

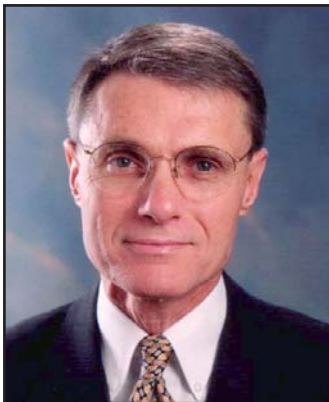
# Facial Plastic TIMES

AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY, INC.

## FALL MEETING SPEAKERS ENLIGHTEN AND INSPIRE US

**Y**ou will not want to miss the guest speakers for the Fall Meeting, September 18 - 20, 2008, in the windy city of Chicago. You will be motivated, informed, and intrigued by our invited guest speakers as the Academy seeks to bring you the best of the best.

G. Richard Holt, MD, MSE, MPH, MABE, will be the 2008 *Gene Tardy Scholar*. You will be inspired by his talk, *Mentoring and Role-Modeling in Facial Plastic Surgery Education*, on Friday, September 19, at 3:15 p.m.



"Dr. Tardy has been and continues to be a great role model for me and many others in the art and science of facial plastic surgery," says Dr. Holt. "I am greatly honored and privileged to give this presentation; and rest assured, it will highlight the traits and virtues in education and training in facial plastic surgery as exemplified by Dr. Tardy and other great educators in this subspecialty."

No assemblage would know

more about head and neck anatomy than that gathered at the Fall Meeting of the AAFPRS. Yet until recently, no one in the world had any understanding of the origins of anatomy that must have developed deep in Paleozoic time, on the emergent supercontinent of Pangaea, in a spectacular morphological transition of fish giving rise to land-dwelling vertebrates. The Academy is proud to welcome Farish A. Jenkins, Jr., Alexander Agassiz Professor of Zoology at Harvard University, and also Professor of Anatomy in Harvard-MIT Division of Health Sciences and Technology (Harvard Medical School) and Curator of Vertebrate Paleontology and Mammalogy in the Museum of Comparative Zoology. As the guest *Jack Anderson Lecturer*, he will be presenting, *Anatomy Evolving: The Landmark Transition from Fish to Tetrapods*.

Professor Jenkins will recount the background of this problem that led to a series of expeditions far into the Canadian Arctic archipelago, and relate some of the improbabilities of conducting paleontological exploration in terra incognita at the northern edge of the North American continent. From sediments of Late Devonian Age (dating from 375 million years ago) emerged the remains of an amphibious creature, the missing link between fish and tetrapods. *Tiktaalik roseae* is a compendium of anatomy evolving, revealing the primitive organization of the



PROFESSOR JENKINS WITH *TIKTAALIK ROSEAE*, THE LINK BETWEEN FISH AND TETRAPOD.

tetrapod head, the origins of a true nose and neck, the transformation of fins into limbs, and the adaptive responses to a transition from water (and its near neutral buoyancy) to an environment where gravity matters. Here began the huge adaptive diversity of modern terrestrial vertebrates, the landmark transition that ultimately populated our world with amphibians, reptiles, birds, mammals, primates, and most recently, humankind. Find out more about this fascinating transition on Friday, September 19, at 10:45 a.m.

Finally, our *John Conley* See *Generational Marketing*, page 4

**JULY 2008**  
**Vol. 29, No. 5**  
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## PRESIDENT'S MESSAGE BRING THE MESSAGE

In a recent AAFPRS survey, it was clear that safety issues are of paramount importance in the minds of patients. It is also high on the priority list for the media, regulatory bodies, and organizations similar to ourselves. Lack of patient safety and untoward outcomes seem to be always newsworthy. The negative press that follows a high profile surgical mistake has a ripple

effect throughout all of our practices, especially in a down economy. While the same discussions related to the importance of board certification, a surgeon's experience and facility accreditation continue in the media, the public, clamoring for information, still make the same mistakes over and over again when it comes to selecting a surgeon.

It is our responsibility as an organization to help our membership proclaim the message of safety to the media, regulatory bodies, and most importantly, our patients. Under the watchful guidance of our Patient Safety QI and Accreditation Committee ably chaired by Neil A. Gordon MD, we have issued several position statements regarding patient safety. The topic of nursing and allied professional roles in delivery of facial plastic care has been addressed as well as the requirements of our membership to perform their procedures in an accredited surgical facility. It is important to be proactive leaders in this arena. One perfect example of this is: following the AAFPRS bylaws amendment on the requirement for facility accreditation for our members, the New York State Health Department issued a law that requires all those doing office based surgery must do so in an accredited facility and be fully compliant by July 2009. Those of our membership that heeded our bylaw amendment find themselves easily able to make this deadline. Inter-organizational alliances such as The Physicians Coalition for Injectable Safety—a joint effort with the American Society of Aesthetic Plastic Surgery and the American Ophthalmic Plastic and Reconstructive Surgery—and spearheaded for us by Ira D. Papel MD, continues to form guidelines regarding injectable safety. More of this will occur as each state and each organization clearly defines who should be injecting what and who should be operating which laser. All this information is overwhelming to patients and causes them to be even more skeptical and cautious.

The need to proactively proclaim a clear simple message is now. This message has to address the primacy of our education and surgical experience and that we are the premier providers of facial plastic surgery. It has to unequivocally address the concerns of board certification and surgical facility accreditation. This concise message has to be delivered not only as an organization through public relations efforts but more importantly through our membership at the grassroots level through their print media and news media. In a public survey it was clear that patients would choose a facial plastic surgeon over other specialties for needs regarding plastic surgery of their face. Likewise when one thinks of safety whether it be a pilot, crew and plane or a surgeon, his team and facility, it distills down to trust. If you simply trust the experience you will feel safe. Hence the genesis for our simple message: *Trust your Face to a Facial Plastic Surgeon.*

The message, although not new, is timelier than ever. Another recent AAFPRS survey revealed that our facial plastic surgery patient is more educated than ever and with concerns about safety, he or she will be a very particular consumer. It is our role as an organization to help our members educate their patients regarding this message. As a byproduct

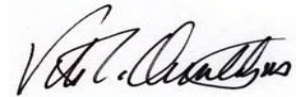
# HOME: TRUST YOUR FACE TO A FACIAL PLASTIC SURGEON

of our Winter Board strategic planning session held last January and under the charge of our group VP for socioeconomic affairs and public relations, Craig S. Murakami MD, several initiatives will help deliver this message. First, our public relations firm Behrman Communications in New York City, under the direction of Melissa Kelz, will make this their directive and help spread the message through a video news release and a number of mat (ready-made) releases. Secondly, the Academy will provide visual aids and tools which will help educate our patients and deliver this message. Such a tool will be an advertorial which addresses the three issues of surgical experience, certification, and accreditation. This can be used for print and news media and as part of your own local public relations efforts. We will have posters for your office that are pleasing to the eye and stress our message to everyone considering facial plastic surgery: *Trust your Face to a Facial Plastic Surgeon*. In addition, we will consider an updated and revamped print advertising kit and price it more attractively to allow our younger members to also help deliver this message.

The success of communicating this message rests with our membership. We can't do this without you. This is another one of my call to actions for our membership and it is twofold: First, on the grass root level, we need you to **BRING THE MESSAGE HOME** to your local media and to your patients. Second, as we ask for a legal and public relations assessment to enable some of the changes that we are implementing both here and in the legal arena, we ask you to be generous. It is only through these joint efforts that we can maintain our role as the premier providers of facial plastic surgery.

Finally, I have to share my enthusiasm for the outstanding program that J. Regan Thomas MD, and Anthony P. Sclafani MD, have put together for the Fall Meeting in Chicago, September 18-21. With great instructional programs in all areas of facial plastic and reconstructive surgery, lasers and injectables, a media training workshop, and interesting guest lectureships with Farish A. Jenkins, Jr. and Charles D. Schewe, PhD, we have a meeting that is diverse and

innovative. If you have otolaryngology board exam skeletons, then leave them in the closet at home and come visit the newly refurbished Palmer House in Chicago. I look forward to seeing you there. Mark your calendars now and remember... **BRING THE MESSAGE HOME**.



Vito C. Quatela, MD

## IN BRIEF: DR. GAYNER'S DONATION

**A**t a recent Spring Charity Open House Event, Scott Gayner, MD, was asked the question, "What is the FACE TO FACE?" Dr. Gayner replied, "FACE TO FACE is the National Domestic Violence Project sponsored by the Educational and Research Foundation for American Academy of Facial Plastic and Reconstructive Surgery." Dr. Gayner has chosen to donate 100 percent of his consultation fees to this particular humanitarian program, of which he is a participant. "We are proud to have the community come out this evening to our new facility and find out more about this great charity as well as learn about our practice," says Dr. Gayner.



AAFPRS MEMBER SCOTT GAYNER (RIGHT) SHARES A UNIQUE PRACTICE WITH PLASTIC SURGEON JOHN STRATISS, MD.

Stratis Gayner Plastic Surgery practice is located in the state of Pennsylvania and has implemented the leading edge practice of having one plastic surgeon specializing in the body and the other specializing in the face. ■

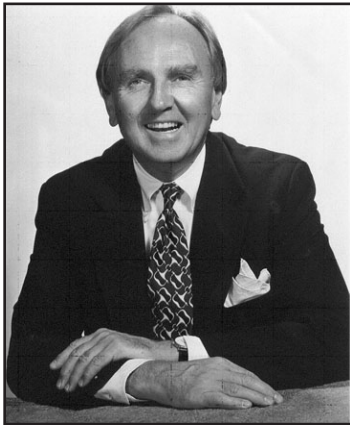
### AAFPRS Fall Meeting Housing

The AAFPRS Fall Meeting is fast approaching. If you have not reserved your hotel room, it is advisable that you do so as soon as possible as rooms fill up quickly. All our sessions and exhibits will be held at the Palmer House Hilton Hotel, 17 East Monroe, Chicago, IL 60603. Reservations must be through J. Spargo and Associates to receive the special discounted rate of \$250 per night. Please contact J. Spargo directly at (866) 849-8869 or reserve your room on-line by going to: <https://reg.jspargo.com/aao08/housing/hou20dates.asp?caller=aafprs>.

# GENERATIONAL MARKETING

From Cover Story, page 1

Lecturer this year is a highly regarded speaker, professor, consultant, and author of widely-acclaimed, "The Power of Cohorts," in *American Demographics* and in his book, *Defining Markets, Defining Moments* (Wiley, 2002), Charles D. Schewe, PhD.



Dr. Schewe was the originator of generational marketing, which differentiates target markets based on age and experiences shared during late adolescence and early adulthood. Over the past decade, Dr. Schewe has extended his generational marketing approach to include six age groups with yet a seventh now evolving. These groups span America's demographic landscape from those in their upper 80s to today's youth markets. Each group has unique values that drive their behavior, especially their buying behavior. These values are the platforms on which products and services can be positioned and promotional programs fashioned. These drivers offer a powerful marketing competitive advantage to those who grasp and execute them.

Dr. Schewe has wowed audiences of all sizes with his engaging and easy style and real-world examples. Come see him on Thursday, Sept. 18, at 11:00 a.m.

Learn from these experts in their own unique fields and gain exposure to something new. ■

## Women in Facial Plastic Surgery Luncheon

Join us for the annual Women in Facial Plastic Surgery Luncheon at this year's Fall Meeting. We are pleased to announce this year's speaker is Karen Zupko. Karen is a seasoned, senior advisor who has been helping physicians navigate the waters of America's healthcare system since 1974. Her perspective stems from more than 25 years of consulting, coaching, and training experience with physicians and those who manage them. One of Karen's primary interests is helping physicians create a group culture that supports collegiality, patient satisfaction, and organizational effectiveness. She believes physicians should be satisfied with not only the care they provide patients, but also the role they play in their practice organization and their relationships with partners and staff.

