

Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

WALKING A MILE IN THE SHOES OF FELLOW AAFPRS AFRICAN AMERICAN MEMBERS

by Jennifer Parker
Porter, MD, FACS

To walk a mile in someone else's shoes requires you to understand their journey and their experiences.

Racial injustices toward African Americans have been present for centuries and have impacted those in the medical community as well. This systemic racism is present in all aspects of our daily lives, including our experiences in the work environment. Earlier in June, the AAFPRS Board issued a **Board Statement on Fighting Injustice and Encouraging Inclusivity**. Among the various important comments made within that statement, the Board said, “*We would like to reach out to our Academy community and to our members who have suffered the effects of racism to offer unwavering support and empathy for the pain and anguish endured. It is our individual and collective responsibility to be change agents.*” I wholeheartedly agree with those powerful sentiments—inclusive of the call for us all to be understanding and supportive of each other and to be change agents in advancing fairness, inclusion, and equity, while actively opposing acts of oppression, exclusion, brutality, and racism in any form. The key to our Academy family working together, where racial injustices toward African Americans is concerned, is for AAFPRS members of all backgrounds to better understand the journey and the experiences of their African American colleagues and friends. Thus, what follows is a glimpse into the encounters that some of the African American members of the AAFPRS have faced, both within the medical setting and in their personal lives. These snippets show the pervasiveness and variety of ways racism impacts our lives—and I invite you each to walk a mile in our shoes...



- **I will begin with my own story.**
- I have had numerous experiences of blatant racism throughout my life. As a little girl growing up in the 1970s, I had befriended a young white girl while playing in the pool on vacation, only to be told the next day that her mother said she can no longer play with me because I am black. A Jewish friend in elementary school, that I had known for years, told me that I could not come over to her house because her “grandmother is there and she doesn’t like black people.” In the beginning, when these things would happen, I would go home and cry to my parents. After a while you become numb and you learn to brush it off.
- Fast forward to medical school and residency, many white patients told me to my face that they wouldn’t want a black doctor, while others were more covert. As an intern, on more than one occasion, I encountered patients that told derogatory jokes about black people. As a resident, I was pulled over by the police one night for not coming to a complete stop at a stop sign—hands on the dashboard, light shining in the car, guns drawn. Needless to say, I was shaken. As an attending in Houston, my family lived next door to an elderly white woman that refused to speak to us for four years because we were black. While these were all situation of obviously racist actions, there are so many others that are nuanced or due to implicit bias.

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PRESIDENT'S MESSAGE: FOSTERING



My first exposure to racial tension was at the age of 4 when I could see the buildings burning from our house in Detroit during the 1967 riots. I didn't really understand what was going on, except that there were fires, curfews, and my Dad drove to work through the army tanks dispatched to the streets during martial law. The next year, halfway through Kindergarten, we were introduced to a new group of students that were bused in from schools in an effort to desegregate the districts and to try to raise the quality of education for children in all-black neighborhoods, where schools were not as well funded. One day, a classmate told me that her mother wouldn't like me because I was white. Fortunately, when I told my parents what she said, they explained that her mother was sad and mad because of the unfair way that black people were often treated by white people. I don't remember the exact words, but I do know that I felt empathy and compassion for the girl and her mother, rather than anger or fear.

I knew then on some level, and now on a deeper level, that my life has been much easier because of a simple thing as the color of my skin. It moves me to tears when I imagine having "the talk" with my son about how not to get killed if you are pulled over by a cop. I will never have to worry about him getting followed around a store or shot for doing something innocuous because he "looks like someone who might commit a crime." I won't have to worry that someone will doubt his credentials because of the color of his skin.

Many individuals in our society and in our own organization, have not been so fortunate. In this issue of *Facial Plastic Times (FPT)*, three of our fellow AAFPRS members have shared their experiences with racism and discrimination. It is not easy to make yourself vulnerable when you already feel marginalized—but recent events have inspired them to speak out, and we are deeply grateful for their courage and candor. Their resolve to share these experiences is a gift to us all, as it enhances our self-awareness that such injustice has happened to people right in our midst, who are valued members of our own AAFPRS family—and it calls upon us all to fortify our commitment to support each other, wherever any of our members may encounter prejudice, inequity, or discrimination. As Martin Luther King has stated, "Injustice anywhere is a threat to justice everywhere." We must sit with the feelings and thoughts that reading these stories brings up for each of us and decide if we are going to look away or take action.

If we could distill our society into members of a family that live under one roof, what would we do if members of our family were treated vastly differently from one another. Would we stick up for the brother who was more harshly punished for the same offense as another? How about if one of our sisters wasn't sent to a school as good as the one the rest of the kids went to or was not given the same support she needed with school work that the other kids got? How would it feel to see one of our siblings berated year after year and told they would never amount to anything? If several siblings were taunting another sibling, would you join in or stick up for him? If one of your siblings got sick, how would you feel if your parents said they decided not to take him to the doctor since they chose not to provide health insurance for that child. What if you all worked at the family business but some of the kids made significantly less than the others for the same job and were never given a chance to move up the ladder? What if a few members were never included in family meetings or their attendance was made very difficult, so they

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never got to have a say in how things were going? If there was some special activity coming up, would you exclude some siblings? Would you begin to think that you deserved the special treatment you got from your parents and decide that the mistreated siblings must somehow have brought it upon themselves? Would you be willing to share in your good fortune and favor or would you like to keep the situation just the way it is? Think about it for a minute.

The stories that our members shared with us are reminders that racism and discrimination happen to people we know, love, and respect. These members may not tell us how much hurtful and demeaning systemic racism is and we never think to ask. We have come a long way since slavery, Jim Crow, and the Civil Rights Movement but we clearly have more work to do. The Civil Rights Act in 1964 ended legal segregation and employment discrimination on the basis of race. Although the Emancipation proclamation technically gave Black males the right to vote, many states prevented Blacks from voting using literacy tests and other obstacles until the Voting Rights Act of 1965. Many of us were alive before these historical acts were passed. Attitudes and deeply ingrained stereotypes don't just disappear overnight. Most of us push them down consciously or unconsciously but they are still lurking. It is part of the human condition and a pervasive theme in human history that has affected nearly all groups at some time. It is what we do with our enhanced self-awareness that is important.

