the Board of Directors. I was co-director of the AAFPRS 2019 Fall Meeting; past chair and senior advisor of the Fellowship Curriculum Sub-Committee; member of the 50th Anniversary Committee; member of The Face Book Task Force; and multiple other committee memberships.

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

I think the most important duty is to represent the best interests of the entire membership. This involves listening to the needs of our members, whether in private or academic practice, and working with other members of the Board and committees to develop strategies for successful implementation.

Please indicate what you think are the three most important opportunities and/or issues facing the AAFPRS and why. We need to continue to bolster our reputation as the world's experts in facial plastic surgery—rhinoplasty in particular. Continuing medical education is a rapidly changing endeavor in a post-COVID world and the Academy has to adapt to an educational model less reliant on in-person meetings. Finally, we are a diverse group of surgeons. Only by engaging the breadth of our membership can we benefit from our collective skills and experiences.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

I would like to increase membership and engagement. By doing this, we can leverage the expertise of our members to increase the value of membership in the AAFPRS.

Continued...



ELECTION INSERT 2020

Strengthening our organization will better prepare us for the future. We should also continue to foster mutually beneficial relationships with our partners in industry and organized medicine. The more we can be involved as an organization, the more we can advocate for our Academy and our members. By doing these things, we can continue to improve our fiscal strength and positively influence legislation for the benefit of our specialty and our members.

Corey S. Maas, MD

(Nomination by Petition)

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

AAFPRS Board of Directors (2002-2011)

- VP of public and regulatory affairs
- Western regional director
- Young physician's representative

AAFPRS Committees (1992-present)

- Chair: Young Physicians; Membership; Research; Graduate Fellows; ACGME Credentialing and HIV Facial Surgery Ad Hoc; Courses; Legislative Affairs; Publications; Socioeconomic Affairs; Fellowship Review; Credentialing Fellowships; New Devices and Technologies; and CME
 - Director, AAFPRS Annual Winter Meeting
- University of California, San Francisco**
- Associate professor (1992-2002)
 - Associate clinical professor (2002-present)

California Society of Facial Plastic Surgery

- Board of Directors (1998- present); president (2000-2020)

American Medical Association (1989-1999)

- Delegate, Young Physicians Section
- Delegate, AMA Assembly (YPS Section)

California Society of OTO-HNS

- Executive Committee (1995-2001)

San Francisco-Marlin Medical Society (SFMMSS)

- Board of Directors (2020-2005)
- Member, Insurance Mediations, Professional, Relations & Ethics Committees (1992-1994)

California Medical Association

- Specialty society delegate (2000-2006) and (2012-2020)
- Member, Ambulatory Care; Scientific Advisory; Ad Hoc Aesthetic Surgery; Cosmetic Surgery Advisory Committees (1993-2020)
- Founder and Board member, Tissue Technologies Inc.; Concad Holdings LLC; Soft Tissue Systems
- Consultant, Allergan; Merz; Galderma; Lumenis; Inamed; Syneron; J&J; Ethicon; Mentor; Collagen; Evolus; Aquamid; Chroma; startups.
- Editor, San Francisco Medicine Magazine (2002-2007)

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

- Donate **maximum daily time and energy** in the particularly challenging time to **bring our Academy together** in mission, purpose, and participatory effort.
- Reach out for **participation from ALL members; academic, private practice and Clinician Scientists** to a common cause, **inclusive** of all age groups, gender, ethnicity, race and zip code.
- **Build consensus** amongst a highly intelligent, talented and diverse Board with a varying ideas and opinions.
- **Brand facial plastic surgery**—represent and **defend the facial plastic surgery brand**.



- **Rebuild membership** through **member benefits** and organization credibility.
- Interspecialty and society **diplomacy**
- **Listening!**

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

- **Branding** (really rebranding) **facial plastic surgery** by re-establishing our superiority in rhinoplasty and facial plastic surgery promoting and broadcasting the fantastic research of our academics to restore the dominate presence of almost 3000 members.
- **Make AAFPRS membership a "must have" business value**—website new patient leads, FPS brand, education and communications with members.
- Establish **new AAFPRS revenue streams** (there are far more opportunities than educational meeting income, I will lay out with the Board).

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

In addition to those mentioned above:

- **Industry partnerships** (we are behind our competitors).
- **Innovative** campaigns for **branding FPS**—websites, member podcasts and blogs, and AAFPRS member consumer Q&A
- **Innovations and modernization of education methodology** and monetization by **member participation**
- Break the current cycle of a small group of "Old Guard" members choosing our Academy leaders. We need their support and ideas not to be an AAO subsidiary.

SECRETARY-ELECT

Nominated for secretary-elect are Jamil Asaria, MD, of Toronto, ON, and Benjamin C. Marcus, MD, of Middleton, WI. This position serves a one-year term, succeeds to secretary the next year, serves a four-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.

AAFPRS

- Board of Directors, Canadian regional director (2017-present)
- AAFPRS fellowship director
- Member, Postgraduate Curriculum, FACE TO FACE, and Emerging Trends and Technologies Committees (2010-2016)

ABFPRS

- Board Examiner (2016-present)

Academic Presentations

- Multiple courses and presentations at the AAFPRS, EAFPS, IFFPSS, and CAFPRS meetings

University of Toronto

- 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.

As a Board member, I would make it a priority to understand what our members want and deserve from our



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Academy. We must represent the interests of all the facets of our membership—those in private practice and those in academic settings; those that are focused on reconstruction; and those that are focused on aesthetics. I feel that the most important responsibility is to listen to all of the different voices and to bring their individual priorities to the table.

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

- Establish and maintain 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.
- Train and support future leaders. The key to our ongoing success is through our future generations.
- Retention and growth of our membership base. Focus on diversity and inclusion.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

Our Academy has a history of supporting and promoting our specialty through difficult times. Although, we are a small group, we have made a name for ourselves as truly focused specialists. We need to attract and retain members through value. We need to continue to organize the best meetings with the best speakers and the highest educational content out there. We need to engage our younger members and inspire our more junior trainees. We need to maintain our academic production through our journal and our outstanding fellowship programs.