Karen Zupko's talk entitled, "Chicks in Charge," will be held on Saturday, September 20, 2008, from 11:45 a.m. to 12:45 p.m. There is no fee to attend this event, but we do ask that you RSVP by checking the Women in Facial Plastic Surgery Luncheon on your Fall Meeting registration form. If you have any questions, please contact Kristina Thomas, (703) 299-9291 ext. 239 or e-mail: kthomas@aafprs.org.

## A CORPORATE FRIEND HELPS AGAIN

The AAFPRS Foundation is extremely fortunate to have corporate supporters who assist us each and every year. They are the ones who contribute to our fellowships, educational programs, and FACE TO FACE.

There is one company, however, that always seems to understand the most pressing matters for the Foundation—PCA Skin Care Systems. Since 1995, PCA Skin has consistently supported many special projects of the Foundation.

For many years, Margaret Ancira, founder of PCA Skin, took the lead and was the only company that stepped forward and donated \$150,000 to our Capital Campaign. During this time period, other projects were undertaken by Ms. Ancira to ensure that the public learned about FACE TO FACE: The National Domestic Violence Project and saw it would be funded into the future.

Recently when we needed \$40,000 to pay off our building mortgage, Ms. Ancira generously created a challenge grant of \$20,000. She inspired the Founders Club members to contribute the other \$20,000 and it was done within 24 hours! Richard Linder, the company's

new CEO and his wife Jennifer Linder, MD, chief scientist for PCA Skin and also maintains a thriving dermatology practice, were quietly in the wings supporting this challenge grant financially.

Earlier this year, Mr. Linder expressed his interest in continuing PCA's support of the AAFPRS Foundation. His timing was impeccable. Just as young physicians Mark Hamilton, MD, and Terry Donat, MD, began their planning of a Fall fundraiser hosted by the young physicians group, Mr. Linder saw the need and PCA Skin stepped up to underwrite this worthwhile cause for \$25,000! Not only did Mr. Linder want to continue the tradition of supporting FACE TO FACE, but also he wanted to support a new type of event that encourages our younger members to become involved. What better way than cruising Lake Michigan on Friday evening, September 19, with food, drinks, and entertainment! We have the entire ship to enjoy with four separate decks. Whether you want a quiet time talking with old and new friends or dancing the night away, we have a place for you on this magnificent ship!

Please see the adjacent form to sign-up for this event. ■

**HELP US RAISE FUNDS FOR FACE TO FACE AS WE CRUISE ALONG LAKE MICHIGAN**

The **Young Physicians** of the AAFPRS will be holding a fundraiser at the Fall Meeting in Chicago. Please join us as we take a memorable cruise along the shores of Lake Michigan with the spectacular skyline of the city as our backdrop.

The entire ship (shown at right) will be reserved for the AAFPRS for the evening of Friday, **September 19, 2008 from 7:30 p.m. to 10:30 p.m.** Enjoy good food, dancing and socializing all for a good cause, **FACE TO FACE!**

Whether you have been in the Academy for a year or you are a seasoned veteran, this will be the event to be at on Friday evening. The ticket price per person is \$150. However, there are other ways to support this event as well.

Co-chairs of the event, **Mark Hamilton, MD, and Terry L. Donat, MD,** would like to encourage you to sign up on any one of the committees below:

**Chairman's Committee: \$2,500.** You will receive four (4) tickets.  
Members (currently) include:  
Benjamin Bassichis, MD  
Andrew C. Campbell, MD  
Terry L. Donat, MD  
Mark Hamilton, MD

**Executive Committee: \$1,000.** You will receive three (3) tickets.  
Members (currently) include:  
Paul J. Carniol, MD  
Mr. Stephen C. Duffy  
Dr. and Mrs. Sheldon S. Kabaker  
Philip J. Miller, MD  
Steven R. Mobley, MD  
Paul S. Nassif, MD

**General Committee: \$500.** You will receive two (2) tickets.  
Members (currently) include:  
Manoj T. Abraham, MD  
Mark and Jeanne Connelly  
Minas and Melissa Constantinides  
John M. Hodges, MD  
Ms. Ann K. Holton  
Marc S. Zimble, MD



*This event is generously sponsored by PCA Skin Care Systems.*



To purchase individual tickets at \$150 per person, or to sign up to be on a committee, please complete the form below. (If you turn in this form, please do not double pay on the Fall Meeting's registration form.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

- Check made out to AAFPRS Foundation
- Visa       MasterCard       American Express

Card Number \_\_\_\_\_

Exp. \_\_\_\_\_ Signature \_\_\_\_\_

Please return your form by fax to 703.299.8898. For more information, please do not hesitate to call or e-mail Ann Holton in our Development Office at (703) 299-9291, ext. 229; aholton@AAFPRS.org.

Please check one:

- Chairman's Committee \$2,500; you receive four (4) tickets.
- Executive Committee \$1,000; you receive three (3) tickets.
- General Committee \$500; you receive two (2) tickets.

To purchase individual tickets please check below:

- Individual Tickets \$150 per person # of tickets \_\_\_\_\_

# YOUNG PHYSICIANS CORNER: DIGITAL DILEMMAS--THE

By Tessa Hadlock, MD

In the modern era, a great deal of communication among physicians, hospitals, insurance companies, and even some patient-clinician interactions occur in digital format. We often take digital photographs, digital video clips, and use digital dictation systems that offer voice recognition and semi-automated transcription. For some physicians, particularly those who have been in practice over 15 years, this has been met with some reluctance. Training and early practice development occurred prior to the advent of this widely digital era and the idea of converting well-prepared lecture slides and Kodachromes into digital format can be formidable—both time-consuming and expensive.

For younger physicians, digital information exchange and practice management seems only logical. The question becomes not whether or not to maintain an electronic chart, but rather what is the best strategy and the most effective type of record to employ. Another important generational difference in facial plastic and reconstructive surgery, as well as across other specialties in medicine, is that we are more likely to practice in multiple, different environments over the course of a single career. In past decades, employment was more like boarding a train, disembarking only at retirement. In the current climate, our employment patterns are more like subway trips, where we might take one trolley for a few stops and then board a different trolley during another phase. Because today's job situations have more of a dynamic element, it is important to make proper decisions about electronic medical record keeping. The ability to take certain clinical information with us as we move to different work situations is of critical importance, for our own growth as clinicians, and also potentially for patient care.

## The "albatross"

There are four broad categories of electronic medical record, each appropriate in a slightly different setting. The first is the longitudinal medical record (LMR) developed for large hospitals that gained popularity starting in the mid 1990s, with many hospitals still converting through the present. Many, if not most, large hospitals have switched from paper to electronic records and have incorporated back records from the paper charts to varying degrees depending on budget and ease of incorporation of older materials. These LMRs are designed to be extremely broad, accommodating all kinds of practices from general internal medicine, through obstetrics and gynecology and into the surgical and medical subspecialties. The advantages of large hospital-based LMRs include excellent support, with 24-hour



information services and nightly off-site taped back-up. The important disadvantage of these systems is they are not easily tailored; they meet every type of provider's basic needs (i.e., simple note storage and radiology and laboratory results access), but do not provide many features of interest to specialized physicians. For example, the longitudinal medical record at our hospital does not have the capability to store photographs and videographic data, a dominant component of the facial plastic and reconstructive patient's chart.

## The "show me the money"

The second type of commonly marketed electronic medical record involves software that contains practice management capabilities. These programs keep track of patients' insurance information, diagnoses, timing of next visit, and are geared toward the business aspects of the practice. While this type of software may have great utility from a reminder notification standpoint and provide the best tool for those interested in scheduled maintenance programs for elective cosmetic procedures (for example sending cosmetic Botox patients an electronic reminder every four months), they are not specifically geared toward assisting the physician in easily and rapidly perusing the entire record of any individual patient.

## The "shock-and-amaze"

The third type of popular data storage software for facial plastic surgeons involves image storage, comparison, and the ability to transform or "morph" images for patients. These programs are frequently used as tools to help patients better understand their preoperative issues, their potential postoperative outcomes, and their potential phases of recovery. These programs are designed primarily to assist patients in their decision about whether to proceed with surgery, but are not geared toward a physician's personal development. They do not permit the clinician to easily compare his or her own pre-and post-operative results across patients. These programs generally do not permit videographic data entry or review, which can be important for some clinicians in otolaryngology and facial plastic surgery.

## The "glass slipper"

The fourth, emerging type of electronic medical record involves a tailored record geared entirely toward the practitioner. This type of LMR permits easy visualization of all information relevant to the clinician on a single screen. For the facial plastic surgeon, the record includes photographs, videographs, filler and botox maps and worksheets, rhinoplasty diagrams, and text on any given patient. The program is completely separate from practice management applications, providing mobility when a

# ELECTRONIC RECORDS

practitioner changes practice settings.

These custom software programs, which have automated importing of written notes and easy, tailorable importing features for photographs and any other type of electronic media, possess built-in features that permit direct capture of images from a camera, video screen, or scanning device. They permit either direct capture of digital data or importing from a memory stick. A significant advantage of this LMR is that it can travel with the physician over the course of his or her career. It can be thought of as equivalent to all of the paper charts, slides, worksheets, and videotapes for any patient treated by a given physician or group of physicians. For a physician who might start out at a large hospital, then move to a group practice situation, and ultimately establish a solo practice, these smaller programs are easily transferred from computer to computer, so that leaving an employment situation does not require extraction of any data from the hospital's electronic medical record. Data can be stored on shared drives for easy access throughout an office or hospital and are now becoming Web-based so they are accessible worldwide.

The profound utility of these customized software packages designed to gather and present patient data in a manner easy for the physician to study has yet to be fully tapped. In the future, we are likely to see a plethora of products designed to be tailored to "fit perfectly" our individual needs. For facial plastic and reconstructive surgery, one such product has already been developed that permits direct examination of pre- and post-operative photographs, video clips, worksheets, and clinical notes all on a single screen. The database is also entirely searchable; producing lists of patients who share diagnoses, procedures, or any other common feature is a matter of a simple click.

The digital medical record is now an essential component of practice development. Which record suits any given clinician is a matter of personal preference, practice emphasis, and employment situation. From a clinical standpoint, we must all embrace the concept of lifelong learning; LMRs provide easy perusal of photographs and other visual data that permit rapid assimilation of which techniques provide the best results in which clinical situation. More rapid advances in our field will be facilitated by better information exchange based upon good electronic medical record keeping and retrieval. ■

For those interested in learning more about the physician-focused electronic medical record for facial plastic and reconstructive surgeons, please contact the author, Dr. Tessa Hadlock directly at: [tessa\\_hadlock@meei.harvard.edu](mailto:tessa_hadlock@meei.harvard.edu).

## AAFPRS Launches the 2008 Edition of its Industry Buyers Guide

The AAFPRS has launched the second year of the on-line AAFPRS *Buyers Guide*. Available from a link on the AAFPRS homepage, [www.aafprs.org](http://www.aafprs.org), the *Buyers Guide* features industry-specific product and service listings designed to aid members and the facial plastic and reconstructive surgeons community with their purchasing decisions.

The 2008 edition of the *Buyers Guide* includes *request for information* (RFI) functionality which allows users to contact participating suppliers with a click of their mouse. With a downloadable desktop search application available, AAFPRS members also have the ability to search for items directly from a small search window on their desktops making the search process convenient and time-efficient.



Along with the option to purchase a graphically robust company listing, direct Web site hyperlink, and e-mail generation capacity, the *Buyers Guide* also now includes videos to company listings. This feature gives users immediate access to video-formatted information and promotions that will help them easily procure products and services specific to their industry needs.

The AAFPRS partnered with MultiView Inc., an Irving, Texas-based publisher of electronic buyer and supplier guides, to develop AAFPRS *Buyers Guide* in 2007. "The AAFPRS recognizes the benefits of aligning their members with the suppliers needed to efficiently run their practices," says Dan Maitland, MultiView president. "The AAFPRS *Buyers Guide* is an efficient way to search industry-wide products and services." ■

Ad in place in  
printed copy

## MAKE YOURSELF KNOWN AS A FACE TO FACE PARTICIPANT

The AAFPRS Foundation is blessed with many talented surgeons who are willing to give of their time and talents by participating in the FACE TO FACE: The National Domestic Violence Project. But once you've signed up, what should you do? Let your community know that you are there to assist a segment of society that is at times forgotten.