Most of us do not view ourselves as racist. There is the obvious kind that we have seen on the news and throughout history that the majority of us find highly offensive. There are more subtle forms of racism that are still alive and well that pop up in conversations with friends and acquaintances. I hear folks say

that they feel that we now live in a society where everyone has the chance to succeed if they just apply themselves. But you can't hold someone back at the starting block for the first several hundred meters of an 800 meter race and call it a fair contest. The fact that we had a Black president is a sign of progress, but it doesn't mean that we live in a post-racist world. Since the Civil Rights Act in 1964 and the Voting Rights Act in 1965, conditions and attitudes have improved but there exist many legal and some illegal forms of oppression that are widely practiced such as redlining, voter purging, voter suppression, voter ID laws, gerrymandering, and exploitation of the workforce, which contributes to an ever widening wealth distribution, not to mention inequities in healthcare, education, and the justice system.

The most pervasive form of racism, however, is silence. We read about injustice and see police brutality in the news but go on with our daily lives. It seems to be something that happens in other communities to other people and since we think of ourselves as color blind, we do not see our role in it. But by not speaking out, we are complicit. As with any problem, it first takes admitting that you have one. As my self-awareness in this area grows, I realize that I haven't said or done enough to fight racism and I am not proud of that. It is time to break the cycle. I must listen, learn, talk, and take action now, while the exposure of these wounds is raw and fresh. And respectfully, I invite us all to do the same.

Listen to the experiences of someone who has been marginalized or discriminated against, such as the stories shared by our members in this issue of *FPT*. Ask someone you know who belongs to an under-represented group based upon race, ethnicity, gender, age, LGBTQ, or a disability to learn what their experiences have been. You will be surprised and

probably inspired by the challenges they face that you never considered. When someone shares with you a struggle that they face that you knew nothing about, it creates a bond and a connection. We all face struggles in life and we often think that we are alone in our suffering.

Learn as much as you can about the history of racism and various forms of discrimination in our country. I have learned and relearned more about African American history (i.e. American History) in the last few weeks than in my entire lifetime. I am viewing it with different eyes as a participant rather than as a distant observer. It's painful to watch and absorb but it's also incredibly moving. "Those who do not learn history are doomed to repeat it." Shows such as "When They See Us" and "13th" "The Uncomfortable Truth" are enlightening and sobering. Read and listen to news sites that are different from your usual sources.

It is becoming increasingly difficult to get a balanced view of what is happening in the world around us. The media tailors its content to the demographic that it is catering to. It doesn't want you to switch off, so you won't be shown too much of anything that they think you don't want to see. Our social media feeds are specifically customized by the algorithms that track our every move and see our every comment and like. We can unwittingly become prisoners of our own ignorance and bias. At the end of the day, especially as physicians who have taken an oath to "do no harm," it actually serves us, our families, our colleagues, staff, and our patients well for us to strive to learn as much as we can about any individuals who are under-represented, marginalized or discriminated against. The more we can understand and emphasize with those facing inequity and unfairness, the better we can formulate how best to help address any such problems.

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TAKE ACTION TO MAKE CHANGES

From President's Message, page 3

Talk to your friends and family about race. The conversations don't have to be too uncomfortable if you approach everyone with respect and without the end

goal of "being right." Everyone's belief system is based upon some context or experience. Your viewpoint may have a positive influence if it is backed with knowledge and expressed non-

judgmentally. You also may be very positively influenced by someone else's perspective. Being open and willing to listen and share how and why you feel the way you do will go a long way towards making positive, beneficial connections that can be transformed into productive collaborations.

Lastly, take action to make changes. Dismantling systemic racism and discrimination is challenging but not impossible if we are committed to freeing ourselves its stain. Police reform, political reform, educational reform, healthcare reform, etc. are not easy fixes—but nothing worth having comes easily. We each bring diverse perspectives to the table, and the actions I opt to take may differ from those taken by one of you. But I would observe that the key to productive, systemic culture change and to eradicating various forms of discrimination, is for us all to strengthen our mutual support and respect of each other—and to authentically resolve to take our own unique actions that, together, will meaningfully advance our world, our specialty and especially our Academy family, thereby better actualizing equality and opportunity for all. When every member of the family feels valued and treated with fairness, the family thrives and lifts each other up to new heights that can't be achieved if some benefit at the expense of others. I look forward to collaborating with my fellow AAFPRS family members along this important transformational journey!

medical leave during March. Having the questionable pleasure of living in Massachusetts, albeit a state hit hard in the Boston area but not here in the more rural western counties, we remain to this day, ordered to remain shut down.

In Phase 2, 'stage 2' we may be able to resume neurotoxin injections, laser hair removal, micro needling, etc. But the word on cosmetic elective surgery—even though we have our own accredited OR and we will not impact our hospitals ability to take care of COVID patients—is Phase 3 and who knows when that will begin. However, those individuals who protested without masks or social distancing get a wink and a nod by this same government.

So, in an effort to mitigate the continuing expenses with no income, I contacted our malpractice insurance agent who suggested suspending his malpractice insurance as long as the good doctor was seeing no patients (backdated to that February 28 date)...apparently could also apply to a reduced practice. There are also federal or state regulations regarding any cancellation of insurance premiums due to the shutdown.

At least try for a reduction in your premium during the closed weeks or months. Worked for me! Good luck. ■

Editor's Note: Lynn Truswell, JD submitted this helpful piece in mid-June and cosmetic surgery has just recently been allowed to restart in Massachusetts at the end of June.

SUSPENDING YOUR MALPRACTICE COVERAGE DURING SHUTDOWN

By Lynn Truswell, JD, Practice Manager, Easthampton, MD



Perhaps this will interest you, especially if you are a single doctor cosmetic practice like ours, shut down completely during the COVID-19 pandemic by government order. It is definitely worth a call to your agent to request a suspension/reduction of coverage (and premium payments) while not practicing or doing any surgery.