Benjamin C. Marcus, MD

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

I have been involved with AAFPRS and the Board since 2004. Over the last 16 years, I served on multiple committees and have chaired the Fellowship Committee. For the last three years, I served as the midwestern region director. In this position, I was part of the group crafting the strategy, vision and solutions for the Board. These experiences prepared me to make a meaningful contribution as a member of the Executive Committee. In my university position, I have served on major committees and as a member of the strategic plan group. The long-range planning and active problem solving in these groups have further prepared me for being part of the AAFPRS Board.

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

- In this position the critical duties boil down to three basic responsibilities:
 - Create a value-added membership that will retain current members, recruit new surgeons, and be responsive to our current COVID challenges. This will focus on education, patient attraction, and community engagement.
 - Elevate our members as the best choice for facial plastic surgery while defending our members from outside influences.
 - Ensure that the Academy is recognized as the primary source for patient education on facial plastic surgery.



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

- In the setting of COVID, we need to move quickly and provide value for our members by creating new avenues for education. Remote learning with flexible schedules will be critical in the COVID era and valuable in the time after it.
- Our in-person meetings have been re-designed and have been well received. As we look forward, we need to continue to upgrade our programming. Innovative meetings that make the travel and time away from work worthwhile will be critical to a successful Academy.
- Our website has undergone an excellent upgrade. We need to capitalize on this advancement and continue to establish the AAFPRS as a hub for both provider and patient engagement.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

My goal is very simple. I want our Academy members to feel like their dues are a great value and that we provide the best in facial plastic surgery education for our members. I want our Academy name to be the first that prospective patients think of when considering facial plastic surgery. Lastly, I want our Academy to make thoughtful and creative decisions so that our future is secure for the long haul.

GROUP VICE PRESIDENT FOR EDUCATION-ELECT

Nominated for group vice president for education-elect are Theresa ("Tessa") A. Hadlock, MD, of Boston, MA, and J. Randall Jordan, MD, of Ridgeland, MS. 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.

Theresa ("Tessa") A. Hadlock, MD

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

- Extensive professional educational experiences with students, residents, fellows, and attending-level peers
- 15 years of service on ENT Education Committee at MEEI/Harvard Medical School
- Experience with chairing educational initiatives/CME courses both within and outside our Academy, at national and international level. And most recently, served as eastern regional director on the AAFPRS Board of Directors.

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

- Responsible oversight of educational activities offered by our entity.
- Thoughtful insight, advocacy, and direction to/for committees involved with our educational mission, including Fellowship and Fellowship Review Committees, CME, and CME Advisory Committees.



Continued...

ELECTION INSERT 2020

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

- Improve, foster, and cultivate relationships with our current and potential membership.
- Engage adjacent practitioner groups with high-quality educational activities that demonstrate high standards and entice cross-specialty interaction.
- Retain educational mission as the primary focus surrounding CME activities, while providing future-facing, timely, thoughtful insights surrounding career and practice development, networking, marketing, etc.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- Retain and recruit membership by providing "must-have" educational resources in collegial, diversified environment.
- Continue to provide thoughtful leadership to the AAFPRS community in ways that resonate with both academically based and private or community passed practitioners.

J. Randall Jordan, MD

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

- Meetings director for the AAFPRS
- Past chair of the Publications Subcommittee of the Multimedia Committee for the AAFPRS
- Past chair of the Facial Plastic and Reconstructive Surgery Education Committee for the AAO-HNS
- Professor and vice-chair, Department of Otolaryngology-Head and Neck Surgery, University of Mississippi Medical Center



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

Oversight of the planning of all educational offerings that the AAFPRS offers. This ranges from the in-person meetings, to the online, video, print media educational items, and AAFPRS fellowships. This will be an evolving process, particularly in light of the current events.

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

- Financial stability. The SARS-2 pandemic has affected all of us financially and the AAFPRS is no different. We must remain financially viable while producing excellent educational content.
- Relevance. All organizations need to understand the needs of their members in order to maintain relevance. We need to be certain that we are meeting the educational needs of all of our members.
- Reputation. The AAFPRS has built its reputation on the quality of our training and educational programs. There are many organizations with educational offerings in our field. We need to work diligently to be sure that ours are the best available.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- Strengthen our online educational offerings. This will be increasingly important as we move forward in this new era.
- Maintain our accreditation as a CME granting organization.
- Increasingly engage all our members through greater inclusion as speakers, educators, committee members, and officers.

GROUP VICE PRESIDENT FOR RESEARCH, AWARDS, AND DEVELOPMENT-ELECT

Nominated for group vice president for research, awards, and development-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 group-VP the next year, 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.

AAFPRS Leadership

- Southern regional director, AAFPRS Board of Directors (2017-present)
- Co-director, AAFPRS Fall Meeting
- Member, Research and Awards Committee
- Member, Fellowship Research Committee
- Member, Task force for Diversity and Inclusion

ABOto Leadership

- Senior Board examiner, ABOto
- Member, Job Analysis Task Force
- Editorial Board member, Home Study Course
- Member, Education Committee

Service and Humanitarian Leadership

- Founding Board member, Foundation for Special Surgery
- President, Houston Society of Otolaryngology (2018-2019)
- Surgical team leader, Executive Board, Face the Future Foundation, Toronto, ON
- Founding Board member, Casa el Buen Samaritano (CEBS), Houston, TX (2011-present)
- Medical director, CEBS, Houston, TX (2016-present)

Department Leadership

- Vice chair, Department of Otolaryngology-HNS, Houston Methodist Hospital (2019-present)
- Division chief, Division of Facial Plastic and Reconstructive Surgery, Houston Methodist Hospital (2016-present)

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

- The GVP should serve as a conduit to the Board, advocating for the interests of members in the areas of awards, research and humanitarian efforts.
- " Utilize the platform of GVP to promote, encourage and support research initiatives and the allocation of awards on behalf of the AAFPRS membership.
- Assist the Academy and its members in developing processes that can create and utilize databases and templates in order to systematically collect quality metrics and data.



ELECTION INSERT 2020

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

Education, financial solvency, and declining membership.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

Education. As GVP I will advocate for and promote all avenues of education and research that will benefit our members, patients and the medical community at large.

- Promote high quality AAFPRS sanctioned meetings that are fresh, informative and innovative.
- Encourage the use of online platforms and other modern approaches to education.
- Enhance the relationship that currently exists with our Academy's journal, *Facial Plastic Surgery & Aesthetic Medicine*.