There are two paths to ensure success. First, reach out to your local domestic violence coalitions. How do you contact them? Order the *2008 National Directory of Domestic Violence Programs* from the National Coalition Against Domestic Violence (NCADV). This useful resource lists more than 2,050 domestic violence agencies (including shelters) by state. You can also contact Michelle Busey at the Academy office to

request a state list for your perusal (mbusey@aafprs.org; 703-299-9291). Contact the domestic violence services in your area and introduce them to FACE TO FACE. There is no better way to get our message across than through our own members.

Andrew A. Jacono, MD, chair of FACE TO FACE states, "A grass roots campaign through our participating members will help reintroduce FACE TO FACE to the organizations and women who we seek to serve. I have been on the Board of Directors of my local county coalition for domestic violence for five years and this has given me the opportunity to provide pro-bono surgery and consultations to over a dozen women in need. Awareness is the first step to strengthening the domestic violence program."

Second, lecture at organizations (e.g., Junior League, synagogue, church, Rotary, private clubs, etc.) in your area or hold an open house at your office to discuss various procedures and your humanitarian work. Potential patients want to know how their physicians are involved in the community. They will also appreciate the fact that you are giving back to the community by helping victims of domestic violence.

To sign up for this program, visit: [www.aafprs.org](http://www.aafprs.org), under Humanitarian, select FACE TO FACE or contact Ann Holton, at [aholton@aafprs.org](mailto:aholton@aafprs.org).

## WHAT TO EXPECT AT THE OFPSA MEETING

By ReGina Simo, OFPSA President

I first attended a meeting sponsored by the Organization of Facial Plastic Surgery Assistants (OFPSA) five years ago and was not sure what I was going to experience. I left that meeting three days later with an unbelievable group of new friends and colleagues, a wealth of information, and so many ideas that I could not implement them fast enough. When I returned, my office staff was not sure how to receive all of these new ideas. Five years later, they can't wait for me to go and return with this information. Now, they prepare me with questions to ask the group... "How do you ...? What do you do ...? When ...? What product have you found that ...?"

The changes that we have undergone as a result of the OFPSA meeting have changed the way we do things for the better. It did not take long for me to jump feet first into this organization and fall in love with this group of individuals. This year is my departure as president; but as sad as I am to leave my office post, I am extremely excited about continuing to work closely with this group and assist the Academy with projects that can help the physician member. For this reason and others, I am very excited about this Fall Meeting.

Our 2008 Fall Meeting kicks off on Wednesday evening with a welcome and networking reception held at the office of Steve Dayan, MD. The two-day program begins on Thursday, September 18, as the OFPSA welcomes an old Academy friend, Karen Zupko as she presents, "What Facial Plastic Surgery Offices Need Now!" Many of us have benefited from working with or hearing Karen present over the years and

See Roundtable, page 15

### The Penn Rhinoplasty Course Aesthetic and Reconstructive Rhinoplasty

Philadelphia, Pennsylvania  
November 7-8, 2008



A CME-certified Course

The University of Pennsylvania School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. This activity has been approved for AMA PRA Category 1 Credit(s).

#### Course Highlights

- Aesthetic and Functional Rhinoplasty
- Advances in Nasal Reconstruction and Repair of Nasal Defects
- Management of Complications
- Patient Safety CME's
- Coding Tips for Functional Rhinoplasty
- Video Demonstration by Dr. Tardy

#### Course Directors

Stephen A. Goldstein, MD  
Ara A. Chalian, MD  
Daniel G. Becker, MD

#### Distinguished Guest Faculty

Shan R. Baker, MD  
J. Regan Thomas, MD  
Stephen W. Perkins, MD  
Edwin F. Williams, III, MD  
Gary C. Burget, MD

#### Affiliated Penn Faculty

Timothy M. Greco, MD  
Paul J. Carniol, MD  
Scott P. Bartlett, MD

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Web Site: <http://www.uphs.upenn.edu/pennorl>



# DO'S AND DON'TS: EFFECTIVE PRINT ADVERTISING, USE OF

By Michael Armstrong, MD

**P**rint advertising can be a valuable adjunct to an overall marketing campaign because it can effectively reach a large target audience at a relatively low cost. Physicians must know their own strengths and understand their target audience. When possible, every ad should have a specific call to action, not just a branding logo. The physician should track responses to every advertising campaign and change or abandon strategies that are not producing significant returns.



## Establish your brand

The market will define your brand if you don't. Most print advertising we see is considered brand marketing. Typically, we see ads that show happy, attractive people wearing designer clothes, enjoying fine food, or driving a stylish car that outperforms the needs of any civilized motorist. Branding is the process of defining your unique selling proposition. What is your brand? Are you an otolaryngologist who enjoys facial plastic surgery, or a facial plastic surgeon who trained first in ENT? Do you retain a niche in rhinology, otology, or any other subspecialty? Do you enjoy cancer reconstructions or limit yourself to cosmetic surgery? In a professional practice, branding is crucial to the development of your intellectual property value. This single factor can greatly increase your practice value.

## Define your goal

Are you a busy otolaryngologist looking to increase facial plastic revenue? If so, it makes no sense to advertise general ENT services to the public. If you have a nurse practitioner who is wonderful with children but underutilized, then advertise that service. If

your audiologist is idle, advertise audiology. However, don't advertise services which you are not staffed or prepared to deliver; don't spend money advertising services that fail to increase your revenue.

## Have your picture made

I never experienced great responses from advertising until I made the personal step of placing my own picture in an ad. Friends, family, and casual acquaintances suddenly notice an advertisement that they had previously glossed over. Photographs of models may be eye-catching, but patients want to feel a connection with their physician. A warm inviting photo that projects your personality may be your best asset.

## Use the Academy logo

Once you establish who you are and who you want others to perceive you to be, you need to develop short, catchy phrases that are memorable and defining. Who among us does not recognize the phrase *Coke adds life* or *We drive excitement*? Use the Academy logo in all of your marketing pieces. This privilege is offered to members and fellows of the AAFPRS. I encourage you also to use the Academy tag line, *Trust Your Face to a Facial Plastic Surgeon*. In so doing, you not only build the brand name of our Academy, but also you brand yourself as one of 3,000 AAFPRS members who care enough about the face to pursue the additional training and experience necessary to call themselves facial plastic surgeons.

## Know your market

Many markets will have journals geared for certain demographics. Unless you are promoting hearing aids, hunting and fishing magazines are not the publications you want. If you are looking for local publicity, stick with magazines that feature local news, events, and cultural interest. Other

opportunities may be available in magazines appealing to specific age groups. My market has a free, full color, glossy magazine called *Boomer Life* that contains local news and special interest articles for readers aged 44-62. This magazine is distributed free-of-charge in supermarkets, fitness centers, and physician offices. For an even more targeted approach, you can purchase space in your regional edition of a nationally syndicated beauty magazine.

## Call to action

Every advertising campaign needs to identify who you are, what you do, and why a patient should consider you over your competition. To be effective, however, the message should also include a call to action, which prompts the reader to do something other than turn the page. This might be as simple as an instruction to "copy down this phone number" or "call right now." Time-limited advertisements are frequently used to encourage readers to interrupt their reading and to take action.

## Truth in advertising

Be cautious, however, that your call to action does not violate ethical guidelines or state laws. For example, the state of Virginia prohibits the sale by a physician of any additional goods or services for three days after a patient responds to an advertisement for free or discounted services. This law is intended to prevent a "bait and switch" strategy. Ethical guidelines further mandate that any ad based primarily on a price discount, should also disclose the original price and the expected total amount that a patient would be expected to spend in order to fully utilize the advertised good or service. The integrity of a physician must be impeccable. Inspect every marketing piece as if it were a legal contract before you ap-

prove it for publication. The Academy has a document called *Ethical Guidelines in Advertising*. You may view or download a copy of this on the Academy's Web site: [www.aafprs.org](http://www.aafprs.org), physician section, under *Mission and Policy statements*.

### Track responses

With any marketing campaign, you should develop a way to measure your success. This can be as simple as a survey question on your patient form, but ideally, you should know within a month or two how many patients responded to a particular advertisement and how many of them purchased services from you. Many advertisers will set up a separate phone line that records all calls and seamlessly forward them to your office. I actually purchased a "V.I.P." mobile phone that my manager carries night and day. This level of access does not go unnoticed by my patients, to whom I also give my personal mobile and home phone numbers. This privilege has never been abused by my patients.

### Be creative and flexible

Not every advertisement will be effective. Although advertisers will frequently tell you that four or five repetitions are necessary to convey your message, avoid the temptation to throw your entire advertising budget into a single untested opportunity. Try several media. If you are not getting a five or 10-fold return on your investment, reconsider. Also, if you have a busy ENT practice to start with, advertising success is not measured by the new cosmetic revenue generated, but only by the increased revenue those cases bring compared to your existing business.

### Let's get started

Developing a print advertising campaign can be a daunting endeavor for the novice, but no advertiser expects us to do the layout ourselves. Gather some photos, tell your personal story, and decide what service you want to advertise. Most magazines do not charge for layout and copy editing. You do not need to purchase or understand print editing software. Adobe Acrobat Reader, a free download, will allow you to view proofs, while Adobe Acrobat Standard will allow you to comment and mark the document for revisions.

### Don't forget your Academy

Remember the value of your association with the AAFPRS. Members may use the Academy logo as long as the advertisement is approved in advance. E-mail your logo request to Rita Chua Magness at the Academy office, [rcmagness@aafprs.org](mailto:rcmagness@aafprs.org).



On Sunday September 21, 2008, from 8:00 a.m. to noon, the AAFPRS and the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC), will be sponsoring a mini-seminar in achieving accreditation for office-based and ambulatory surgical facilities. The conference is intended to introduce facial plastic surgeons and their staff to accreditation principles and the accreditation process for their surgical facility. In addition, if your facility is already accredited, you may want to attend this seminar to get an update on the ever-changing standards and requirements for accreditation. State requirements for facility accreditation when IV sedation is administered first appeared in the late 90s and now close to 20 states require accreditation when IV sedation is given in an ambulatory or office-based surgery. It is expected that this trend will continue and that mandated accreditation will be the standard for most states. Usually, this mandate comes as a rule of the individual state medical board. The AAFPRS has recently established policies that require all members and fellows to perform procedures requiring IV sedation in accredited facilities only. The seminar will review the current status of requirements for individual states, note which states have pending rules or statutes, and which ones are contemplating mandatory accreditation.

An introduction to the AAAHC will follow and outline the organizational structure and its long-term relationship with the AAFPRS. The AAFPRS is a founding member of AAAHC and the Academy's representative to the AAAHC Board of Directors is Richard D. Gentile, MD, MBA, who is directing the workshop. The AAAHC standards will be presented by active facility surveyors as well as staff of the AAAHC and Health Care Consultants International. The survey process will then be introduced and the steps necessary from the application to the survey itself. The presentations are geared to enable facial plastic surgeons and their staffs to jump start their accreditation efforts. The workshop will be very informative and give attendees a good preview of the accreditation process and what will be required by facial plastic surgeons to achieve accreditation. The sponsors recognize that it may be the starting point for many attendees. The seminar will also address other resources available to those seeking accreditation for the first time. These resources include publications by the AAAHC as well as information about the more comprehensive *Achieving Accreditation Workshop* that is presented quarterly by the AAAHC. Many of the accreditation workshops have attendance fees as high as \$500. The Academy will charge \$90 to attend this seminar. To sign up for this seminar, complete the Fall Meeting registration form mailed to you previously or register on-line at [www.aafprs.org](http://www.aafprs.org).

# TIPS ON HOW TO ATTRACT AND RETAIN PATIENTS

**A**ttracting new customers and scheduling procedures are essential to the success of any cosmetic office. But during uncertain economic times, the need for patients becomes critical. Tips from around the country were collected by CareCredit to develop a list of practical and creative strategies to help every office thrive and grow.