Here is a relevant paragraph I found after researching the topic:

There have been a wide range of responses from malpractice insurance companies pertaining to suspension during the COVID-19 Pandemic: from no cost during the suspension to having the premium reduced by a certain percentage. Adding a suspension endorsement to your current coverage states that you are not seeing any patients during this time, and no coverage is provided during the suspension period. There are also specific rules covering the minimum and maximum length of time for a suspension endorsement to be approved. These vary greatly among all malpractice insurance companies and you should contact your agent if you have any specific questions or concerns.

My husband, William H. Truswell, MD, a past-president of the AAFPRS, has not seen a single patient since February 28. Our nurse injector also was on

Mary Lynn Moran, MD

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PR TIPS: ENSURING PATIENT COMFORT IN THE COVID-19 ERA

States are continuing to re-open their economies, and this means that facial plastic surgeons are also in the process of assessing how best to resume treating cosmetic surgery patients again.

But everything is different after COVID-19, and this includes how facial plastic surgery practices communicate with patients, schedule patients, treat patients and market to existing and prospective patients.

First, do no harm

This basic tenet of ethical medicine bears repeating. After weeks of shelter in place, consumers are undoubtedly reticent about re-entering society and your office. Let prospective patients know that their health and safety are your first and only priorities now and always. Reassure them of this by highlighting all of the precautions your office is taking on your website and in any marketing or intake material. This includes detailing your new protocol for checking patients in with measures such as taking temperatures with no-touch thermometers, as well as your updated cancellation policies and any and all hygiene and sanitation protocols that you have implemented. If reliable antibody testing is available, some practices may institute such screening for patients and staff.

Share your stories

During the pause, many AAFPRS members donated ventilators and other life-saving personal protective equipment to health care workers on the front lines of COVID-19, while others volunteered or raised funds within their communities. Mention these acts of kindness in your e-newsletter and on your website, when and where appropriate, but only to drive more engagement to the

charity or cause, not just to spotlight your good deeds. Social media should always be a mix of educational, promotional, and fun/funny content. This is especially important during COVID-19. Use your accounts to help patients get to know the real you during this unprecedented time in our history. Personal photos can enhance the authenticity of your messaging. Social media is also a good place to spotlight pro bono activities and community support initiatives.

Rethink your photos

COVID-19 has changed everything. Make sure any promotional photos on your website or around the office depict doctors and nurses in masks and gloves when performing procedures or evaluations. Hand shaking is out and should no longer be in photos. Look at all of your photos through a fresh set of eyes to see if they pass the COVID-19 test.

Host an online event

In the past, we have used this column to suggest fun and educational ways to engage with the media in your office or by their deskside. We remain hopeful that the days of media meet and greets will return, but we are not there yet. Webcasts and Instagram live events represent new and safe ways to let journalists and bloggers know about new techniques and technologies. Consider livestreaming your safe consultations or injection processes, or give tours of your new waiting area—with an emphasis on all of the safety protocols that are now firmly in place.



Polish your telemedicine protocols

Telemedicine is here to stay and for facial plastic surgeons, this technology can be used for consultations to monitor healing after a procedure and to evaluate results and determine whether a follow-up appointment is needed. A hybrid model of tele-visits and in-person visits can help reduce waiting-room crowds and ease anxiety in the process. Make sure that your website is updated with your telemedicine protocols so prospective patients are aware that this is increasingly an option.

Look to the experts

There is no roadmap for how to reopen or which procedures will be the safest in a post-COVID-19 world. It's important to know your community's COVID-19 numbers and state and local guidance, and to understand testing availability. The AAFPRS offers a COVID-19 [online resource center](#) with information and resources that can assist our members. Make sure you watch *The New Realities of Facial Plastic Surgery: Planning for Now* with Jason Bloom, MD, and Wendy Lewis for more expert tips. This is the first of the FaceValue: AAFPRS Webinar Series and is now available on the Academy's website, www.aafprs.org/webinars. ■

Note: This column was provided by the Academy's PR firm, KELZ Media.

MESSAGE FROM THE MEDICAL EDITOR: RE-OPENING YOUR PRACTICE IN THE NEW NORMAL

By Paul J. Carniol, MD,
Medical Editor,
Facial Plastic Times



As this is being written, there is a new spike in COVID-19 cases in 19 states. According to Bloomberg News, Florida has just reported that the total number of new cases is the highest since the pandemic began. In Houston, they are considering reimposing stay at home orders. At Northwestern University, surgeons just performed a bilateral lung transplant on a woman in her 20s with significant organ injury from the virus.

A few weeks ago, the local regional Board of Health reported that two thirds of the patients hospitalized with COVID-19 were healthcare workers. A good friend who is an internist spent two weeks in the ICU with a COVID infection and another friend, a dentist, who was healthy and had recently celebrated his 50th birthday, is no longer with us.

Personally, I haven't had a haircut since February. With my curly hair you can imagine what this looks like! Furthermore, all of our cars are significantly overdue for service. Will their engines hold up?

This leads to the challenging issue: With all of the cases of COVID-19 in New Jersey, how are we dealing with the very challenging issue of opening our office?

We treat patients for a variety of problems including trauma, cancer, pediatric acquired and congenital, as well as cosmetic patients. These precautions are important for all of our patients as well as our staff.

Prior to opening our office, we spent hours reading and consulting with other physicians about COVID-19. Even with this thorough academic approach, information is unclear. For example,

as of today, does anyone definitively know how great a risk it is for fomite transmission and what precautions should be used?

Considering this, we have opened our office based procedures using precautions guided by a "preponderance of evidence." As physicians and surgeons, we usually function at a higher level than "preponderance."

For what it is worth, the goal of this month's column is to share the precautions we have implemented. Perhaps this will be helpful to you; however, each surgeon has to decide what is best for their practice.

We started with virtual paperwork before the patient arrives. A basic set of forms can now be reached and filled out by our patients with a click on our homepage. The process is user-friendly for our patients and HIPAA compliant. We review these forms prior to a patient coming to our office.

Before a patient arrives, they call us from their car. They wait in their car until we are ready for them. When a patient reaches the door to our office, they can open it using a paper towel outside the door or their hand depending on their personal preference. Yes, we have garbage cans by the door, so they conveniently dispose of the paper towels.