Financial sustainability. As GVP, I will work to strengthen our financial position through the responsible use and strategic appropriation of our financial resources.

- Encourage processes that allow our meetings to generate revenue.
- Promote operational processes that minimize expenses and maximize efficiencies.
- Work towards increasing membership.

Declining membership. As GVP, I will

- Work to increase member enrollment by maximizing member benefits, thus improving value and meaning to our members.
- Broaden our membership by supporting involvement of our early career members on Academy committees and at national meetings and promote diversity and inclusion amongst our members.

Krishna G. Patel, MD

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

- Director, Facial Plastic and Reconstructive Surgery, Medical University of South Carolina
- Secretary, SC Medical Association-Otolaryngology Society (2011- present)
- Chair, Plastic Reconstructive Surgery Committee, AAO-HNS (2016-2017)
- Chair, AAFPRS Subspecialty Craniofacial Surgery Committee
- Past member, FACE TO FACE Committee
- Reviewer of travel grants for AAO-HNS Humanitarian Committee
- Mentor of multiple resident research projects
- Board member for non-profit humanitarian organization, Global Smile Foundation



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

- Research is a priority for the advancement of facial plastic and reconstructive surgery. Every year members have become increasingly more engaged and active in the research opportunities offered by this organization. This increased interest should be fostered and encouraged to grow.
- As an influential Academy, encouraging altruism and the growth of the humanitarian presence of FACE TO FACE should always be a priority.

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

- Continue to improve public awareness and branding for facial plastic and reconstructive surgery. It is imperative that board-certified facial plastic and reconstructive surgeons be the first choice surgeon for these subspecialty procedures.
- Encourage young facial plastic and reconstructive surgeons to be active participants in the AAFPRS.
- Promote education and research in the field of facial plastic and reconstructive surgery.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- 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.

CANADIAN REGIONAL DIRECTOR

Nominated for Canadian regional director are Mark Samaha, MD, of Montreal, QC, and Kristina Zakhary, MD, of Calgary, AB. This position serves a three-year term and may only serve one term in this office.

Mark Samaha, MD

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

- Regional representative, Eastern Canada, Canadian Academy of Facial Plastic and Reconstructive Surgery
- Treasurer, Canadian Academy of Facial Plastic and Reconstructive Surgery
- Regional representative, Quebec, Canadian Society of Otolaryngology-Head and Neck Surgery



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

- Work towards active involvement of members of the Canadian facial plastic surgery community in the AAFPRS at all levels (education, advocacy, etc.)
- Encourage enrollment in AAFPRS by Canadian physicians, particularly young physicians and residents

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

- Education. Continue to increase attendance and participation in educational meetings. The AAFPRS has, in the past few years, done well in this regard. Ongoing effort with focus on young surgeons is crucial for the future.
- There is a great deal of interest on the part of surgeons in humanitarian missions. The AAFPRS has a great record and an established effort in this area. However, a structured process for creating more such opportunities and communicating them to membership would greatly enhance this established effort.

Continued...

ELECTION INSERT 2020

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

As mentioned above, question 3.

Kristina Zakhary, MD

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



Western regional director, Canadian Academy of Facial Plastic and Reconstructive Surgery.

I encouraged participation at CAFPRS meetings; advocated for facial plastic and reconstructive surgery at the level of the College of Physicians and Surgeons of Alberta (CPSA); and was instrumental in the establishment of title use and advertising standards for FPRS by the CPSA.

Associate clinical professor, University of Calgary for the Department of Surgery, Division of Otolaryngology.

I am responsible for developing the didactic, observational and surgical education curriculum for residents.

Private practice. I passionately promote facial plastic surgery and strive to provide excellent patient care. I maintain a strong and professional radio, television, and online social media presence to encourage public education in facial plastic and reconstructive surgery. I constantly defend the interest of FPRS at the level of the CPSA against attacks on our ability to advertise and practice facial plastic and reconstructive surgery.

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

- Academy's growth and member benefits among the Canadian surgeons.
- Increase our social media and internet presence.
- Increase Canadian AAFPRS member responsiveness.

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

- Exposure challenges. AAFPRS needs to be in a strong position on the global scale to be universally recognized as the experts in facial plastic surgery.
- Educational growth opportunities. AAFPRS must strive to strengthen its courses by bringing new talent to the Academy to educate younger facial plastic surgeons in the clinical, surgical, as well as the marketing and practice management side of the business.
- Membership challenges. Younger members should be brought into the operation and be included in the leadership to increase revenue and growth.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- Exposure. I will strive to move our Academy in a positive direction by publicizing our leadership through an upgrade of our online exposure, web search engine optimization, and help with more educational social media content.
- Education growth opportunities. I will make an effort to include representation from our younger members to grow a broad and inclusive approach to promoting the best research and education.

- Membership goals. I will educate and publicize the Academy to our residents and younger facial plastic surgeons locally and nationally to encourage AAFPRS membership.

MIDWESTERN REGIONAL DIRECTOR

Nominated for Midwestern regional director are Lamont R. Jones, MD, MBA, of Detroit, MI, and Clinton D. Humphrey, MD, of Kansas City, KS. This position serves a three-year term and may only serve one term in this office.

Lamont R. Jones, MD, MBA

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

I have been an active and engaged member of AAFPRS since finishing my fellowship in 2008 and have attended nearly every Fall Meeting during that period. In addition, I have served on several committees including: chair of the Cleft Lip and Palate Subcommittee and member of the CME, Fellowship, Evidence Based Medicine and Research, Young Physicians, FACE TO FACE, and Fellowship Research Review Committees. I am currently chair of the AAFPRS Membership Committee. I am currently on the Board of Governors for the Henry Ford Medical Group and for AO North America. I am also a member of the SUO Finance Committee.



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

As a Board member, the Midwestern regional director has a fiduciary responsibility to help direct the Academy toward a sustainable future through sound financial and governance policies. They should also collaborate well with the president, Board members, and other executive officers while ensuring that the needs of the Academy and Midwestern regional members are being represented.

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

Three of the most important issues facing AAFPRS include, member growth and engagement, fiscal viability, and culture. Addressing these three issues are crucial for the long-term sustainability AAFPRS.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

AAFPRS should strive to become more progressive while complementing tradition. I would help the AAFPRS take advantage of its member diversity to increase membership and member engagement, foster innovation, and improve fiscal stability. In addition, I would like the AAFPRS to become more agile in order to be more responsive to member needs and better equipped to react to market forces.