*Optimize your phone inquiries.* Make the most out of every incoming call by making sure the person who answers your phone has outstanding phone skills and is able to answer any question a potential patient might have.

*Revisit your patient lists.* Find patients who were seen by the practice in the past 90 days but did not schedule a procedure. Invite them to come back for a second or follow-up consultation, at no charge.

*Schedule an educational seminar.* Host a seminar for patients to learn about topics that interest them. Encourage them to bring a friend and plant "happy testimonial" patients in the audience to talk about the procedure. Make sure visitors sign in so their contact information is captured. Schedule procedures and consultations immediately, when interest is at its highest.

*Target your satisfied patients.* With a relationship already established, offer a promotional package at a special rate that isn't available to new patients. Create loyalty to reward and retain existing patients.

*Remove cost as a barrier.* Show how easy it is to fit a cosmetic procedure into their budget by spreading out the cost into monthly payments with a financing plan like CareCredit. Use a visual aid like a chart added to your quote sheet to demonstrate how a \$2,400 procedure can cost only \$200 a month if they use a payment plan. Some companies offer an online payment calculator that easily breaks the procedure fee down into small payments for each plan that you offer.

*Offer attractive alternatives.* If you notice a decline in the number of surgeries your practice performs, offer injectable therapies such as BOTOX® Cosmetic, Juvederm™, Restylane®, etc., as an option that costs less than surgery and has a faster recovery rate.

*Minimize no-shows.* Decrease the number of no-shows by confirming appointments two days prior to their visit, or four days prior for Monday appointments. This will help eliminate the "I forgot" appointments. And, if the patient needs to reschedule, you can rebook their time slot so your appointment calendar remains full.

*Create an engaging experience.* Motivate your patients to improve the way they look and feel about themselves by surrounding them with positive impressions in your waiting room, from the artwork on your wall to the magazines you have selected. Make sure your office staff greets each person as they enter; reassure them that they have made the

right choice by coming to your practice.

*Start a referral program.* Let existing patients know that for every new patient they refer to your practice who schedules and completes a cosmetic surgical procedure, they will be treated to a complimentary service with your aesthetician for a facial, mini-peel, or make-up application. Reward existing patients for every new patient they refer.

*Market to a particular group.* Find a large employer in your area and advertise a complimentary consultation with a limited-time offer for a discounted cosmetic procedure. People like to receive discounts and you can target the promotion during your slow season.

Don't let uncertain economic times slow your practice. Take this opportunity to use these helpful tips to get more patients the procedures they want, when they want them. ■

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*Editors Note: This article was submitted by CareCredit, GE Money Company and North America's leading patient payment program. CareCredit is a generous supporter of the AAFPRS Foundation. Please visit their booth at the exhibitions at the Fall Meeting in Chicago.*

CareCredit, this month, welcomed their 100,000<sup>th</sup> doctor into their program, joining a network of practices that includes dentists, ophthalmologists, cosmetic surgeons, veterinarians, audiologists, and other healthcare providers.

Over 20 years ago, CareCredit was founded to give healthcare providers an easy-to-use program that would enable more of their patients to get the treatment they need and want. As more physicians offer elective and cosmetic procedures and as many doctors turn away from managed care, patients are experiencing higher out-of-pocket costs. CareCredit patient payment plans have been widely embraced by both doctors and patients because they provide a convenient and effective way to bridge the gap between optimal desired care and its cost to the patient. Today, over seven million patients have used the program, the vast majority of whom would recommend CareCredit to friends and family. And each month up to 400,000 patients use CareCredit's new online provider locator to find a practice in their community that offers CareCredit.

Today, CareCredit is at work in more than 100,000 practices in North America and is used by over seven million patients. (See CareCredit ad on adjacent page.)

Ad in place in printed copy

# MESSAGE FROM THE MEDICAL EDITOR: HOPE IS A LOUSY

By David Reiter, MD, DMD, Medical Editor, *Facial Plastic Times*



Notes from the Medical Editor are, most often, medical in nature. But we'd be fools to ignore the profound influence of the world around us on our personal and professional lives. The current economic picture justifies its introduction into any discussion of both professional and personal planning. With oil touching \$130 a barrel and credit markets tightening, things ain't what they used to be for doctors and patients alike. So it's time for a little Econ 101 for the facial plastic surgeon.

Let's start with the good old workhorse, supply and demand. Simply put, there's no shortage of supply. Many physicians (and, where legal, nonphysicians) now offer appearance management procedures ranging from \$150 depilation to \$10,000 breast augmentation. The demand for facial plastic surgery rose steadily over the '90s and first few years of the 21st century, but the number of clinicians offering such care also rose significantly. Our last two Academy surveys have shown that most procedure costs have not risen much, if at all. The availability of less expensive treatments and the entry of consumer credit into the field have increased volume demand, but this has not been sufficient to counter the effect of ready availability of treatment.

[Enter the economy, stage left] What we don't know (and are about to find out) is the price elasticity of demand for our specialty services. Simply put, elasticity describes the strength of the relationship between changes in price and changes in demand—by how much can the price rise before demand drops? Some of you are now muttering, "I'm not raising my prices—what's he talking about?" But inflation and erosion of the dollar's value combine to effectively raise the price for patients. Remember that cosmetic surgery is one of a number of competing ways to spend money. That \$5,000 rhinoplasty will not be as tempting when it affects a patient's ability to heat and cool a home or get to work.

The 2007 annual meeting of the ASPS was bubbling with concern over the affect of our economic woes on our collective profession. Many surgeons are reporting lighter bookings for major procedures. And the industry that supports, an even more sensitive leading indicator of economic trends, is already retrenching.

Mentor has already reported some downturn in demand, as has Cutera. The volume of vision-correcting procedures is also reportedly down. More importantly, manufacturers are changing what they tell potential investors. Wall Street is still a good source of early warnings. Noble Financial Group

dropped its recommendation for Mentor stock to "hold" from "buy." and Merriman Curhan Ford reduced its rating to "neutral" from "positive." The street is not looking favorably right now on any business that depends on lifestyle surgery for its revenue.

Although General Electric's CareCredit unit reports no dropoff in applications for pre-approval to date; it remains to be seen whether these potential patients will, in fact, commit to procedures on borrowed money. MarketScope LLC, a market research firm in Missouri, has determined that short-term volume changes in cosmetic surgery correlate very strongly (80 percent) with indices of consumer confidence and that parameter is weak at present. All this information will make consumer credit for cosmetic surgery harder to get.

The credit market will also have a profound affect on us. The proportion of patients financing their surgery has grown dramatically in the last few years. But new requirements for consumer credit make it harder to secure a loan. I suspect that most patients seeking credit for cosmetic surgery will not easily be deterred, but credit sources are being much more careful to whom they lend and why. Consumers using home equity to finance surgery are finding rates and requirements to be significant barriers right now, especially those whose home values have dropped enough to reduce their equity.

Few practices less than five years old are free of long-term debt, and even fewer practices of any age have no need for credit of some kind. Sales of big ticket items like lasers to private practices have begun dropping both because of their high cost and the threat of obsolescence from newer technology. Even leasing is affected by origination and debt service requirements for both lessor and lessee.

What are the implications for the prudent planner? Although that depends in large part on your projections for economic turn-around, it is clear that we would all be wise to become a bit more conservative. Protecting your and your practice's credit ratings is the highest priority next to maintaining your cash flow and avoiding more debt than you can comfortably handle. Secured and unsecured lines of credit are both important sources of short-term assistance—but they must be used prudently, as the piper will eventually want to be paid.

Perhaps most important is knowing where your practice is going and being honest with yourself about it. Not all markets and locations will suffer. But you must track your performance regularly and in detail to detect early trends in your leading indicators. It may be prudent to reintroduce a broader spectrum of procedures in order to maintain cash flow, despite having moved away from them in favor of self-pay cosmetic procedures only a few years ago. If a large proportion of your patients

## BUSINESS PLAN

finance their procedures, you may want to consider balancing this by marketing to a different demographic.

Be realistic in expansion plans, whether they include property, plant, equipment, or associates. Use your actual procedure volumes and trends to project the next few years' schedules. If rhytidectomies and rhinoplasties are dropping off a bit and injectable filler is occupying increasing amounts of your time, listen to the data. The April 5, 2008 *Los Angeles Times* carried an article by Ricardo Alonso-Zaldivar suggesting a broad sweep. Reporting that "the cosmetic surgery business seems to be going through a rough patch," the *LAT* describes many patients in economy-sensitive industries like real estate who have had to curtail regular enhancements. They quote one patient who, along with her friends, stopped lip and forehead injections because of cost, saying, "People didn't have the money, but they were ashamed to tell you."

Says LA's Robert Kottler, MD, "No one can have a practice built on the ultra-wealthy, because there aren't enough of those people to go around. The reality is that cosmetic surgery became popular when the middle class became enamored of it: flight attendants, professional people, businesswomen—people whose appearance is important to them." Now that these people owe more than their homes are worth and pay \$100 to fill their SUVs with fuel, they are being forced to do without our services.

This won't last forever. If it's affecting your practice, respond now and you'll be fine. Don't pretend it isn't happening. Remember when we did that about managed care? ■

Enclosed in the centerspread of this July issue of *Facial Plastic Times* is the Election Insert. All ads that appear in this issue are paid advertisements.



## FACIAL PLASTIC TIMES JULY 2008

### 2008

SEPTEMBER 18-21

FALL MEETING

Co-chairs: J. Regan Thomas, MD and  
Anthony P. Sclafani, MD  
Chicago, IL

SEPTEMBER 19

YOUNG PHYSICIANS' CRUISE

FUNDRAISER

(All AAFPRS members and their guests  
are invited to attend.)  
Chicago, IL

NOVEMBER 7-8

THE PENN RHINOPLASTY COURSE

(Endorsed by the AAFPRS Foundation)  
Philadelphia, PA

### 2009

JANUARY 15-19

WINTER SYMPOSIUM ON THE LATEST  
ADVANCES IN FACIAL PLASTIC  
SURGERY  
Telluride, CO

JUNE 11-14

ADVANCES IN RHINOPLASTY

Co-chairs: Wayne F. Larrabee, Jr., MD;  
Edward H. Farrior, MD; and Stephen S.  
Park, MD  
Seattle, WA

OCTOBER 1-3

FALL MEETING

Co-chairs: Robert L. Kellman, MD;  
Paul J. Carniol, MD; and  
Fred G. Fedok, MD  
San Diego, CA

## ROUNDTABLE DISCUSSIONS

From OFPSA Meeting, page 9  
this presentation will not disappoint. The members will also attend roundtable discussions with topics ranging from nursing, patient education, practice management, and medical esthetics. This will be an open forum of discussions about various topics that affect our offices and how we tackle the day-to-day issues.

On Friday, September 19, Glenn Morley, consultant from Allergan, will focus on patient retention and how to win them every time! Many of us have had the opportunity of hearing Glenn at other venues and are excited to have her join us this year! Tracy Drumm, from IF Marketing, will present, "Concierge Marketing and Medicine." Tracy is an active member of the OFPSA and will share her medical marketing savvy experience with the group. The day proceeds with roundtable

discussions specifically looking at hospital/university-based practices versus private practice. The two-day program will wrap up with the big event of "Best Things Shared!"

There is a lot of information to be shared at this meeting. So don't miss an opportunity for your staff to experience networking and the wealth of information shared at the meeting.

A full program is available on the Academy's Web site: [www.aafprs.org/education-meetings.html](http://www.aafprs.org/education-meetings.html). Register your staff today! You will reap the benefits of the knowledge they take away from this meeting. If they are not currently OFPSA members, they should consider joining to avail of the discounted registration fee. Have them contact Kristina Thomas at the AAFPRS office at (703) 299-9291, ext. 239 or by e-mail at [kthomas@aafprs.org](mailto:kthomas@aafprs.org). ■

Ad in place in printed copy

**SPECIAL NOTE**

This special election insert is provided to the membership in conjunction with the 2008 AAFPRS elections. Voting for AAFPRS officers and elected committee members will be conducted by MAIL BALLOT (or in person at the Annual Business Meeting on Friday, September 19, 2008 at 4:45pm at the Palmer House Hilton Hotel in Chicago, IL).