We are concerned that patients can have significant contagious COVID-19 disease before they develop a fever. Therefore, the next precaution is screening by history. We ask about each patient's recent past and if they had been near anyone who's had symptoms in the past two weeks. Of course, we also check each patient's temperature when they are in the reception area. Since the door in the reception area can only be opened from inside the office, patients cannot enter the office until they have had this additional screening.

In the office, we all are wearing masks and gloves. After seeing a patient, we disinfect all surfaces to diminish the risk of fomite transmission.

It has been reported that UVC kills COVID-19. In our treatment rooms we continuously run air purifiers, which utilize UVC to kill any virus that may be in the air.

Even with all of this, our specialty places us at "ground zero" in terms of our patients' faces. So, please be careful out there! Hopefully and relatively soon, there will be an effective immunization and we will all be able to resume our prior lifestyle rather than this "new normal." ■

The AAFPRS has engaged in the creation of both surgical and non-surgical guidance for your reference in re-opening your practice.

These resources are not to be construed as a standard of care or in any way legally binding—they are a collection of the latest information from reliable references, as well as real world discussions among our members about obstacles and conditions they are facing. Both guidance resources have been reviewed and approved by the AAFPRS Board to be shared for your consideration, and to be tailored and utilized in light of federal, state and local directives related to COVID-19 conditions where your medical practice is located—in conjunction with your prudent and ethical medical judgement regarding the unique condition of each patient, within the distinct circumstances of each practice setting.

HUMANITARIAN MEDICAL MISSIONS AMID COVID-19

By Manoj Abraham, MD, FACE TO FACE Committee Chair



COVID-19 has had an impact on facial plastic surgeons in big and small ways. From changing the way we see our patients, operate, and run our practices, we've all had to adapt as we adjust to the new reality. Unfortunately, some things that were routine pre-COVID are just no longer possible—a prime example, humanitarian medical missions.

Having completed a successful FACE TO FACE medical mission to Ethiopia in January with Dane Barrett, I was looking forward to the next trip with Joe Rosso to a new site in Chennai, South India in March. However, as COVID infections surged, global travel ground to a halt and borders closed, it became clear that this humanitarian mission would become one of the casualties of the pandemic. As New York became the epicenter, we did not want to risk bringing COVID to our host country. Despite all the planning and coordination that went in to setting up the trip, the possibility of forced quarantine and not being able to re-enter the United States made the decision to cancel a painful but easy one. So where are we now a few months later? The COVID problem has not yet been solved and will likely not be for at least another year until we have a reliable vaccine or herd immunity is achieved. Travel is slowly resuming and borders are reopening, but is it "safe" to go? Ultimately, this decision will come down to: are we doing

no harm to ourselves, to our hosts, and to the patients we seek to help?

As we resume our surgical practices here at home and figure out best practices for COVID testing, use of personal protective equipment (PPE) and appropriate disinfection protocols, we may feel comfortable replicating the same process on a medical mission. There will need to be precautions taken. Social distancing will need to be maintained by team members, which may take away from some of the camaraderie and opportunities for social bonding—typical of these missions. A smaller footprint may be reasonable to consider, with only essential personnel going. On site screening days, with large crowds of patients and family members, will clearly not be advisable for fear of spreading the virus—having trusted local physician partners who can pre-screen patients will be necessary. When operating, having appropriate testing, PPE, and sanitizing will be critical. Contingencies in case team members become sick with COVID will need to be carefully mapped out in advance.

With the COVID pandemic continuing in the United States, and with new hot spots flaring especially in Central and South America, we are certainly not

ready to resume medical missions in the immediate future. But this is not the time to loose steam, especially when there is so much need both locally and all over the world. The partner organization I work with—Healing The Children NorthEast (HTCNE.org)—has been donating our accumulated medical mission PPE and volunteering with local food banks to feed the hungry. We have stayed connected with host teams using apps such as WhatsApp and Telegram. To continue the educational component, we are planning "virtual missions" where educational content can be shared remotely using the ubiquitous Zoom and other conferencing tools.

It is a frustrating moment in time but will certainly pass. The techniques we use now to stay engaged with those in need will help establish deeper connections that will most certainly pay off in the long run when we are able to safely resume our face-to-face mission work. Please share your creative ideas on how to stay connected during this time.

For more information about the Academy's FACE TO FACE program, please contact me, manoj_abraham@hotmail.com, or Karen Sloat, senior consultant of the AAFPRS, ksloat@aafprs.org. Stay safe! ■



INTERNET RESIDENTS PROVIDING COVID TESTING AT MEKELLE UNIVERSITY HOSPITAL IN ETHIOPIA. PHOTOS COURTESY OF THE MEKELLE UNIVERSITY TWITTER ACCOUNT.

INDIA TEAM COMPLETES SURGICAL MISSIONS IN INDORE AND UJJAIN

By Lauren Lawrence, MD, and William Harris, MD

During the second half of January 2020, a FACE TO FACE team led by AAFPRS members Matthew Johnson, MD, and Ryan Winters, MD, traveled to Indore and Ujjain, India. This trip was performed in partnership with The India Project with the goal of alleviating the burden of cleft lip, cleft palate, and other craniofacial deformities in this underserved patient population. This was Dr. Johnson's fifth year and Dr. Winters' third year traveling to Indore to provide their expert services. The team had volunteers from across the United States, including New York, Texas, Illinois, and Louisiana, and was comprised of AAFPRS surgeons, otolaryngology residents, anesthesiologists, nurses, and administrative coordinators.

Many of the patients came from tribal/undeveloped areas of the country and traveled a great distance, often multiple days, to obtain expert care from the team. With the help of local volunteers, the screening day in each city was a great success with nearly 1,000 patients screened across the two sites. Around 25 surgeries were performed and reported to the FACE TO FACE database. Several cleft lip and palate surgeries were performed, both primary and revision. Other conditions treated included vascular malformations, traumatic and congenital deformities, and other defects or lesions of the head and neck.

Partnership with local surgeons in both Indore and Ujjain allowed the team to perform large and

complex cases that require close follow up and even some secondary procedures. Coordination with the local volunteer organizations, hospital staff, and other providers was instrumental in helping to deliver quality care and allowing for postoperative follow up. The same team of surgeons has also committed to ongoing service in this area, which will allow for future care and follow up next year.