ELECTION INSERT 2020

Clinton D. Humphrey, MD

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

I have been active within the AAFPRS, presenting regularly at meetings and sitting on the CME Committee. I am a facial plastic and reconstructive surgery fellowship director and have mentored numerous residents and fellows in our specialty. I have contributed to AAO-HNS programming and publications through the FPRS Education Committee. I am currently the president of the Kansas City Society of Ophthalmology and Otolaryngology—one of the country's oldest local specialty societies and an AAO-HNS predecessor. I have also served as the Kansas City representative to the Missouri Society of Otolaryngology.



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

As our Board develops long-term strategies, the Midwestern regional director must represent all members with special attention to the unique needs of the region's membership. They also serve as the liaison to the region's residency training programs. Many of us were first introduced to and attracted to facial plastic and reconstructive surgery during our otolaryngology residencies. It is crucial that the AAFPRS continue to actively guide and maintain high quality resident training in facial plastic and reconstructive surgery that attracts future surgeons to our specialty.

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

- Engage young surgeons to grow our membership and sustain our organization.
- Conduct meetings that attract our entire membership and that are mindful of current and future challenges posed by the COVID-19 pandemic.
- Protect and maintain our reputation as the experts in rhinoplasty, aging face surgery, and facial reconstruction.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

There is increasing competition for meeting attendance from other societies and organizations with programs that have been perceived to deliver more novel and contemporary content. While the AAFPRS has made strides over recent years in providing excellent and diverse education, we must keep working to leverage state of the art technology and teaching formats to provide the best educational opportunities for our membership. I believe this is our soundest strategy to engage young surgeons and lead them to become active and involved lifetime members of the AAFPRS.

SOUTHERN REGIONAL DIRECTOR

Nominated for Southern regional directors are Mark M. Beaty, MD, of Atlanta, GA, and Ivan Wayne, MD, of Oklahoma City, OK. This position serves a three-year term and may only serve one term in this office.

Mark M. Beaty, MD

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

I have decades of active leadership experience in both medical and non-medical organizations, participating in both executive and directorial responsibilities.

- Founder, president, and program director, WRFL-FM radio station at the University of Kentucky
- President, Medical Student Government Association, University of Kentucky
- Administrative chief resident, University of Iowa Hospitals and Clinics
- Chair, AAFPRS Public Information Committee
- Board member, ABFPRS
- Chief of staff, Windy Hill Hospital
- Board of Directors, Besharat Arts Foundation



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

To represent, articulate, and act upon the interests of the Southern regional members as they relate to the promotion, support, and growth of the AAFPRS as a whole.

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

- To define the role and course of aesthetic medicine in the immediate future as we emerge from the greatest public health disruption of our lifetimes.
- To actively lead in broader healthcare delivery discussions. We are in a unique position to help develop a better healthcare system predicated on our deep understanding of the effective and efficient delivery of high quality services.
- To encourage and maintain diversity in both our leadership and our active membership. We must enable all voices to participate at leadership and membership levels as our differences united often represent our greatest strength.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- Expand the membership, influence, and relevance of the AAFPRS. Quality meetings and educational programs are important, but not enough. AAFPRS must demonstrate a greater value proposition if we wish to compete for the support and loyalty of members. I will effectively bridge communication between those eager for change including broader membership participation and the established surgeons concerned about maintaining tried and true methods of practice.
- Advocate publicly for our specialty. I will enhance visibility of AAFPRS leadership in training, continuing education and patient care with an eye toward forging strategic alliances with colleagues who share the vision that advancing patient care and promoting Facial Plastic Surgery, not fostering pointless competition, is in all our best interests.

ELECTION INSERT 2020

Ivan Wayne, MD

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



I have been involved with multiple institutions during my professional life: ranging from the VA Medical Center to the University of Oklahoma as a full-time faculty member prior to my transition into private practice four years ago. The one constant I have seen is change and the speed of change has been steadily increasing. I have had to adapt and evolve in multiple spheres to succeed and I think I can bring this skill set to a position on the Board of Directors.

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

Planning for the financial success of our Academy. In particular, engaging with the more junior members to keep our institution viable and strong in this rapidly changing world.

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

- Membership. We are seeing decreasing numbers, especially in the more recent graduates.
- Engagement. This directly ties into the membership issue—loss of engagement leads to decreasing membership. All members need to feel they can contribute and not have to wait for years of standing on the sidelines.
- Relevance. The world is changing; we need to adapt as surgeons and as an Academy.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

I would like to see our Academy grow into a more relevant and inclusive body that engages all our membership.

YOUNG PHYSICIAN REPRESENTATIVE

Nominated for young physician representative are: Miriam Loyo Li, MD, MCR, of Portland, OR, and Grace Lee Peng, MD, of Beverly Hills, CA. This position serves one, three-year term.

Miriam Loyo Li, MD, MCR

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



- Five years in practice as a facial plastic surgeon in academics in Portland
 - Within AAFPRS, I have participated in meetings and elections and served in various committees, and as:
 - o Co-chair, Business Symposium Annual Meeting (2018)
 - o Chair, Research and EBM Committee (2019)
 - o Organizer, Research Forum, Annual Meeting (2019)
- In these capacities, I frequently interact with residents, fellows, new graduates, and colleagues closed to my years in training/practice.

- Board member, Oregon Academy of Otolaryngology (2018)
- Editorial Board member of JAMA Otolaryngology (2019)
- Former Board member, FACES local foundation for cleft lip and palate

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

Act as a liaison for young physician members of AAFPRS by providing the Board with the perspective of this group of the membership and facilitating communication and engagement.

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

- Help members adapt to COVID. The implications of the pandemic to health care and to our practices are still being determined. The situation is changing rapidly and as doctors, we want to reopen our practices safely for our patients and for our team.
- Engage the membership. Continuing to create a sense of community that is inclusive will help the organization be more valuable to everyone.
- Change the healthcare landscape. As more providers join larger groups, this can lead to efficiencies but also challenges in loss of autonomy and increased need for negotiation. Advocating for the specialty can help doctors practicing in these settings.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- Resume conferences/meetings. Encourage participation once the next meetings are confirmed. Help explore virtual meetings or offering online training for CME credit.
- Continue to improve our Web presence. Encourage physicians to claim their profile and contribute content.
- Continue to engage new graduates to participate. Spread information of how to participate in committees and speak at meetings (surprisingly many do not know about Wednesday's committee meetings).