For the first time, bylaw amendments may be voted on by mail. This year, one bylaw amendment is up for consideration for voting by mail. The proposed amendment appears on page 14 of this insert. It will appear on your ballots in August along with the candidates for election.

**IMPORTANT:** Mail ballots will be sent to all voting eligible members (fellows, members, emeritus, and retired members who are current with their dues) on August 8, 2008 and must be returned post-marked on or before Friday, September 5, 2008 to be considered valid. **If you voted by mail, you will not be allowed to change your vote on-site at the business meeting. Only voting eligible members who have paid their 2008 dues will have their ballots counted.**

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**NOMINEES FOR 2008 ELECTIONS**

In accordance with the bylaws, the Nominating Committee's report was provided to the voting membership by May 1st of the year of the Business Meeting (published in the April 2008 *Facial Plastic Times*). The candidates for the president-elect position were asked to submit an "open letter" to the membership via this election insert. The letters are on pages 2 and 3 of this insert following this page.

**President-elect**

Kriston J. Kent, MD  
Daniel E. Rousso, MD

**Secretary-elect**

Paul J. Carniol, MD  
Stephen S. Park, MD

**Group VP-elect for Education**

John L. Frodel, Jr., MD  
Anthony P. Sclafani, MD

**Group VP-elect for Research,  
Development and Humanitarian  
Programs**

Minas Constantinides, MD  
David B. Hom, MD

**Young Physician Representative**

Patrick J. Byrne, MD  
David W. Kim, MD

**Nominating Committee**

Edward H. Farrior, MD  
Peter A. Hilger, MD  
Devinder S. Mangat, MD  
Ira D. Papel, MD  
Steven J. Pearlman, MD  
William H. Truswell, MD

**Credentials Committee-Canadian  
Representative**

Peter J. Brownrigg, MD  
Kris Conrad, MD

**Audit Committee**

Fred G. Fedok, MD  
Richard D. Gentile, MD

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## ELECTION INSERT AND BYLAWS AMENDMENT 2008

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Dear Colleagues,

It is a distinct and rare privilege to be asked to be a candidate for president-elect of the American Academy of Facial Plastic and Reconstructive Surgery. I have been a member of this esteemed organization for over 25 years and it has been vital to my professional training, education, and growth.

In the early years of my membership, I attended as many AAFPRS educational opportunities as I could. I also visited many established and successful facial plastic surgeons that generously welcomed me to their practices and freely shared essential practice and surgical tips. With the help of these unselfish mentors, I was able to establish a successful practice. My success did not go unnoticed by competitors in plastic surgery who were not as well-trained, but felt entitled. When challenged, once again, the Academy came to the rescue of Florida facial plastic surgeons (and facial plastic surgeons everywhere) and fought to gain unequivocal recognition by the state government for our specialty.

At this time, it became obvious to me that, in order for us to continue to have the right to practice our specialty and be recognized by our medical colleagues, we must become involved at every level. It was time to "give back". I subsequently became very active in my local medical society and hospital. Soon, I was president of our county medical society and on the executive committee of the hospital staff. This led to leadership positions with the Florida Medical Association and the Florida Political Action Committee board. When office-based facial plastic surgery was challenged in Florida, I was appointed by the governor to a task force to rewrite Florida's office surgery rules. This led to my appointment to the Florida Board of Medicine. I served both as chairman elect, and chairman, of the Board of Medicine in Florida. Each of these opportunities allowed me to serve the patients of Florida and provided valuable representation and support for facial plastic surgery in the legislative and regulatory arenas.

Of equal importance, over the years, I have also served on many AAFPRS and ABFPRS committees and boards. Committee work included serving on the membership, regulatory and socioeconomic, public information, CME, fellowship review, ambulatory surgery, and audit committees. I have also served on the AAFPRS Board of Directors as vice president of membership and society relations. In the educational arena, I have chaired several AAFPRS Winter Meetings, the 2000 AAFPRS Fall Meeting and the 2006 9th International Symposium of Facial Plastic and Reconstructive Surgery in Las Vegas. Currently, I serve on the Board of Directors, as Audit committee chair and as treasurer, of the ABFPRS and continue to serve as an oral examiner each year for the board exam.

Each of these experiences and opportunities to serve the Academy and the Board have provided me with new insights and knowledge which should provide me the ability to lead the academy successfully, if elected as your new president-elect.

Now that we have learned from the past, and are in a strong current position (through the sacrifices of many prior leaders and workers) we must plan diligently and work hard to assure a successful future for the Academy and its facial plastic surgeon membership.

If I am privileged to serve as AAFPRS president, I promise to give my full attention to leading the Academy and its Board, and strengthen its position at every level. In the last few paragraphs, I would like to highlight a few areas and goals which should be priorities.

Education continues to be at the core of our organization. We must continue to improve our Educational opportunities to the membership. This includes even stronger and innovative meetings and learning modalities.

Membership is the lifeline of any organization, and we must provide real value to every member. This also includes doing a better job of letting members know what the Academy does for them.

Regulatory and legislative challenges continue to arise, often when least expected, and can seriously affect our ability to practice our specialty. We must be involved at every level of local, state, and national government in order to proactively respond to outside forces.

Financial stability is also crucial to the health of our Academy. We must find ways for our specialty society to become independently strong so it can do its job without fear of financial insolvency or the need to further tax its membership. Furthermore, we must have adequate resources available to meet challenges when they arise.

Pro bono activities of the AAFPRS Foundation provide all of us with opportunities to "give back" for the opportunities which we have as facial plastic surgeons. Programs like FACE TO FACE, the domestic violence program, and numerous other medical missionary endeavors are invaluable to the Academy and its members on multiple levels.

Heightened public awareness of the AAFPRS must be a constant priority for the Academy. In 21<sup>st</sup> century America, the media holds great sway over public opinion and consumer action. We must become the premier resource for the media and consumers regarding facial plastic surgery.

Finally, every organization is only as strong as its active members. My goal is to not only increase the number of facial plastic surgeons in our membership, but to increase the number of facial plastic surgeons who are willing to work tirelessly for the AAFPRS. Then, and only then, can we improve the opportunities for each other and every future facial plastic surgeon. If elected, I would be honored to lead the Academy and look forward to the opportunity with enthusiasm.

Kriston J. Kent, MD

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## ELECTION INSERT AND BYLAWS AMENDMENT 2008

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Dear Colleagues,

I am indeed honored to be chosen as a candidate for president-elect of the AAFPRS. Since joining the AAFPRS as a resident in otolaryngology 25 years ago, I have completely focused my career on facial plastic and reconstructive surgery. After completing an AAFPRS fellowship, 15 years of group practice and eight years of solo practice devoted exclusively to facial plastic surgery, I believe that I am well equipped to serve as our president-elect. Having served as a member of the AAFPRS Board of Directors for two different offices, as the director of multiple Academy courses and as an AAFPRS fellowship preceptor, has further prepared me for the complexities of this position. Through our pioneering founders, our organization has built a reputation for excellence in facial plastic surgery, based primarily on exceptional educational programs and the free exchange of ideas. Over the years, our academy has grown and matured in order to address the myriad needs of our membership. While I believe that education is still our prime directive, socioeconomic and governmental issues have proven the AAFPRS to be invaluable in the fight for the right of the individual practitioner to market and practice facial plastic surgery. As we move forward, we must be proactive in developing programs and systems to serve our membership and continue to be an "invaluable" asset.

As president, I will work closely with our Board of Directors, committee chairs and Academy staff to lead our organization toward the goals that we set. We must foster active participation by our talented committee members in order to utilize the rich source of ideas and energy they possess.

I will be an active advocate of our members to the media, the public, and the entire medical community, representing the message of our advanced training and qualifications in our specialty. This has become increasingly important as a virtual flood of physicians from other non-related specialties are beginning to find alternative sources of income to supplement their decreasing reimbursement from insurers. We must continue to foster those aspects of our organization that have allowed us to become leaders of our specialty--primarily education.

We must continue to offer the best educational opportunities for our members to further confirm the value of an AAFPRS membership. Training residents, fellows, and members the fine art of facial plastic surgery will continue to yield a level of excellence, as the quality of the surgery we perform will ultimately dictate our own fate. While we will continue to build on our traditional Rhinoplasty and Aging Face courses, we must create new courses and develop alternative educational experiences utilizing Internet and interactive tools to fulfill our members' needs. Maintenance of Certification (MOC) has become a hot topic and we must be able to deliver the educational tools to address this issue. Our AAFPRS Fellowship Program has been a pipeline for training excellent young surgeons and we must support and grow our fellowship program as the marketplace allows. We must explore ACGME certification for fellowship programs to further validate the educational experience of our fellowships.

Membership is another issue of vital importance. Maintaining and growing our membership is crucial to our Academy's stability. Developing programs and services that prove invaluable to those practicing facial plastic surgery will be a priority. We must target our residents and foster their interest and involvement in AAFPRS programs. We will also continue to reach out to our international colleagues and encourage their collaboration and contribution to our organization.

Socioeconomic issues will continue to be cardinal. Protecting the rights of facial plastic surgeons to market and practice their skill is a critical role of the Academy. Our grassroots efforts to address local issues can be facilitated and coordinated through our Academy office to prevent untoward legislation and regulations that would adversely impact our membership.

We must continue to support our pro-bono efforts. The goodwill that the academy obtains from programs like FACE TO FACE is invaluable, not to mention the improved quality of life for those patients we treat, and the satisfaction for those doctors providing the services. It is a win, win, win situation.

Finally, I would like to see our Academy become more financially independent. In recent years, we have greatly improved our financial stability, and I would like to see that continue to improve. This could be achieved through increased meeting registrations, conservative sound investments, and by fostering corporate and philanthropic donations, thereby decreasing the demand for increasing dues and assessments.

Again, I am honored to be nominated for the position of president-elect of the AAFPRS, and it would truly be my honor to serve as your president.

Daniel E. Rousso, MD

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### PRESIDENT-ELECT

Nominated for president-elect are Kriston J. Kent, MD of Naples, FL and Daniel E. Rousso, MD, Birmingham, AL. This position serves a one-year term and succeeds to president the next year and may only serve one term in this office.

#### **Kriston J. Kent, MD**

*Please indicate other experiences that you think have prepared you for this position.*

Since joining the AAFPRS in 1984, this organization has clearly been the only entity which wholly represents our specialty of facial plastic surgery. Through serving on many committees and the Board of Directors of the Academy, I have learned at the feet of many visionaries and prior leaders what issues challenge our specialty and how we must address them. These experiences, and many other leadership opportunities, have prepared me to help lead the Board.



#### AAFPRS

- Member since 1984
- AAFPRS Board member (VP of Membership/Society Relations)
- AAFPRS committees
  - CME
  - Socioeconomic /Regulatory
  - Public Information
  - Fellowship Review
  - Membership
  - Ambulatory Surgery
- AAFPRS Education
  - Program chair 9th International Symposium, 2006
  - Co-chair AAFPRS Fall Meeting, 2000
  - Co-chair AAFPRS Winter Meetings, 2001 and 2003
- Member of 1987 Club, Founders Club

#### ABFPRS

- Board of Directors
- Treasurer
- Audit committee chair
- oral examiner

#### State Medical Leadership Positions:

- Florida Board of Medicine, 2001-2004 (chair, vice chair)
- Florida Society of Facial Plastic and Reconstructive Surgery (president)
- FLAMPAC Board of Directors
- Florida Medical Association, multiple committees

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

Over a three year period, the president-elect becomes the Academy president and immediate past president. This individual performs an invaluable service to preserve what the Academy has accomplished and to lead the Academy to greater heights. This individual must provide leadership; encourage advocacy, and assure good communication. Good leadership involves the ability and willingness to

listen to the concerns and needs of the membership and acting upon these issues wherever possible. Attention must be given to financial stability, exceptional educational opportunities, regulatory and legislative proactivity, and exposure of our specialty to our medical colleagues and the public as the pre-eminent organization representing facial plastic surgery.