Patient data was uploaded into the FACE TO FACE database, a web-based tool that allows for the tracking of patients and ensures appropriate follow up and care. A tremendous group of dedicated volunteers and resources provided by FACE TO FACE and The India Project helped to ensure that the trip was a success.

Planning for next year is already underway, with ongoing efforts to expand. To get involved with charitable programs or to make a donation to the FACE TO FACE or The India Project, please visit both online: www.aafprs.org and www.indiaprojectinc.org. For more information on FACE TO FACE and to find out about future missions, contact Karen Sloat, senior consultant for the AAFPRS Foundation, ksloat@aafprs.org. ■



WEBINARS AND CME

With the AAFPRS Spring Meeting at COSM in Atlanta and the Advances in Rhinoplasty Meeting in Miami canceled due to the COVID pandemic, the AAFPRS has sought to re-invent portions of the programs to provide a valuable educational opportunity by live webinars.

The first session, Essentials in Facial Plastic Surgery, Part 1 was held on June 24. The virtual event was presented at no cost to members and offers participants the opportunity to claim 1.25 CME credits. This course has been a very popular comprehensive review for almost two decades. It is designed specifically for our residents and taught by our experienced surgeons to cover all aspects of facial plastic and reconstructive surgery.

Along with moderator Deborah Watson, MD, professor and program director from the UC-San Diego otolaryngology-head and neck surgery program and co-chair of the Spring Meeting, three esteemed Academy members shared their years of experience with the participants. The panelists included:

J. Randall Jordan, MD, professor and vice-chair of the Department of OTO-HNS at the University of Mississippi Medical Center. He is fellowship trained in facial plastic surgery and has additional training in MOHS surgery, which has contributed to his expertise across many aspects of our field.

Ryan Oroscio, MD, received his fellowship training at Stanford in head and neck surgery, robotics and microvascular reconstruction. He returned to San Diego to join UCSD's otolaryngology-head and neck surgery faculty group and has launched exciting research in robotic surgery.

See *Extended Deep Plane*, page 11

EMERGING TRENDS AND TECHNOLOGIES: ADVANCES IN FACIAL FEMINIZATION SURGERY

By Jeffrey S. Jumaily, MD, Member, Emerging Trends and Technologies Committee



Patients with gender dysphoria have long existed in our communities, but in recent years, the issue of transgender health has come to the forefront. In our field of practice, we often encounter patients who have dysphoria from the appearance of the face. The image in the mirror is discordant with the gender identity and are often misgendered by the public. We will focus our discussion on the feminization of faces as it tends to be more common. Anatomists and surgeons have long studied the gender differences of soft tissues and bony skeleton in facial features. The early work by Ousterhout, particularly his 1987 paper regarding forehead feminization and other subsequent publications, have laid the ground work for this subspecialty. In my training at Boston University, I was more familiar with the work Dr. Spiegel presented in his Triological Society thesis. His work outlined the modern way to look at faces and how our brains interpret gender beyond anthropology and fixed golden ratios.

The feminization of a face requires attention to every part: hair, hairline, forehead, eyebrows, nose, cheeks, lips, jaw and neck. In a nutshell, a typical feminine face has a lower rounded hairline, absence of eyebrow bossing, arched eyebrows, open bright eyes, small rotated nose, defined cheek bones, short upper lip, good lip volume, small chin, and soft jaw angles. Procedures over the past 10-15 years have varied between surgeons.

The recent changes in facial feminization surgery (FFS) have come in the way of aesthetic changes as well as technological

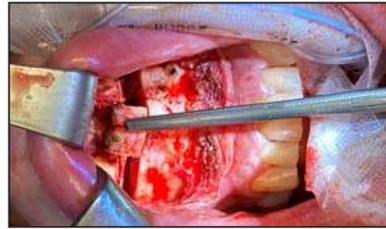
changes. One aspect of this is jaw surgery. Contouring is achieved with a multitude of techniques. Also, the specific location and quantity of the resected bone and location of the osteotomies did shift slightly. In the past, there had been a demand for aggressive jaw resection procedures. Today, many of my patients no longer wish to lose the mandible angles completely. Instead, the focus is on chin contouring while maintaining some of the lateral and posterior definition of the jawline. 3D models and computer modeling have come very handy in planning these procedures. The software can be tricky to use but it allows for preoperative planning and patient education. We find this quite helpful in our practice. Cost can be an issue as some of the software and printing is quite expensive.

Absorbable plates and screw systems have been developed. These can be used in the non-weight bearing forehead reconstruction. These plates dissolve over several months. Although thin titanium plates are rarely palpable, some patients prefer no long term hardware. Absorbable plates are malleable and easy to use but do require special equipment and specific training.

I wrote a short piece in this publication a few months ago about the use of ultrasonic bone aspirator (UBA) for FFS



CT IS USED FOR PREOPERATIVE PLANNING TO MEASURE AND PLAN THE BONE CUTS (LEFT). ULTRASONIC BONE CUTTING TO MAKE PRECISE BONE CUTS WITHOUT SOFT TISSUE TRAUMA IS SEEN BELOW.



procedure. The drills and saws are advantageous in speed. The UBA devices are more time-consuming but they are safer to use in narrow areas where soft tissue damage should be minimized. They are expensive pieces of equipment with expensive disposables but well worth the added expenditure.

Ultimately, facial feminization surgery, even with the newest tools and gadgets, requires all the skills and aesthetic judgement of an excellent facial plastic surgeon. These procedures are rarely encountered in typical training programs and there is a learning curve so experience is key. The transgender community is a very educated and intelligent group who seek excellent surgeons with the newest and best advances in the field. Our goal as facial plastic surgeons is to remain on the forefront of technology and strive for the best results for our transgender patients. ■



BOARD STATEMENT ON FIGHTING INJUSTICE AND ENCOURAGING INCLUSIVITY

We are an Academy of surgeons from diverse backgrounds and we stand together against brutality and injustice, such as that endured by the African American community for untold years. While incremental civil rights victories have been achieved, recorded video of recent events has implored all of us to bear witness to the inhumanity of persistent and recurrent injustices. The murder of George Floyd by police officers in Minneapolis on the heels of the delayed arrest of the individuals who murdered Ahmaud Arbery, as well as the murder of Breonna Taylor, compels every one of us to stand up for justice and to eradicate pervasive racism in all its forms.