Grace Lee Peng, MD

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



- I have served on several committees the past three years including the Young Physicians, Women in Facial Plastic Surgery, and Multimedia Committees, which has equipped me with an understanding of our organization's goals, its members, as well as our present challenges.
- I have volunteered for the last five years with the ABFPRS helping with examination weekend for both primary candidates and MOC candidates, as well as been on the Oral Boards Committee, which has allowed me to see the organization through the eyes of the more senior members of the organization.
- I actively mentor medical students, residents, and fellows, and am a faculty member in an accredited AAFPRS Fellowship, which allows me to understand the concerns of new trainees and surgeons.
- I am building a very strong academic private practice five years out of fellowship.

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

- The most important duty of being a young physicians' representative is to be an active member of the board while giving a voice to the newer AAFPRS members and acting as their liaison to the board and the more senior members.

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- It is also important to be a resource to the younger members and show them what the organization has to offer in terms of fostering their career growth.
- The younger generation of AAFPRS members are the future of our organization.

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

- The main challenges I see for AAFPRS are demonstrating the high value we have to our facial plastic surgeons, engaging our own membership, and educating the public on our field and skillset.
- For AAFPRS to grow as an organization, it is important both to involve our current members and also to recruit younger generations.
- Engaging members allows us to share different surgical and procedural techniques while also allowing for mutual practice building.
- Educating the public on our training and our skillset is also of paramount importance for our specialty, especially since we share many procedures and surgeries with other fields. I believe that social media can be effectively used not only to connect us with our colleagues, but also to represent AAFPRS and connect with patients and the general public. I have a robust social media presence and am highly experienced in this facet of our practice.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

My vision of the goals for AAFPRS are to continue to increase membership and engagement across all facial plastic surgeons, advance the frontiers of our specialty, and uphold the highest standards of patient care and surgical excellence. If elected, I will bring my enthusiasm, a passion for our field, and a passion for representing our field.

NOMINATING COMMITTEE REPRESENTATIVES (3)

Nominated to serve on the Nominating Committee are: Daniel G. Becker, MD, of Sewell, NJ; Louis M. DeJoseph, MD, of Atlanta, GA; Vishad Nabili, MD, of Los Angeles, CA; Jennifer Parker Porter, MD, of Bethesda, MD; William H. Truswell, MD, of Easthampton, MA; and Andrew Alex Winkler, MD, of Aurora, CO. These positions serve one, two-year term.

Daniel G. Becker, MD

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



- Starting a practice from zero and quickly growing it into a 14 physician private practice (including 3 facial plastic and reconstructive surgeons) that has over 10 locations and over 80,000 patient visits per year.
- Being the fellowship director of an AAFPRS accredited fellowship.
- Being both a private practitioner and an academic facial plastic surgeon, clinical professor at the University of Pennsylvania.
- Course director of the PENN Rhinoplasty Course for over 10 years, and program co-director of the AAFPRS Fall Meeting in 2016 in Dallas.
- A lifetime of involvement with the AAFPRS.

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

The position of the Nominating Committee is to nominate candidates for other positions. I believe the vital role is to identify candidates who have the goals for the AAFPRS—that I mention below—and the skills to achieve them.

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

- Provide a high level of value and opportunity for the young facial plastic surgeons. The younger facial plastic surgeons are the backbone of the AAFPRS. The Academy must directly provide them with tools that will assist them in becoming successful in their communities.
- Re-imagine and develop our CME programs, to create the premier and most financially successful programs in the world. Private enterprise and others compete with our premier CME programs. It is critical to reclaim this space.
- Solidify the financial position of the AAFPRS. No entity can survive without solid financials. Especially in this time of COVID, it is critical to focus on the financial stability of the AAFPRS.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

My experience in growing a thriving private practice, my involvement with young residents and facial plastic surgeons, my academic career, and my involvement with and commitment to the AAFPRS, have prepared me to identify candidates who will be well suited to achieve the critical goals I have noted above.

Louis M. DeJoseph, MD

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



Two experiences come to mind; first of which is being an AAFPRS fellowship director. In this position, I am privy to the challenges, issues, and concerns of our newest and youngest members. The intimate and continual perspective this relationship provides will help me anticipate needs and opportunities and, most importantly, ensure we "meet the mark" for the future of our Academy. Truly, I learn as much from them as they do from me. Secondly, I co-chaired the AAFPRS Fall Meeting in Phoenix in 2017. The interaction required with all our members both young and seasoned was a rewarding and an eye-opening experience to the wealth of knowledge along with the challenges that face our Academy.

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

To have an unbiased, eyes-open approach to choosing our leadership that reflects our core values and always positions our Academy as the world leaders in facial plastic surgery.

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

- Inclusion. Participation in our Academy needs to be collective not exclusive. There is a wealth of knowledge in our ranks that would love to share it.

Continued...

ELECTION INSERT 2020

• Membership and value. These two issues go together in my opinion. We must constantly strive to add value to the experience, in turn growing our membership. This is accomplished with innovative education, thoughtful leadership, and real-world guidance and answers to our daily practice of facial plastic surgery.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

Provide meaningful assistance and education for our members practicing two years or three decades alike. We achieve this by combining leadership that understands modernization along with seasoned voices that know the battles we have fought. We always need to be regarded as the "go to" resource for facial plastic surgery for our members and the rest of the plastic surgery community.

Vishad Nabili, MD

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

As vice chair of academic affairs in our Department of Head and Neck Surgery at UCLA, I serve the role of guiding our faculty with their advancement and promotions in academia. This role requires a critical understanding of the criteria needed to successfully reach tenure. Having this background will help my role in nominating individuals for certain positions or guide their advancements in the AAFPRS.



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

The future of the AAFPRS lies in its membership standing and inspiring future leaders to consider roles in the Academy. This position is vital to make sure that we really promote, mentor, and guide our mid-level and junior members to play an active role in the Academy by considering committees and being up for nomination. The Nominating Committee needs to balance selection of current well-established members to leadership positions and also recruit and mentor the next generation of leaders.