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

- Membership apathy. In order to succeed, we must all give more of our time and resources to: 1) assure our abilities to practice our specialty; and 2) prove our unmatched knowledge and skill.
- Recognition. Much progress has been made regarding the AAFPRS being recognized as the leader of facial plastic surgery, however we must not rest on our prior accomplishments or assume that we "have arrived." (See below regarding the ultimate goal.)
- Adaptation. We must streamline our priorities to gain maximum effectiveness of time and money spent towards achieving our goals.

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

- Membership growth. The Academy must display real benefit and we must strive to have every Facial Plastic surgeon join our organization and participate!
- Recognition. Unequivocal recognition as the specialist in facial plastic surgery by our medical colleagues, regulatory/legislative bodies, insurance entities, and most important the public.
- Education. We must continue to improve our excellent educational programs and gain recognition of our fellowship programs by organized medicine while preserving and strengthening the ABFPRS.

#### **Daniel E. Rousso, MD**

*Please indicate other experiences that you think have prepared you for this position.*

I have restricted my practice to facial plastic surgery since beginning private practice 23 years ago. Fifteen years in a group practice and eight years in solo practice have given me the insight into the needs of our membership and intricacies of our subspecialty. I have been fortunate to be able to participate in our Academy on many levels, including two terms as an officer on the Board of Directors.

- AAFPRS Southern Region Vice President
- AAFPRS Vice President for Education
- AAFPRS Executive Committee
- AAFPRS Fellowship Preceptor
- Director - Advanced Course in Hair Replacement Surgery 1990 and 1994
- Director, Southern Region Meetings
- Co-director, Aging Face Course (Birmingham)
- Future Plans Committee
- Fellowship Committee
- Assistant Professor, Department of Surgery, University of Alabama in Birmingham



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

- Leadership. The president's prime responsibility is to lead our organization, working closely with our Board of Directors, committee chairs and Academy staff. The president is responsible for choosing committee members. These members are a rich source of ideas and energy that we must utilize in order to help secure our Academy's future.

- Representation. The president should be a representative of the membership at large. Communication and representation are traits of any strong organization, and facilitating the lines of communication with our membership is crucial. The president must be accountable and responsive to the members needs. The president also represents the AAFPRS to the entire medical community, media and public, being an advocate of our members in the ever-increasingly competitive marketplace.

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

- Membership. Maintaining and growing our membership is vital to our stability. Developing programs and services that prove invaluable to those practicing facial plastic surgery will be a priority.

- Education. Our Academy was built on a foundation of exceptional educational experiences. We must continue to offer the best educational opportunities for our members to further confirm the value of an AAFPRS membership. Training residents, fellows and members the fine art of facial plastic surgery will continue to yield a high quality product, as the quality of the surgery we perform will ultimately dictate our own fate.

- Socio-economic. Through our pioneering founders, our organization has a reputation for excellence in facial plastic surgery, unsurpassed by any other society. Pro-active interaction with media sources and governmental agencies will protect the rights of our members to practice and market their skills.

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

- Maintain and grow our membership through the development of innovative programs.
- Continue to improve our financial security by fostering corporate and philanthropic donations, thereby decreasing the demand for increasing dues and assessments.
- Develop new educational tools to address increasing governmental demands and MOC requirements.

### SECRETARY-ELECT

Nominated for secretary-elect are Paul J. Carniol, MD of Summit, NJ and Stephen S. Park, MD of Charlottesville, VA. This position serves a one-year term, succeeds to secretary the next year and serves a four-year term and may only serve one term in this office.



#### **Paul J. Carniol, MD**

*Please indicate other experiences that you think have prepared you for this position.*

For the AAFPRS, I have served as:

- Vice president of Research and Development
- Chair Emerging Trends and New Technologies Committee
- Chair Budget Task Force (Ad Hoc)
- Worked with the Education Committee, CME Committee, Public Information Committee, Socioeconomic Affairs Committee
- Senior advisor to the Emerging Trends and New Technology Committee
- Co-chair of Annual Meeting AAFPRS 2009
- Directed numerous courses and presented at multiple AAFPRS meetings

Other positions include:

- American Board of Facial Plastic and Reconstructive Surgery, Budget Committee member
- Board of Governors, American Academy of Otolaryngology, governor
- New Jersey Academy of Facial Plastic Surgery, president
- New Jersey Academy Otolaryngology Head and Neck Surgery, president
- Medical Society of New Jersey past Board member
- Union County Medical Society, past president
- New Jersey Chapter of American College of Surgeons, president-elect
- Facial Reconstruction Course--North East Regional, director (past five courses)
- Lectured at numerous meetings, multiple topic including: new technology, rhinoplasty, facial reconstruction
- Academic, clinical associate professor, Department of Otolaryngology, The New Jersey Medical School, Visiting Professor, 2006 Department of Otolaryngology University of Pennsylvania

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

The most important duty is to serve the members of the AAFPRS, including addressing their needs and concerns. In this increasingly competitive environment this should include, promoting our specialty and our expertise in facial plastic surgery to our patients, the media, legislators and regulators. Furthermore, the secretary acts as a liaison between the AAFPRS, the AAO-HNS and other societies.

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

- Strengthening our identity with our patients, the media and legislators as the premier group for all aspects of facial plastic surgery.

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- Improving our presence and recognition on the Web and with search engines.
- Monitoring and responding to socioeconomic issues for our members.

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

We should strive to achieve recognition as the authority for all issues related to facial plastic surgery. In order to achieve this, we should provide high level educational opportunities for our members as well as work with the media and legislators. Furthermore, as the Internet continues to grow in importance we should improve Web and search engine visibility for our members as well as the AAFPRS. This would be a valuable member benefit.

### **Stephen S. Park, MD**

*Please indicate other experiences that you think have prepared you for this position.*

AAFPRS

- Board member: Southern region director, 2004-2008
- Chair of Fellowship Committee, 2004-2007
- Chair of Fellowship Research Subcommittee, 2000-2004
- Director of the annual Essentials in Facial Plastic Surgery Course



ABOto

- Senior examiner, 2000-2005
- Director, 2008-present

Department of Otolaryngology, University of Virginia

- Vice-chairman
- Director, Division of Facial Plastic Surgery
- Program director
- Promotion and Tenure Committee
- RRC committee member (ACGME)

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

The position of secretary is an integral part of the Executive Committee as well as the Academy and Foundation Board of the AAFPRS. The responsibilities include detailed record keeping, participation in discussions of Academy matters, and voting in a manner that best serves the Academy interests. I've had the privilege of participating on the Board for the last four years and have an understanding of these needs.

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

- Maintaining a vibrant membership that can sustain the strength of this Academy indefinitely. Practitioners today are pulled in many directions and at multiple levels, including professionally and personally. It is critical for the Academy to establish a value to these members such that it remains at the top of their list.
- Education. One of the primary missions is to educate members, young and old, with contemporary and controversial matters. This is the backbone of our organization and it should remain an utmost priority. The leadership must maintain solidarity in this endeavor.
- Fiscal Independence. The Academy functions best with a

solid financial framework and it is the responsibility of all Board members to ensure the fiscal longevity of our Academy. This is achieved through stewardship, conservative investments, and the solicitation of industry support.

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

- Our Academy should never lose perspective of its roots. As a large organization, we have made tremendous strides in recent decades, but we must maintain the momentum. We have an obligation towards otolaryngology residents and residency programs in terms of providing a committed, enthusiastic, and fellowship trained professor at each center. This has been a goal of the Academy for several years and we should continue to work towards this end.
- Our fellowship programs are state-of-the-art and solidifying our credibility in society. Further accreditation is a worthwhile pursuit. Medical communities and the general public continue to scrutinize credentials of physicians, and this Academy should provide a pathway for complete accreditation. This is best achieved by maintaining close relations with the American Board of Facial Plastic and Reconstructive Surgery and development of a Maintenance of Certification.

### **GROUP VP-ELECT FOR EDUCATION**

Nominated for group vp-elect for education are John L. Frodel, Jr., MD of Danville, PA and Anthony P. Sclafani, MD of New York, NY. This position serves a one-year term, succeeds to group VP the next year and serves a three-year term and may only serve one term in this office.

### **John L. Frodel, Jr., MD**

*Please indicate other experiences that you think have prepared you for this position.*

I have been an active member of the AAFPRS for the last 20 years, with particular emphasis on involvement in the AAFPRS



Foundation. AAFPRS Foundation positions include:

- Former chair of the Fellowship, Fall Meeting Program, Surgical Workshop, and Subcommittee on Evaluation and Strategic Planning Committees.
- Current member of the Fellowship Review, Fellowship, FACE TO FACE, and CME Committees.
- Former member of the CME Advisory, 7th International Symposium Program, Publications, Craniomaxillofacial and Surgical Specialties, Craniomaxillofacial Fellowship, and Medical Student Education Committees, and the Task Force on Facial Plastic Surgery Manpower.
- Program chair, 1997 AAFPRS Fall Meeting and 2001 Winter Symposium
- ABFPRS Committees, Bylaws and Publications Committee, Task Force on Practice Parameters Committee, and Subcommittee to Write New Test Items
- Chair, AO/ASIF CME Advisory Board (for CME accreditation); chair, AO/ASIF North American Education Committee; member, AO/ASIF International Education Board.

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

The group VP for education plays a critical role in the maintenance and development of academy education and fellowship programs. This VP must guide the CME and program-related committees in traditional as well as newer cutting-edge educational activities, while at the same time provide direction in the ever-changing and challenging CME accreditation environment. He/she should work closely with the Fellowship and Fellowship Review Committees to not only maintain the current quality of our fellowship programs, but also to improve them to the highest possible level, along with supporting difficult decisions that need to be made by these committees. The VP must work with the Specialty Surgery Committee to continue development in the non-cosmetic surgery areas of facial plastic surgery. He/she serves as the intermediary between these committees and the Foundation Board.

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

- Membership. We must not only maintain our current level of membership but strive hard to increase it.
- Financial stability. We require an increase in the Academy's reserves to allow for future stability.
- Reputation. While our past and current leaders have overcome enormous hurdles and have made phenomenal accomplishments, we can always further bolster our reputation as being the dedicated specialists for facial plastic and reconstructive surgery.

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

- Our membership must be increased with the addition of actively participating new members in order to stabilize the Academy financially and secure the future leadership of the AAFPRS.
- Our reputation must be further strengthened by constantly improving and diversifying our educational offerings while maintaining a strong reputation in the CME arena. Also, we must support the ABFPRS in all areas, including re-certification.
- We must work with the fellowship programs to further bolster the AAFPRS' reputation as providing the gold standard for post-graduate training in facial cosmetic, reconstructive, and congenital abnormality surgery.

### **Anthony P. Sclafani, MD**

*Please indicate other experiences that you think have prepared you for this position.*

It is an honor to be nominated for the position of group VP for education-elect for the Academy, as the core essence of the Academy since its inception has been promotion and promulgation of the finest in continuing medical education for the facial plastic surgeon. I have chaired the AAFPRS CME Committee and have been involved in helping the Academy meet the challenge of providing fresh, innovative and novel medical education to our members. As director of facial plastic surgery and a



full-time faculty member in an otolaryngology residency program, I have the opportunity to see the full breadth of education necessary to take an ORL resident to the pinnacle of state-of-the-art facial plastic surgery. Most of all, I feel that I have had the benefit of outstanding teachers and educators in facial plastic surgery, who not only taught me but now serve as role models for me.

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

The group VP for education-elect should assist the Board in ensuring that the guiding light of the Academy-- educational development of our members and promotion of facial plastic surgery--continues to shine brightly. He should be open and receptive to new ideas and represent the interests of the entire membership and the need for education in basic to advanced facial aesthetic and reconstructive surgery.