Our Academy strives to advance fairness, inclusion, equity, and peace, while actively opposing acts of oppression, exclusion, brutality, and racism in any form—and we must authentically combat systemic discrimination, racism, and intolerance within our larger society and institutions.

To complement recent Academy priorities for engagement and inclusion that begun over the

past four years, the AAFPRS Task Force for Diversity and Inclusion was created last Fall in order to make recommendations for additional purposeful culture change within our Academy—ensuring that we are advancing meaningful engagement and inclusion among all in our diverse membership. We will soon be asking for your support to institutionalize our commitment to continuously enhance and safeguard that our culture is truly inclusive and representative of all members. In the meantime, we would like to reach out to our Academy community and to our members who have suffered the effects of racism to offer unwavering support and empathy for the pain and anguish endured. It is our individual and collective responsibility to be change agents.

The stories featured in the news lately are not unique or

removed from members of our Academy family. As you may recall, Lamont Jones, MD, shared his harrowing story of hope, faith, and courage in the face of his COVID-19 infection in the last issue of *Facial Plastic Times*. He has now offered to share his account of his own experience with a grossly unjust system that nearly destroyed his life simply because of the color of his skin ([click here](#)).

We thank Lamont for once again putting a face to the suffering we must address as individuals and collectively. Additionally, we call upon our AAFPRS family to work together to fight injustices wherever they may exist, while assuring our Academy is an authentic place of inclusion for every one of our diverse members, colleagues and friends.

With hope for the future, your Board. ■

EXTENDED DEEP PLANE FACELIFT

From Webinars, page 9

Jacqueline Greene, MD, completed her fellowship training at Harvard/MEEI with an emphasis in facial nerve reconstruction. As faculty, now at UCSD's otolaryngology program, she uses her expertise to treat facial nerve disorders and facial paralysis through facial reanimation surgery, facial nerve repair, and nerve transfers.

On June 27, "Extended Deep Plane Facelift and Necklift: Indications, Technique, Longevity and Risks," was presented by Andrew A. Jacono, MD. Moderated by Edwin Williams, MD, this webinar focused on an advanced understanding of the complex anatomy of the SMAS and soft tissues of the face primarily using surgical videos to enhance learning. No charge to members, this offers you 1.5 CME credits.

Dr. Jacono is a global authority in the field of facial plastic and reconstructive surgery practicing in Manhattan. He is known for his original, advanced approach to non-surgical and minimally invasive facial rejuvenation techniques for a facelift, eyelid surgery, and rhinoplasty. He is associate clinical professor, Division of Facial Plastic Surgery at The Albert Einstein College of Medicine. Dr. Jacono volunteers for numerous charity organizations aimed at helping children with facial birth defects throughout the world with limited medical and financial resources receive surgeries, including cleft lip and palate reconstruction. To date, Dr. Jacono has completed surgery on more than 500 children.

See other non-CME webinars on page 18; all webinars available on www.aafprs.org/webinars. ■

← The Emerging Trends column is designed to share innovations in treatment, surgical procedures, implants, and other devices, as well as successful practice management examples, for review and consideration by the reader within the context of his or her own practice. The views expressed are those of the author(s). The AAFPRS does not necessarily endorse any of the products or services mentioned in this article. Comments and questions can be directed to the author at jeff.jumaily@gmail.com.

THEIR STORIES UNFOLD...JENNIFER PORTER, MD; CHARLES

From Cover Story, page 1

My experiences are not unique. If you ask any African American person, they have a story to tell. It was my hope that by the year 2020, we would be further along than we are today. The spark of hope is that we now have allies that have joined the fight; the diversity of those that have stood up against the recent injustices is heart-warming and is paving a path toward a future of true racial equality. In this regard, I am eager to collaborate within our entire Academy family to further advance equity, fairness and genuine inclusion throughout all of medicine and within society in general.

"The ultimate measure of a person is not where one stands in moments of comfort and convenience, but where one stands in times of challenge and controversy"
— Dr. Martin Luther King, Jr.

Charles M. Boyd, MD, MBA, FACS, owner of Boyd Beauty, shares one of his experiences during his residency. Unfortunately, his below described incident is all too common.

This has been an extremely trying time for many persons of color in our country, no matter your profession or station in life. During the past two months, we have witnessed a Black man killed while exercising, a Black woman killed while sleeping, a fellow Harvard alum threatened for rightfully calling out a white woman for not following the rules, and the murder of George Floyd by asphyxiation on video. I had patients and friends sincerely concerned for my wellbeing ask me how I am doing, and



acknowledge they can't imagine how difficult this time must be for me. But the vast majority of my patients, friends, and colleagues remain silent. I even had a patient share her belief that George Floyd was still alive and this was all a hoax funded by George Soros. When asked to share some of my experiences, my first thought was why? Of course I have experienced racism, but like many of us, we have remained silent and press on so we are not labeled as complainers or whiners or accused of pulling the "race card," diminishing our lived experiences.

I recall an incident occurred during my residency. I was the senior resident in a neuro-otology case. There were eight or nine people in the operating room. During the case, the fellow who is white mentioned that one of his distant relatives was Native American. The attending surgeon looked up, chuckled, and said, "that makes you an underserved minority, no wonder you got into medical school."

As the only person of color in the room, I was stunned. These types of micro-aggressions were not uncommon, but I had to choose, in that moment, how to respond. In my mind, I went through a progression of options. I decided that my best response given the environment was to just walk out of the room. So I broke scrub, removed my surgical gown and I left the OR. This situation left me feeling not just angry, but also embarrassed and demeaned by the comment.

Later that day, I went to that attending's office and told him that I wanted to talk to him about the comment he made. I said, "I would like to discuss the statement you made about underserved minorities and their qualifications. But before we do, let's get everyone's CV, including yours, and let's compare it to mine and see who 'deserves' to be here."