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

- Recruitment of more new members.
- Retention of ABFPRS diplomates who may not have kept their AAFPRS membership or other previous members.
- Maintenance of these new and current members to stay with the AAFPRS for the long term.

Our future success and our strength lie in our numbers. An Academy wide focus on ways to recruit, retain, and maintain our members is key.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

Being on the Nominating Committee affords the opportunity to bring individuals into leadership positions, who can inspire others with a transformational vision focusing on recruitment, retention, and maintenance of membership to keep our Academy strong. It is my hope that the AAFPRS focuses on a membership improvement campaign and my role on the Nominating Committee will be to ensure that we select and nominate individuals with this similar ethos.

Jennifer Parker Porter, MD

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

I started my career as an academician and transitioned to running a private practice over 17 years ago. As a result, I understand the experience of both. Through the years, I have significantly grown my private practice and successfully navigated it through a recession and now a pandemic; I understand how to rise to the top amidst adversity. I currently serve on the Washington Area Women's Foundation Board, have served on a Capital Campaign Committee, as well as an Independent School Board, and the Board of my church. I have the ability to work well in groups and provide valuable input as to the needs of the organization.



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

Awareness of the membership at large and abilities/skills of those at various levels of practice. As a member of the Nominating Committee, I will think outside the box to seek out nominees with diverse opinions and backgrounds so that the Academy can address the needs of all of its members.

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

- Lack of diversity of the membership is one of the key issues facing the Academy. Increasing diversity will lead to creativity and more engagement by the membership.
- With the publication of the guidelines in our journal, the AAFPRS has an opportunity to emerge from the COVID pandemic as a source for leadership and knowledge and expand on this momentum.
- Increasing the value of the membership will help to recruit those members that have fallen by the wayside.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- Add value to the membership by expanding the members only benefits and making the membership aware of these offerings.
- Consider alternative ways to ensure a revenue stream in the virtual state and fund the necessary operations of the Academy to help grow the membership and ensure the solvency of the organization.
- Continue to innovate meeting formats to attract a wide swath of attendees.

ELECTION INSERT 2020

William H. Truswell, MD

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

- President, ABFPRS
- Past president, AAFPRS
- Treasurer, AAFPRS
- Eastern regional representative, AAFPRS
- Many AAFPRS & ABFPRS committees as member or chair



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

- The Nominating Committee has one of the most important duties of the AAFPRS. The committee must consist of fellows who have a maturity in and wisdom of the Academy, the Foundation, and their missions.
- As a committee it must be attentive to inclusiveness and diversity of age, gender, ethnicity, practice type, and geography.
- To the point above, committee members must have familiarity with a large swath of the membership and be able to understand the need to avoid personal favorites.

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

- As a result of COVID-19, it was necessary to cancel the Rhinoplasty Course this Spring. This was a huge financial blow to the Academy's well-being.
- The number of competing meetings grows every year. Many of our senior and popular speakers participate in these meetings and their presence draw attendance away from AAFPRS meetings and courses. This year one of our largest competitors has rescheduled their spring meeting in Las Vegas to the exact dates of our Fall Meeting, and many of our members are participating. It is imperative if not existential that this culture change.
- The membership needs to keep a watchful eye on present circumstances and look to the future.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- The AAFPRS must continue to educate the public, governmental regulatory agencies (state, local, and national), and professional medicine that we are the rhinoplasty experts, the aging face experts, the facial reconstructive experts.
- Financial stability and independence remain perennial goals.
- We must continue to emphasize that the three pillars of the Academy are education, advocacy, and membership. No other organization will speak for and defend our specialty in the arenas of professional medicine, government regulatory agencies, and the public forum.

Andrew Alex Winkler, MD

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

- Member, AAFPRS (2003-present)
- Chair, Fellowship Committee (2015-present)
- Chair, Young Physicians Committee (2012-2015)
- Immediate past-president, Colorado ENT Society (2018-2020)
- Member, Board of Directors of the Colorado ENT Society (2014-2018)
- AAO-HNS Board of Governors Region 8 Representative (2019-present)
- AAO-HNS State Trackers, Colorado (2016-present)
- Associate professor, University of Colorado School of Medicine (2008-present)



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

The Nominating Committee is responsible for recommending individuals to leadership positions within the AAFPRS governing body. This position requires one to have an extensive knowledge of the committees within the AAFPRS, as well as how to work within committees more generally. It is important to pursue individuals who will perform their duties diligently and without compensation.

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

- Education modalities. In this period of contracting economy, impediments to travel and improving virtual technology, it is incumbent upon the AAFPRS to change with the times. We must strive to offer the most up-to-date educational delivery, including high-quality webinars, virtual meeting participation at national meetings and expanded online content.
- Market share. The number of facial plastic surgery fellowship programs and graduating fellows has grown steadily. Our expanding numbers provides a leverage opportunity to improve our market share of facial plastic surgery in the U.S. Strategies include expanding current public-facing outreach programs and marketing in a cost-conscious manner.
- Worldwide leadership. The AAFPRS is proudly the most well-established facial plastic surgery organization worldwide. Furthermore, we have the most robust, structured and diverse fellowship program in the world. This provides U.S. facial plastic surgeons an opportunity to give guidance, leadership and training to surgeons from other countries, which in turn, increases the global influence of the facial plastic surgery.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

As a member of the Nominating Committee, I will strive to promote a diverse group of individuals in an unbiased fashion who are committed to collaboration in furthering the interests of the AAFPRS. Service to the AAFPRS has been one of the most satisfying aspects of my career and I am humbled to have the opportunity to continue this work.

ELECTION INSERT 2020

AUDIT COMMITTEE

Nominated to serve on the Audit Committee are Jaimie DeRosa, MD, of Boston, MA, and Timothy Doerr, MD, of Rochester, NY. Audit Committee members serve one, three-year term.