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

The main challenge facing the Academy continues to be the need to establish and cement in the public's perception that Academy members are the most competent, highly trained and most artistic source for cosmetic and reconstructive surgery of the face. Financial and media competition with other societies (whose vision and focus may be less refined and whose members may be less qualified) hampers branding our specialty as the best source of such care in the public's mind. Furthermore, tighter financial conditions make it all the more necessary that the Academy continues towards its goal as a "lean and mean" group, maximizing opportunities and minimizing threats.

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

The Academy's educational efforts should take the form of a broad, three-pronged approach:

- Promotion of facial plastic surgical education within academic otolaryngology, more firmly establishing our Academy's position as the primary source of facial plastic surgery knowledge and practice.
- Continued enhancement of the Academy's fellowship training programs to continue to produce leaders in the field.
- Further development of tradition and newer, electronic-based methods of education in facial plastic surgery, so that membership continues to look to the Academy to assist with life-long learning and quality improvement. If these goals are achieved, our Academy will become "The Source" for all facial plastic surgery.

**GROUP VP-ELECT FOR RESEARCH, DEVELOPMENT AND HUMANITARIAN PROGRAMS**

Nominated for group VP-elect for research, development and humanitarian programs are Minas Constantinides, MD of New York, NY and David B. Hom, MD of Minneapolis, MN. This position serves a one-year term, succeeds to group VP the next year and serves a three-year term and may only serve one term in this office.

**Minas Constantinides, MD**

*Please indicate other experiences that you think have prepared you for this position.*

I am senior advisor of the FACE TO FACE Committee, chair of the Fellowship Committee, elected eastern representative to the Credentials Committee, and on the Fellowship Review Committee. I was co-director of our Toronto Annual Fall Meeting, a member of numerous other committees including New Technologies and Devices and Oral Board Examiner for ABOto. I have led or been involved in five FACE TO FACE missions to Vietnam and numerous domestic violence cases. I am director of facial plastic surgery for the Department of Otolaryngology at NYU School of Medicine and a fellowship director.



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

This Board of Directors position focuses on FACE TO FACE, research and awards, and new development while helping manage the overall direction of our Academy.

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

- Future vitality of our Academy. Scope of practice threats are increasing. Robust fundraising and strategizing will insure the high benchmark we have set for care in our field. The weakening economy makes the fiduciary responsibility of every Board member critical. Successful development of outside resources will stabilize our Academy into the future.

- Maintaining and recognizing high academic excellence. Our Academy has set the bar for the highest level of education in facial plastic surgery worldwide. Revitalizing the grants program will reenergize us as research leaders in our academic institutions and residency programs.

- Expand our domestic and international outreach efforts. As a leader in FACE TO FACE, I have seen yearly trips culminate in divisions of facial plastic surgery established in Hanoi and Saigon. Further expansion of the international and domestic violence programs will increase our members' profiles everywhere.

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

- Increase development.
- Increase domestic and international educational standards in facial plastic surgery.
- Fight expansions of dentists and oral surgeons in our field.

- Advocate for malpractice reform and caps on malpractice judgments.
- Improve participation of talented members in our CME activities.

**David B. Hom, MD**

*Please indicate other experiences that you think have prepared you for this position.*

- AAFPRS Board of Directors (Midwestern Region Director), 2005-2008
- Co-director, AAFPRS Spring Meeting, 2003
- Chair, AAFPRS Research Committee, 1996 -2000
- Chair, ABFPRS Written Exam Committee, 2000-2008
- Served on multiple AAFPRS Committees for 17 years (CME, Awards, Research, Facial Plastic Times)
- ABFPRS Board of Directors, 2003-2008
- President, Minnesota Academy of Otolaryngology, 2004
- Ben Shuster Award recipient, 1988
- Director, Division Facial Plastic and Reconstructive Surgery-University of Cincinnati, 2007-2008



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

As group VP for research, development and the humanitarian programs, one must represent the members as an effective and coherent voice to the Academy's Board of Directors to encourage cutting edge new ideas and directions. In addition, one must promote the best interests of the Academy in facial plastic and reconstructive surgery to protect and serve our members.

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

- Continue to offer high quality medical educational programs with state of the art instruction courses to its membership.
- Retain membership and increase recruitment by offering more services and benefits to our members such as public relations presence and media contacts.
- Strengthen the national standing of our Academy in the public and among other medical specialties by continuing to promote the quality of our work and publicizing these activities.

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

- Enlarge national market share for facial plastic surgeons.
- Establish national network of state societies linking communication among facial plastic surgeons.
- Increase public recognition of facial plastic surgeons as the specialty of choice in the U.S.

**YOUNG PHYSICIAN REPRESENTATIVE**

Nominated for young physician representative are Patrick J. Byrne, MD of Baltimore, MD and David W. Kim, MD of San Francisco, CA. This position serves a three-year term and the representative only serves one term in this office.

**Patrick J. Byrne, MD**

*Please indicate other experiences that you think have prepared you for this position.*

I believe that I understand the concerns and needs of our academy members at all levels, but particular of younger members. As a faculty member I work with residents on a daily basis, and am intimately aware of their desires and concerns. I direct our facial plastic fellowship program. Since my practice is evenly split between reconstructive surgery at the university hospital, and a cosmetic surgery at our off-site private styled cosmetic center, I have useful real world experience in a variety of practice settings.

I serve in a variety of positions in the institution, including acting as division director, and as one of six Johns Hopkins Medicine International Corporation medical directors. I regularly participate in our AAFPRS activities, serving on committees and contributing to yearly educational programs.

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

The young physicians representative is the link for all of our younger Academy members to the governing board. He or she must faithfully represent the perspective and concerns of this constituency to the board, and advocate on their behalf. In addition, through a variety of forums the younger Academy members need to receive important from their representative. I would advocate for a proactive strategy to poll young members to clarify their hopes for the Academy.

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

There are several challenges facing our Academy at the present time. These include the volatile economy, increased competition from an expanding array of specialties, concerns about membership numbers and our influence on health care policy and credentials, medicolegal threats, increasingly cumbersome hospital regulations, declining reimbursements, and more. These each require a thoughtful strategy on the part of our specialty. However, I really feel the focus of the Academy needs to remain on what we can control. This should remain a robust membership, and a commitment to education. We will continue to thrive with our emphasis remaining on the delivery of a quality product.



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

The upcoming generation of surgeons, those recently graduated as well as those yet to enter the workforce, are the future of our specialty. I would like to see our Academy continue to develop and expand on its tradition of excellence by focusing on education and training. The primary tangible goal would be to increase membership. In order to do this, we need to continue to provide excellent reasons for surgeons to become members. The expansion of our already impressive educational offerings is, I believe, the critical factor. We need to make our educational programs as compelling as possible, with a full representation of the members interests.

**David W. Kim, MD**

*Please indicate other experiences that you think have prepared you for this position.*

I have been fortunate to have been heavily involved in the AAFPRS. My activities have been largely focused on education. As an academic surgeon, this reflects my personal emphasis on education for both individual and institutional success.

- Current Chair of the Fellowship Curriculum subcommittee.
- Member of several other committees over the past five years
- Co-director for the 2007 Washington DC Fall Meeting
- Co-director for the 2007 Boston Rhinoplasty Course cadaver lab
- Co-director for the 2008 San Francisco Aging Face Course cadaver lab

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

- Serve as an advocate for the needs of young physician members.
- Facilitate growth and involvement of new members in the AAFPRS.
- Serve as a mediator for dialogue between the Board and the younger membership.

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

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

I believe the following are the three most important issues for long-term success of the Academy. I believe the AAFPRS should strive to strengthen these areas:

- Growth of a strong membership base. This can be accomplished by strengthening recruitment, engaging young members, and identifying and nurturing capable individuals who will go on to become future leaders.
- Delineating and implementing consistently high standards for training, courses, and meetings.

Providing outstanding training and educational opportunities will translate into producing outstanding physicians. Consistent and high standards year after year are necessary to accomplish this goal. Health care

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organizations and patients are becoming increasingly interested with quality metrics. As such information becomes accessible, our ability to produce well-trained physicians will take on greater importance for our collective well-being.

- Expanded public relations. Presenting an attractive public image is critical for us to succeed in the marketplace. Consistent and effective promotion of noteworthy achievements of the Academy and its members should be a priority. This will help to ensure that the reputation and standard of the Academy remain unassailable.

### NOMINATING COMMITTEE (CHOOSE 3)

Nominated to serve on the Nominating Committee are: Edward H. Fariior, MD of Tampa, FL; Peter A. Hilger, MD of Edina, MN; Devinder S. Mangat, MD of Cincinnati, OH; Ira D. Papel, MD of Baltimore, MD; Steven J. Pearlman, MD of New York, NY; and William H. Truswell, MD of Northampton, MA. These positions are for two-year terms.

#### Edward H. Fariior, MD

*Please indicate other experiences that you think have prepared you for this position.*  
I have been involved with the Academy since 1987 and have had an opportunity to work with the leaders of our specialty who have dedicated their time and energy.



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

I feel the most important duties of this position would be to evaluate the current and upcoming leadership to nominate a vibrant, committed group of candidates with a vision for the Academy.

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

- Growing the membership could quite possibly be the most important issue for the AAFPRS. Through increasing membership, there is increased political clout, increased revenue, and a larger base for educational contributions to the Academy.
- Socioeconomic security for the Academy and its membership.
- Governmental input and regulation on scope of practice.

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

I would like the Academy to strive to be an intellectually and economically viable organization that strengthens its position as the premier organization for education and patient advocacy in facial plastic and reconstructive surgery.

#### Peter A. Hilger, MD

*Please indicate other experiences that you think have prepared you for this position.*

I have had the opportunity to serve the Academy in various positions since I completed my Fellowship in 1980. Most recently I served as chair of the Nominating Committee, president of the Academy and prior to that, secretary. I have also served on numerous committees for both the Academy and the AAFPRS Foundation over the past 28 years.



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

The Nominating Committee is in many ways the most significant committee in the AAFPRS as our leaders and future leaders percolate up through this organization.

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

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

- Maintain a strong membership. Our members needs and skills are essential to the vitality of the AAFPRS.
- Recognition of our specialty by government and regulatory agencies, as well as organized medicine.
- Financial health which will facilitate the achievement of Academy goals at a reasonable cost for members.

#### Devinder S. Mangat, MD

*Please indicate other experiences that you think have prepared you for this position.*

- Chair of multiple AAFPRS committees over the past 25 years
- Program chair for Fall and Spring Meetings
- Past president of the AAFPRS
- Past vice president and Board member for over 10 years
- Past president of the ABFPRS



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

The importance of this position is to help nominate individuals for leadership position in the Academy, who are dedicated, ethical and have a vision for the future of our Academy. This position also seeks out individuals who have shown promise of becoming a good leaders and a hard workers.

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

- Membership retention. Many organizations are competing for dues and marketing educational opportunities.
- Economic stability. Increasing expenses and decreasing revenues can cause instability for the Academy.
- Competition in the market place. Multiple specialties competing for same pool of patients.

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

- Become financially stable by having in reserves two years worth of budgetary needs.
- Attract more members from resident pool and general otolaryngology group.
- Greater diversity in educational programs both content and faculty.

### **Ira D. Papel, MD**

*Please indicate other experiences that you think have prepared you for this position.*

Over the past 20 years, I have held many offices within the AAFPRS. These positions include committee chairmanships, vice-president, and president. At this time, I represent the AAFPRS in the multidisciplinary Injectable Safety Coalition. On the Foundation side of the Academy, I have been involved with organizing and chairing CME courses on a local and national level. Through these wide ranging responsibilities, I have had a good view of the various functions of the organization.



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

The responsibility of the Nominating Committee is to nominate responsible, competent, and honest candidates to serve as the AAFPRS leadership in the present and future. There is no more important task than this.

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

The AAFPRS must be focused on its core goals over the long term. In my opinion these goals and objectives include:

- Representation of facial plastic surgeons at all levels of organized medicine to ensure that we speak from a unified and effective voice. This will protect the interests of our members and their patients.
- Continuing Medical Education has been a core function of the AAFPRS since it's founding. We must continue to present strong, state-of-the-art programs that place the AAFPRS at the leading edge of facial plastic surgical education.
- Advocacy at the local, state, and national level to protect the quality of practice our members provide. Medicine is under attack from government regulations, medical liability issues, and insurance company reimbursement schemes. The AAFPRS must be a member of the team to monitor and advocate for our doctors and patients.