His response was, "Oh, Charles, I didn't mean you. I interviewed you; I know your qualifications." That wasn't my point, because I knew my qualifications, as well. The damage was already done and there is no walking it back. He implied that I was unqualified, and undeserving to be in that operating room. Why would the nurses, medical students, or anyone else come to me as a surgeon if I was "not qualified?"

All too often blanket statements about the "qualifications" of people of color go unchecked. The impotent, later, apology I received, felt like an editorial correction in a newspaper article that appears in small print one week later. This is even more damaging when it comes from an "authority figure."

My experience, like most of my fellow facial plastic surgeons of color, was different than yours. The reason you don't know that is because you have never cared or asked.

Lamont Jones, MD, MBA, FACS, vice chair of the Department of Otolaryngology at Henry Ford Health System shares an experience that could have adversely changed the trajectory of his life.

On November 29, 1997, in Metairie, La., I was arrested and charged with assault and battery of a police officer, resisting arrest and disturbing the peace. I was young, black and male—all the ingredients necessary for many to assume it a forgone conclusion. However, the truth of the matter was, the charges were 100 percent fabricated.

That day, the officer did not see a young, black male from Detroit with zero blemishes on his record; an honor premedical student at Xavier University of



BOYD, MD; AND LAMONT JONES, MD

Louisiana that had been accepted and would be matriculating to the top 10 ranked University of Michigan School of Medicine in six months; a future physician scientist and leader; a future husband and father; a brother and a son; an NIH grant recipient; a mentor and role model; and someone who would volunteer medical services in his local community and travel the world to provide care to those in need. However, he had to know his premeditated actions that day would have a negative effect on my life. Maybe he thought it would be buried under a list of past transgressions. He obviously did not know or would not have cared to know that a felony charge would have prohibited me from becoming a physician, something that I had earned with blood, sweat, and tears.

I offer my #MeAlso story as another example of how in eight minutes and 46 seconds, a life or a life's work can be stolen. Nevertheless, with God's grace, family support, and aided by #XULA administration, unlike many others, I was able to successfully clear my name, while focusing on my first year of medical school.

Until this point, I haven't told this #MeAlso story to many people. But in times like these and in the midst of discussions of current events when colleagues and friends have doubt or question how one's life or life's work could be in danger, not because of ones own actions or character, but also solely because of the



color of one's skin, I offer my #MeAlso story so they can put a familiar face on the current situation that our country faces.

The letter you see above, hangs on the wall in my office alongside many certificates and awards that I have received over the years, as a reminder that only God can stop me now. It's time to #StandForJustice and do away with fear because fear leads to inaction and miss action. Now is the time for honest dialogue and purposeful action.

"You must never be fearful about what you are doing when it is right." "I have learned over the years that when one's mind is made up, this diminishes fear; knowing what must be done does away with fear."

— Rosa Parks

Thank you to Drs. Boyd and Jones for sharing their stories, alongside mine.

As a people, we are tired of being judged based on the color of our skin. We are tired of this constant premise of being seen as less qualified, being seen as undeserving, and being seen as more threatening because of the color of our skin. It is in this moment that we all have choices. We can continue to be complicit in our silence or we can lean in and determine the path that will lead to equality and valued diversity within our communities and our specialty. The AAFPRS has been making strides towards authentic engagement of all members—and has further embarked on the journey toward unity and inclusion with the creation of the AAFPRS Diversity and

Inclusion Task Force. It is my ardent wish that the sharing of these stories has helped all our members better understand the experiences of fellow African American members so that together, we can better oppose racism in all its forms. As the task force seeks to make sure that none of our members feel marginalized, it is my hope that we can work in collaboration to ensure our Academy is truly welcoming to all.

Jennifer Parker Porter, MD, FACS, is the owner of Chevy Chase Facial Plastic Surgery and Clinical Associate Professor at Georgetown University Medical Center. Dr. Porter is serving as the chair of the AAFPRS Diversity and Inclusion Task Force.

NOTE: The Diversity and Inclusion Task Force was formed last October 2019 and is working with the Board to identify additional approaches to affirm the value of each member of our diverse Academy family, while fostering authentic inclusion for all members. If you have any comments or questions about the Task Force or this article, feel free to email the chair, Jennifer Parker Porter, MD, jportermd@chevychaseface.com.

UNDERSTANDING THE PAST—GREATEST TOOL FOR SHAPING THE FUTURE

"We are not makers of history; we are made by history."

Dr. Martin Luther King, Jr.

The Coronavirus pandemic has unimaginably shifted the world we know. This crisis presents us with unprecedented challenges globally, nationally, throughout organized medicine, and within our own specialty. Typically, our fast-changing pace leaves us little time for reflection. We frequently feel a need to stay focused on the steps ahead. However, this pandemic has forced us to reflect on the past (along with anxiously trying to predict the future). Many are questioning: what can we learn from the 1918 Spanish Flu? Has the world encountered a pandemic on this scale before? How is COVID-19 different from other diseases? While this global phenomenon has shifted our everyday life, it also has brought us back to an essential truth: understanding the past is one of our greatest tools for shaping the future.



THE SPANISH FLU OF 1918: THE RED CROSS MOTOR CORPS ON DUTY IN ST LOUIS, MISSOURI, OCTOBER 1918 (UNDERWOOD ARCHIVES/GETTY IMAGES)

That is why the AAFPRS Archives is important now more than ever. Since the Academy's 50th anniversary in 2014, we have been building the AAFPRS Archives from the ground up—gathering print and digital materials to create a digital archives where your history is easily accessible. During a global crisis, like the one we are living through today, it is even more apparent for the need to have quick access to historic information. Understanding our shared history improves decision making and makes us better prepared at understanding the present.

With these principles in mind, focusing on building our collective history is essential. Creating the AAFPRS Archives is a group effort, and we continually need your help and participation. We are actively capturing information about this current pandemic; specifically focusing on all the ways our members are helping with the crisis, coping with the crisis, and adjusting their business and clinical care models.

We are asking for our members to send in information and stories to the AAFPRS Archives so that we can record the history of this crisis as it is occurring. This effort is important so we can both celebrate what our members are doing and so we can capture helpful information for the future, should anything similar happen again. To donate materials (print and digital) to the AAFPRS Archives, please email archives@aafrps.org. We accept print and digital publications, reports, photographs, oral histories, videos, etc. Learn more and visit the AAFPRS digital archives here: www.aafrps.org/Professionals/Resources/Archives.aspx.