Jaimie DeRosa, MD

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

- Co-director, AAFPRS Annual Meeting (2017)
- Member, ABFPRS Written Examination Development Committee (2006-2015)
- Member, ABOto Task Force on New Materials (2008-2011)
- Guest alternate oral examiner, American Board of Otolaryngology (2011)
- Guest oral examiner, American Board of Otolaryngology (2012, 2013, 2017, 2019)
- Guest oral examiner, ABFPRS (2018 and 2020)
- Member, ABFPRS Longitudinal Assessment Protocol Development Committee for the FACE Forward Program (2019-present)
- ENT Utilization Review Committee, Massachusetts Eye and Ear Infirmary (2009-2013)
- ENT Occurrence Screening Program, Massachusetts Eye and Ear Infirmary (2010-2013)
- Provider Excellence Subcommittee for Steering Committee for Quality, Massachusetts Eye and Ear Infirmary (2010-2013)
- MEEI OR Committee, Massachusetts Eye and Ear Infirmary (2010-2013)
- Founder and CEO of Multi-State Facial Plastic Surgery Clinic in Boston and Palm Beach County



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

- Make sure that the AAFPRS maintains financials properly and that funds are appropriated correctly to assure the financial health of the Academy.
- Annual review of the financial audit of the Academy.

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

- Membership. The trend for decreasing membership of the AAFPRS for facial plastic surgeons needs to be reversed. We do not always understand or see the work the AAFPRS does for us on a national and state level. Having liaisons within our Academy who can advocate for us for issues such as state taxes on 'cosmetic surgery' and, currently for Massachusetts surgeons, working with the state government to allow us to perform surgery, is invaluable.
- Unity. Division within the Academy does not help us as facial plastic surgeons, especially since we are such a small group of surgeons, compared to the general ENTs and plastic surgeon colleagues.
- Development. We need to make sure that our Academy and leadership continually reevaluate opportunities to stay current and evolve as a group. In the past several years, steps have been taken in a positive way to improve our Annual Meetings, as well as to use podcasts for 'virtual' learning.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

See answers to the previous question.

Timothy Doerr, MD

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

Twenty years in academic facial plastic surgery has allowed me to hold many leadership roles including otolaryngology residency program director as well as secretary of University's Medical Faculty Council. Currently, I am ambulatory medical director for the Department of Otolaryngology managing operations for our 30+ clinical faculty and providers. I also sit on the Finance Committee of the Medical Faculty Group, which oversees the finances of its 900+ physicians.

As an AAFPRS member since residency, I have been privileged to serve on many committees: FACE TO FACE, Fellowship Research Review, Specialty Surgery (Craniofacial Subcommittee chair), CME, and Emerging Trends. I have also promoted facial plastic surgery in the AAO-HNS as well as in the AONA and AO International where multi-specialty collaboration is celebrated.

I am confident these experiences have prepared me for the Audit Committee.



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

- Serving on the AAFPRS Audit Committee carries the important responsibility of overseeing the financial well-being of this proud organization. The Audit Committee needs to ensure that the AAFPRS is run in a fiscally sound and transparent manner. The Audit Committee must be responsive to the needs of all of the AAFPRS members and provide the value members seek.

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

- COVID-19 has highlighted the need for changes in the way that we provide education to our members. The organization has the opportunity to use new technology to cement itself as the true educational leader in the field.
- AAFPRS needs to be able to show real value in a time of declining discretionary budgets to keep and ultimately grow its membership.
- The AAFPRS must cultivate the involvement of medical students and otolaryngology residents to create a diverse vibrant organization that will advance the field for all patients. Directed scholarships and grants can help accomplish this goal.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- The AAFPRS must hone its focus to provide high-value meetings that cover the breadth of this specialty. By enjoining all our experts, we can make our meetings "must see" events.
- The AAFPRS must partner with the AAO-HNS. This collaboration celebrates our roots, enhances our institutional profile and will ultimately provide our future leaders.

ELECTION INSERT 2020

SOUTHERN REGION CREDENTIALS REPRESENTATIVE

Nominated for the Southern region credentials representative are J. David Holcomb, MD, of Sarasota, FL, and Angela K. Sturm, MD, Houston, TX. The Southern region credentials representative serves a five-year term.

J. David Holcomb, MD

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

I have had the benefit of various experiences during my 20 years thus far in post AAFPRS fellowship practice including:

AAFPRS

- Fellowship Curriculum Subcommittee (2014-2018)
- Chair, Regulatory and Socioeconomic Affairs Committee, (2015-2019)

Sarasota County Medical Society

- Board of Censors, Credentials Committee (2004-2006)
- Board of Governors (2006-2010)
- President (2010)

Physicians Indemnity Risk Retention Group

- Board of Directors (2008-2020)
- Executive Committee (2010-2020)
- Risk Management Committee (2010-2020)
- Claims Committee (2010-2020)
- Secretary (2010-2012)
- Vice president (2012-2020)

Principal Investigator

- Helium Plasma Dermal Resurfacing (double pass) (2020-present)
- RF Assisted Lower Eyelid Rejuvenation (2019-present)
- Helium Plasma Dermal Resurfacing (single pass) (2018-2019)
- BoNTA/A-DP for glabellar lines (2015-2018)
- Others
- Vice president, Physicians Armor Insurance Services (2019-present)
- Consultant, InMode, Suneva Medical, Apyx Medical
- President, Holcomb-Kreithen Plastic Surgery and Medspa (2014-present) (formerly Holcomb Facial Plastic Surgery 2000-2014)
- Written Exam Development Group, ABFPRS (2004-2007)



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

- Embrace diversity in screening potential members' qualifications.
- Ensure appropriateness and completeness of qualifications to become fellows, members or international members.
- Maintain strict confidentiality regarding all related correspondence, interviews, and supplementary materials.

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

- Maintenance and growth of Academy membership.
- Encouragement of members' participation in didactic and social events and in advancement of patient care through basic science and clinical research.
- Continuous re-credentialing of facial plastic surgery to the public.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

- Maintain and grow Academy membership with multifaceted membership strategies.
- Encourage members' participation in destination meetings (when able) and virtual forums through greater use of short presentations and interactive formats.
- Enhance and maintain public awareness of unique practice focus and qualifications of facial plastic surgeons through public relations and multimedia re-credentialing efforts.

Angela K. Sturm, MD

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

As the medical staff president for a local hospital, I led the Credentials Committee in reviewing applications and conducting investigations for privileges, as well as identified physicians for leadership roles and appointed positions. In addition, reviewing applications and interviewing applicants for fellowship and residency positions has allowed me to develop the skills to interview effectively and identify optimal applicants, as well as future leaders.