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

The goals I would like the AAFPRS to achieve are to fulfill the objectives outlined above.

### **Steven J. Pearlman, MD**

*Please indicate other experiences that you think have prepared you for this position.*

I have held a number of positions in the AAFPRS that have prepared me for the Nominating Committee:

- Chair Nominating and Ethics Committees, 2005-2006
- President AAFPRS, 2004-2005
- Eastern Regional Director, 1997-2000
- Chair, Public Information Committee, 1995-1997
- Chair, Audio-Visual Committee, 1993-1995
- Founding President of the New York Facial Plastic Surgery Society (one of the first regional societies)
- Member of FACE TO FACE
- ABFPRS Fellowship Director

In addition to the above credentials, I have always thought of the AAFPRS as my "academic home." As my home, I would like to maintain order and assure the highest quality candidates to guide the future of the AAFPRS. Having practiced in both an academic hospital-based setting as well as solo private practice, I am sensitive to the needs of both groups.



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

The most important duty is to choose the best candidates to represent and lead the AAFPRS and to do so without bias or personal affiliation.

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

- Brand facial plastic surgery. "Trust your face to a facial plastic surgeon" is what all patients and media should say when seeking any facial surgery.
- Monitor socioeconomic and regulatory conditions. Our specialty and medicine in general is under constant assault from governmental regulation, disparaging attacks from our competitors and in need of tort reform. These need to be monitored and addressed expeditiously.
- Maintain fiscal responsibility.

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

- As it says in our mission statement, our primary goal is education of our members, future members, the medical community and the public.
- Maintain financial stability while enhancing member benefits.
- To make membership in the AAFPRS invaluable to our members.

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## ELECTION INSERT AND BYLAWS AMENDMENT 2008

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### **William H. Truswell, MD**

*Please indicate other experiences that you think have prepared you for this position.*

- Immediate past member of the Board of Directors of the AAFPRS as Eastern Regional Representative
- Current member of the Board of Directors of the ABFPRS, oral Board examiner
- Past member of the Nominating Committee of the AAFPRS
- Academy member for over 30 years and participation on various committees and educational programs



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

Selecting members with the talent, dedication, selflessness, and strong work ethic who will become the future leaders of the Academy is the most important duty of this committee.

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

- The Academy needs to work to expand its membership. This will increase our strength politically in organized medicine, strengthen our financial base, and increase public awareness of our specialty.
- Continue our educational and fellowship programs and help these activities become the primary ones sought out for CME's and training by all who seek to expand their knowledge in facial plastic surgery.
- Continue to support and foster research in facial plastic surgery through awards and grants and support our humanitarian programs.

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

The Academy must continue to strive to increase the awareness of facial plastic surgery in both organized medicine and the public consciousness. Strategic planning for the future must recognize and address issues that will affect us both positively and negatively in a proactive fashion. We need to have leaders with the foresight to see, plan and act on our behalf in a way that grows our organization in public awareness, membership strength, financial security, and political position so that we can compete effectively in this world of modern medicine.

### **AUDIT COMMITTEE**

Nominated to serve on the Audit Committee are Fred G. Fedok, MD of Hershey, PA and Richard D. Gentile, MD, MBA of Youngstown, OH. Audit Committee members serve one staggered three-year term.

### **Fred G. Fedok, MD**

*Please indicate other experiences that you think have prepared you for this position.*

I have been a member of the AAFPRS since my residency (that fortunately takes us to the 20 year plus mark). During these last two decades, I



have been part of this organization during a number of different presidents and boards. As part of the Academy, I have served in several capacities on numerous committees. The Academy has undergone many changes responding to professional and economic forces and continues to be solvent. That has been possible through the physician leadership and Administrative staff. In other facets of my professional career, I have served as the chief of the Otolaryngology-Head and Neck Surgery Division at Pennsylvania State University, have owned a nine-physician medical group in California, and presently run a busy cosmetic practice in Pennsylvania. This diversity of financial and management experience has given me a solid perspective on the realities and opportunities in private and organizational finances. I believe that perspective can be an asset to the audit committee.

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

The most important duties include:

- Participating in the oversight of the financial well-being of the Academy.
- Ensuring that the Academy operates in a fiscally responsible manner to best serve the members and mission.

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

First is to maintain and serve its membership. The vehicle for that is to serve as the prime educational and professional resource for the specialty of facial plastic surgery. Only with that in place can the specialty of facial plastic surgery be effective in navigating the many external challenges including those posed by legislative issues, reimbursement issues, and those from within organized medicine.

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

Specialty solidarity, specialty recognition, and maintaining appropriate relations with otolaryngology, and other specialties in organized medicine. Facial plastic surgery also has to continue to strive to stand credibly in the many professional and legal forums.

### **Richard D. Gentile, MD, MBA**

*Please indicate other experiences that you think have prepared you for this position.*

I have had experience with Audit Committees on multiple levels. I have served on a corporate Audit Committee for a publicly traded company and gained experience from this term. As treasurer and treasurer-elect for the Academy from 2003-2007, I have participated in the Audit Committee meetings (4) as well as the necessary interaction with our auditors McGladrey and Pulen. This experience makes me fully aware of the obligations and requirements for the committee assignment. Serving as the treasurer on the Academy and Foundation Board of Directors and Executive Committee has permitted me the opportunity to



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understand the potential threats financial and otherwise that Audit Committee must examine for. My business background and knowledge of budgets and finance assist in meeting the requirements of the Audit Committee. My attention to financial detail and protocol also make me well suited for the committee.

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

The most important duty is to review audited financial statements and the spending practices of the Academy so that the membership can be confident that Academy funds are being used properly.

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

The Academy continues to be the foremost advocate for the practice of facial plastic and reconstructive surgery by its membership. External threats to member's ability to practice their chosen specialty continue to surface from time to time. These threats include threats from competitors, legislative and judicial bodies and range from turf wars to taxation to scope of practice issues. Internal threats to the Academy also include our ever-present need to adequately manage our resources and staff so that we will always be capable of informing the public as well as our medical colleagues of the depth and excellence of our medical training and clinical practice.

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

One goal is to oversee the continued strong financial performance the Academy has maintained over the past years. Another is to see that our message of excellence is able to get to potential patients via the appropriate utilization of public relations and marketing. Our educational programs remain outstanding and maintaining this high level of excellence would be another goal of achievement.

### CANADIAN REGION CREDENTIALS REPRESENTATIVE

Nominated for the Canadian region credentials representative are Peter J. Brownrigg, MD of Ottawa, ON and Kris Conrad, MD of Toronto, ON. The Canadian region credentials representative serves a five-year term.

#### **Peter J. Brownrigg, MD**

*Please indicate other experiences that you think have prepared you for this position.*

I have been involved with the Academy on various positions, including Canadian regional VP. Also, serving as the treasurer and president of the Canadian Society of Otolaryngology-Head & Neck Surgery, I have developed the contacts all over this country to be able to appropriately evaluate Canadian applicant credentials. Also, my wish is to give back to a great organization that has done so much for me in my career development.



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

The most important duty of this position is to be able to honestly and fairly review Academy applicants.

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

- To maintain our members rightful position as regional specialists in facial plastic surgery.
- To promote our society to our colleges, the public, the media, and especially government regulators as the preeminent specialty for facial plastic surgery.
- To maintain our strong educational strengths for all our members.

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

Our goal should be to continue to make our society the strong educational, politically proactive "go to" society for all of us involved in facial plastic surgery.

#### **Kris Conrad, MD**

*Please indicate other experiences that you think have prepared you for this position.*

- Associate professor, Department of Otolaryngology, University of Toronto
- Director of Facial Cosmetic Surgery Clinic, Mount Sinai Hospital, University of Toronto
- First founding member and past president of the Canadian Academy of Facial Plastic and Reconstructive Surgery
- Past Canadian Regional Director, Member of the Board of American Academy of Facial Plastic and Reconstructive Surgery
- Current member of the Board of the Canadian Academy of Facial Plastic and Reconstructive Surgery



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

It is important to obtain proper information about the candidate's professional conduct, dedication and involvement in the performance of facial plastic and reconstructive surgery.

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

- Securing a steady growth of the membership of the Academy attracting well trained and committed young facial plastic surgeons.
- Maintaining the highest possible level of educational activities and prestigious profile within the organized medicine and the public.
- Securing financial needs for the Academy to fulfill its goals in research, education and efforts in maintaining excellence in patients' care.

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

Membership in American Board of Medical Specialties.

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## ELECTION INSERT AND BYLAWS AMENDMENT 2008

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### PROPOSAL TO AMEND BYLAWS TO PERMIT THE NOMINATION OF ONE CANDIDATE FOR PRESIDENT-ELECT FOR AMENDMENT TO BYLAWS

**Amendment to Article XI: ELECTIONS, Section 1**  
**The proposed amendment appears underlined and in BOLD.**

#### **Section 1. Nominations**

- (a) Nominations for office can be made only by the nominating committee, or by petition.
- (b) The Nominating Committee shall prepare a slate of nominees for the various offices, committees, and director-ships, and any vacancies. The slate shall contain at least two names for each vacancy **except—by two-thirds vote of the Nominating Committee—the slate may include one candidate for president-elect.** The Nominating Committee will propose at least two eligible candidates each year for the positions on the nominating committee to be vacated that year. Their report will be mailed to voting members by May 1 of the year of the annual meeting.
- (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 voting members in good standing 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.

#### **RATIONALE TO AMENDMENT**

##### **Article XI: ELECTIONS, Section 1, Nominations**

The proposed amendment allows the Nominating Committee—by two-thirds vote—the option of nominating one person for president-elect. The reason for the proposed amendment is that the Academy is a very small medical organization with comparatively few leaders willing to invest the time and energy to sit in the traditional leadership chairs leading to the Academy's presidency. By requiring nomination of two persons for the position at the top of the leadership ladder, the Academy guarantees that one of those leaders will be knocked off the top rung. Understandably, an Academy leader who has put in the time and effort to serve the Academy for twenty or more years, sometimes feels that a "defect" in the presidential election might suggest that the leader's talents might be more usefully applied elsewhere. Although some of the Academy's leaders have been notably willing to continue senior service to the Academy after being defeated for the presidency, many have not. The Academy has lost the services of those leaders, many of whom would have been logical candidates to serve as president. To put it another way, if the by-laws continue to require the Nominating Committee to pit the two best Academy leaders against each other in the race for president-elect each year, the Academy seems forever doomed to be losing its second-best leader each year. The proposed change would allow the Nominating Committee the discretion to nominate one person for president-elect where the Committee thought it advisable. Requiring a two-thirds vote for the exercise of that option would reserve the single-candidate procedure for situation where an outstanding candidate seemed a clear choice. This would not preclude a second candidate from being nominated, as the nominating committee may still nominate two (2) candidates at its discretion. If only one is nominated, a second or third candidate may still choose to run, provided he/she has the required seconds from other fellows of the Academy. But the committee would not be compelled to name two (2) candidates".

The Board of Directors voted in favor of the proposed amendment.

TO: AAFPRS Members  
FROM : Stephen C. Duffy  
Executive Vice President

DATE: July 7, 2008 via July *Facial Plastic Times*

RE: **A Call for Committee Volunteers**

AAFPRS members have the unique opportunity to be more active and offer their services to the AAFPRS at the committee level for 2008-2009. If you are interested in serving on a committee, please complete the form below and return it to me by fax or mail by Friday, August 1, 2008.

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

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



**AAFPRS Committee Sign-up Form**

Return by August 1, 2008 to:  
AAFPRS, Attention: Stephen C. Duffy  
310 S. Henry Street, Alexandria, VA 22314  
or by fax (703) 299-8898

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web \_\_\_\_\_

My information above is new. Pls. forward it to the Membership Department to update the AAFPRS Member database.

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

1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

3rd choice \_\_\_\_\_

No preference; any committee