Editor's Note: This article is part of a series highlighting stories from the Robert L. Simons Archives and Heritage Center. It was written by Justine Rothbart and Linda Rothbart, AAFPRS archivists.

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ANNUAL MEETING DELIVERS HIGH-QUALITY EDUCATION, GROUNDBREAKING RESEARCH, INVALUABLE PEARLS OF WISDOM

Don't miss the 2020 AAFPRS Annual Meeting—the premier event for facial plastic and reconstructive surgeons and their practice staff.

Now more than ever, we must come together and focus on the future. No other event provides more leading-edge clinical content or offers a better opportunity to learn innovative ways to boost and transform your practice.

Course Chairs Kaete A. Archer, MD; Richard D. Gentile, MD, MBA; James R. Shire, MD; Michael T. Somenek, MD; and Amar C. Suryadevara, MD, are taking great care to develop a comprehensive educational program designed around the following tracks:

- Facial gender affirmation
- Facial reconstruction
- Facial rejuvenation
- Minimally invasive techniques and technologies
- Practice management and marketing
- Rhinoplasty

Enhance your knowledge. Hone your skills. Gain hands-on instruction. Discover practice management pearls. We've got all this and MORE!

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More world-class speakers
250 prominent facial plastic surgery leaders and industry experts from across the globe.

More cutting-edge tools and technology
Over 90 exhibitors showcasing the latest instruments, devices and products to help take your practice to the next level.

More ground-breaking research
50+ posters showcasing new discoveries that may improve patient outcomes.

More minimally invasive techniques
45+ unique lectures, workshops and sessions... including the main stage!

More education
Choose from 400+ informative sessions, labs, and workshops.

Join us! This year's fresh, new format is not to be missed. Our customizable program allows you to choose the tracks and topics that meet your educational needs.

IMPORTANT: We hope you and your families are safe and in good health. Our thoughts and concerns remain with those impacted by the COVID-19 pandemic. As we continue to work on the many aspects of our 2020 AAFPRS Annual Meeting (Sept. 10-12) currently scheduled for Boston, rest assured that your safety and security is our top priority. We are in the process of taking prudent steps to safeguard the impact of the pandemic and to follow public health guidelines, while actively exploring new options for delivering the quality education and CME offerings consistently provided via our conferences. In the next few weeks, we will be in a position to issue a comprehensive update. And in the meantime, please review this page to learn all about the exciting educational opportunities we are working to appropriately and safely deliver!

View the most up-to-date program and register today at www.aafrps.org/annualmtg.

FELLOWSHIP UPDATE

To prepare for an upcoming transition to a new fellowship database, the AAFPRS Foundation is requesting that all outstanding requirements remaining to be completed by past fellows, should be completed in the existing fellowship database no later than November 30, 2020.

Please note that once the new database is up and running, fellows will no longer have access nor the ability to complete requirements in the existing database.

The link to the existing database is <http://prestohost40.inmagic.com/Presto/home/home.aspx>. The database is not a mobile app. You must access the site via desktop, laptop, or tablet.

Please contact Fatima with questions regarding completing fellowship requirements, fporter-el@aafrps.org.

Once your fellowship is completed and you have submitted all your requirements, your fellowship file will be reviewed in consideration to receive a fellowship certificate. If you are not able to complete your fellowship requirements by November 30, 2020, please contact Fatima immediately at fporter-el@aafrps.org.

JOIN AAFPRS IN ORLANDO, FL.

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**MAY
13-16
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Facial Rejuvenation

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ADVANCES IN RHINOPLASTY

BETTER TOGETHER:

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

Whether you're looking to enhance your surgical rhinoplasty skills, discuss emerging trends, learn about novel minimally invasive procedures, gain practice management pearls, or master facial rejuvenation techniques, this is the event for you!

We're bringing together the world's top facial plastic and reconstructive surgeons and industry experts to share their knowledge, expertise, tips and techniques for ensuring amazing results.

It's the best of both worlds: whether you are looking to acquire just world-renowned rhinoplasty education or only facial rejuvenation, or a robust mixture of both—this unique event is sure to deliver an on-target, exceptional global learning and networking experience for all!

Call for Presentations NOW OPEN

Help shape the agenda and support 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 physicians and industry experts.

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.

DEADLINE: AUGUST 10

www.AAFPRS.org/Abstracts_Presentations

AAFPRS extends a BIG THANK YOU to Our Program Committee!

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Senior Course Chair & Program Director

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Jill L. Hessler, MD | Chair

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J. Randall Jordan, MD
AAFPRS Meetings Program Director



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.

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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:
vancouverangie@gmail.com



FACIAL PLASTIC TIMES JUNE 2020

2020

SEPTEMBER 9

Committee and Board Meetings in conjunction with the AAFPRS ANNUAL MEETING Boston, MA

SEPTEMBER 10-12

AAFPRS ANNUAL MEETING Boston, MA*

Co-chairs: James Shire, MD; Michael Somenek, MD; Kaete Archer, MD; Richard Gentile, MD; and Amir Suryadewara, MD

*Note: An update will be issued in July regarding the safety and delivery methods of 2020 Annual Meeting education (see top of page 15).

OCTOBER 31-NOVEMBER 1

ABFPRS EXAMINATION Washington, DC

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

Meeting Director: J. Randall Jordan, MD

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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

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Christina@maineplasticsurgery.com.

Non-CME webinars now available on the website.

- *The Realities of Facial Plastic Surgery: Planning for Now* Q&A format with Jason Bloom, MD and Wendy Lewis
- *Radio Frequency Microneedling System*, presented by S. Randolph Waldman, MD, and supported by Rohrer Aesthetics
- *Tax Reduction, Lawsuit Prevention, and License Protection*, given by Natalyn O. Lewis and supported by Legally Mine, LLC

Members can access these recordings by going to www.aafprs.org/webinars.

Watch for announcements on additional offerings in the near future.

If you need any assistance, please contact senior consultant for the AAFPRS Foundation Karen Sloat at ksloat@aafprs.org.