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

The Credentials Committee has a key role of ensuring that the AAFPRS membership not only maintains itself as the robust and highly trained group of physicians that it has always been, but also grows to be representative of the increased diversity in order to adequately represent facial plastic surgeons, add to the depth of our knowledge and inspire people of all kinds to become facial plastic surgeons and seek leadership roles.

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

- The COVID-19 pandemic presents a critical point for AAFPRS. As some of the highest risk physicians, but also in the position of performing elective surgeries, we have a unique position to be on the cutting edge of safety, surgery and the health of our businesses.
- The AAFPRS should capitalize on the extensive efforts that the members are making for their patients to make the public more familiar with what a facial plastic surgeon is and what sets us apart from other specialties.
- The need for diversity in the AAFPRS has been acknowledged by our leadership and this should continue to be developed to further broaden our experiences, perspectives, and role models for young surgeons.

Please indicate what goals you would like the AAFPRS to strive to achieve and how you would help to advance such efforts.

The AAFPRS should strive to be leaders in surgical techniques, business development, and equality. By engaging and learning from a more diverse group of physicians not traditionally involved with new online modalities, the AAFPRS membership can grow, be more invested and advance the field in meaningful ways.

2020 PROPOSAL TO AMEND ACADEMY BYLAWS

PROPOSAL #1

The proposed amendment's text changes would add a new Article IX Section 10 as written below and would also result in:

- The new Board "Group Vice President for Diversity and Inclusion" officer position (and the related "Group Vice President for Diversity and Inclusion-elect" ex-officio member position) to be added to the list of members of the executive committee as outlined in Article VIII Section 11 Executive Committee—and would change the executive committee quorum in that same Article VIII Section 11 from four to five executive committee members; and
- The re-numbering accordingly of the current Article IX Sections 10 through 16 to now be numbered Article IX Sections 11 through 17.

Proposed new Article IX Section 10:

Article IX OFFICERS

Section 10. Group Vice President for Diversity and Inclusion

The group vice president for diversity and inclusion shall be responsible for the supervision and direction of all the Academy's efforts toward making diversity and inclusion core organizational values through fostering the growth of diversity within the membership and leadership; ensuring diversity in the AAFPRS educational programs; promoting health equity; developing members' cultural competence; cultivating authentic organizational inclusion activities to make sure that each of our valued members do not feel marginalized, including, but not limited to, younger physicians, women, ethnic/racial minorities, and LGBTQ members; and shall provide liaison to the AAFPRS Foundation in those fields. In order to achieve these efforts, the group vice president for diversity and inclusion shall be advisory to all Academy and Foundation committees, inclusive of the nominating committee; will support diversity and inclusiveness among all individuals, groups and industry companies with which the organization interacts, collaborates and partners; will advocate for mentorship and leadership development for members who are underrepresented in Facial Plastic and Reconstructive Surgery; and will advise the FACE TO FACE committee in matters related to health equity and will lead the Academy's efforts to engage with under-included communities. The group vice president for diversity and inclusion shall serve a three-year term and may only serve one term in this office.

Reason for 2020 Proposal # 1 Academy Bylaws Amendment:

In March of 2017, the Board adopted a formal strategy of fostering, recognizing and leveraging diversity and inclusion among all valued members across all aspects of the AAFPRS Academy and Foundation—so as to attain better member engagement and benefits, while advancing more innovation and creativity in our Academy and our Specialty. This strategy has already yielded many positive advancements, including: more diverse elected and appointed leaders; better genuine engagement of all our diverse members (inclusive of our young physicians and female members); and adopting a call for presentations at all AAFPRS conferences, yielding greater idea generation in our education programs and a dramatic expansion of member engagement at the podium across the full diversity and lifespan of our membership (while achieving exceptionally high education rating scores).

So as to further build upon the above foundational actions in this important arena, an AAFPRS Diversity and Inclusion Task Force was launched last October 2019, with a charge to identify the most powerful additional recommendations to further formalize the Board's organizational strategy around engagement, diversity and inclusion. After researching many of the best diversity and inclusion practices that other medical associations and professional societies (as well as other medical and non-medical entities) are engaging in, the Task Force has put forth the above Proposed Bylaw Amendment as the most impactful next step for the Academy to take to further advance diversity and inclusion, as both core values for the AAFPRS *and* as a business imperative for the Academy and Foundation too.

By passing the above proposed Amendment, the Academy would be strategically raising the visibility and actionable importance of diversity and inclusion to the Board governance level, thereby positioning the AAFPRS to continuously:

- Assure that we will further imbed diversity and inclusion in all we do as an organization;
- Better strengthen, diversify and grow the meaningful engagement of all AAFPRS members, while taking proactive steps to safeguard against any members feeling or being marginalized;
- Retain and grow our membership, while advancing cultural competence among our members and fostering greater equity for all;
- Leverage the value of our diversity to produce greater creativity and innovation that will benefit the Specialty, the AAFPRS, and each Academy member and the patients they care for;
- And ultimately enable the AAFPRS to actualize a more relevant, diverse and inclusive Academy member experience that will drive a thriving and more equitable future for our Specialty.

PROPOSAL #2

The proposed amendment's text changes appear **underlined and in BOLD** (with eliminated text **underlined and in BOLD strikethrough**):

Article XI, Section 1 (c) of the Academy Bylaws would be amended by adding and deleting the following identified text:

Article XI ELECTIONS

Section 1. Nominations

(c) Additional nominations for the various offices may be made, with prior written consent of the nominees, by one or more written petitions **of ten signed by at least five percent of the voting members in good standing and** received by the secretary by June 1 prior to the annual meeting. By August 1 notice of additional nominees will be mailed to the members.

Reason for 2020 Proposal # 2 Academy Bylaws Amendment:

The above proposed language change increases the minimum number of voting members in good standing required to be able to add an additional nomination for office by petition from ten (10) voting members in good standing to petitions signed by at least five percent of the voting members in good standing. Given the positive, growing and widening scope of diversity within the Academy's membership (including, but not limited to, professional practice, gender, ethnic, race, age, etc...), increasing the number of voting members in good standing required to add a nomination via petition further assures that such action incorporates a wider representation of our diverse membership in order to put forth an additional nominee(s). The above suggested petition threshold of five percent for an additional nomination for office is also consistent with the already existing AAFPRS Bylaws (Article XIII, Section 3) five percent petition threshold required for members who are eligible to vote and may wish to call a special meeting of the membership via petition.