

# **AHNS Policies and Procedures (P&P) Manual**

**Drafted by the Administration Division 4-8-19**

## **Table of Contents**

### **AHNS Mission Statement**

### **Ethics and Professionalism Statement**

1. Overview of new organizational structure
  - a. Organizational chart
  - b. Re-organization plan
  - c. Leadership chart and reporting guidelines
  - d. Constitution and Bylaws
  - e. Budget and Finance Policies
2. Divisions
  - a. Guidelines for communication
  - b. Reporting guidelines
  - c. Goals for each division
  - d. Staffing
  - e. Policies for adding or removing divisions
3. Sections
  - a. Guidelines for communication
  - b. Reporting guidelines
  - c. Goals for sections
  - d. Society engagement and commitment
  - e. Staffing
  - f. Policies for initiation and/or termination of section
4. Services
  - a. Services charge
  - b. Membership composition
  - c. Guidelines for meetings/conference calls
  - d. Score cards
  - e. Staffing
5. Leadership guidance
  - a. On-boarding packet
  - b. Nominating process
6. Processes
  - a. Membership processes
  - b. Submitting a proposal/application
  - c. Submitting a request for funding

7. Policies

- a. Faculty reimbursement policies
- b. Joint sponsorship policy
- c. Social media guidelines
- d. Journal submission policy
- e. Conflict of Interest policies, code for interaction with companies and acknowledgement form

8. Headquarters

- a. Working with headquarters office
- b. Staff assignment list/staff contact list

9. Appendices

## **AHNS Mission Statement**

*The mission of the AHNS is to advance Education, Research, and Quality of Care for the head and neck oncology patient.*

## **American Head & Neck Society Statement of Professionalism and Ethics**

The American Head and Neck Society is committed to developing and promoting professionalism and ethical behavior in its membership. As members, we value the trust placed in us by our patients, colleagues and society, and therefore willingly pledge to uphold the ethical and professional principles and virtues of medicine as outlined below.

### **We have a fundamental and sacred duty to our patients. Therefore, we will:**

- Recognize that the welfare of our patients is the paramount priority
- Serve as advisors to our patients to help them navigate complex medical decisions
- Discuss the risks, benefits and alternatives of appropriate therapeutic options
- Be respectful of our patients' viewpoints and beliefs
- Support our patients physically, emotionally and spiritually
- Care for and support our patients at the end of life
- Offer support and care to our patients' families
- Strive to enhance and maximize our clinical, surgical and interpersonal competence
- Maintain a caring and respectful demeanor

### **We have a responsibility to our colleagues and teachers. Therefore, we will:**

- Willingly acknowledge our skills and expertise to those wishing to learn
- Honor our teachers for devoting their time and energy on our behalf
- Assist our colleagues, technically, intellectually, emotionally and spiritually
- Respect our colleagues from other disciplines and practice multi-disciplinary care
- Provide legal opinions based only on evidenced-based practice and standards of care
- Offer care without regard to gender, age, religion, sexual orientation, socioeconomic status or ethnicity

### **We also have an obligation to the faith entrusted in us by society. Therefore, we will:**

- Perform self regulation by developing and adhering to professional, ethical and evidence-based practice standards
- Disclose and limit conflicts of interest
- Practice medicine honestly, compassionately and confidentially
- Educate the public within the bounds of our expertise

# 1. Overview of new organizational structure

## a. Organizational Chart



## **b. Re-organization plan**

### **Introduction**

This document is the product of a 2015 Executive Committee and Council Retreat and a 2017 Council Meeting and represents a consensus opinion of AHNS leadership. This document will serve as a blueprint for reorganization of the Society that can be communicated effectively both internally and externally. This document will serve to instruct and direct our Bylaws Committee to implement bylaw changes that are required to achieve this vision. This document is intended to represent the interests and goals of the AHNS as a whole and yet recognize that the Society represents an increasingly diverse constituency that practice in the area of Head and Neck Surgery.

### **Overview of the Re-Organizational Structure**

The AHNS Council Retreat in 2015 allowed the AHNS to focus its Mission, Values and Goals. The foundation of the reorganization is the redefined Mission. The Goals ensure that the Mission of the Society is attained.

Participants at the 2015 Retreat recognized there was a growing number of activities being led by the Society and that processes needed to be streamlined and made more efficient. To allow for this, reorganization of the Society structure was recommended.

A matrix organizational structure was createdutilizing**Divisions, Sections and Services**. The new divisions are – **Education, Research, Patient Care and Administration**.

The Executive Committee is comprised of the three immediate Past Presidents, the Officers (President, President-Elect, Vice-President, Treasurer, Secretary) and the Division Chairs. The Council will consist of the Executive Committee, the Section Chairs and the Foundation Chair. There will no longer be Fellows-at-Large positions.

**Divisions** will be autonomous and be represented through participation in the Executive Committee. Division Chairs will be members of the Executive Committee; other members include the President, President-Elect, Vice President, Secretary, Treasurer and the three immediate Past-Presidents. Division leadership can request that Sections take on certain projects for the Society.

A **Section** is a subspecialty of head and neck surgical practice. The Sections are intended to represent the majority of practice areas within head and neck surgery. Sections are designed with the idea to facilitate communication, innovation and education among AHNS members with similar interests in a subspecialty within head and neck. The following Sections will be created: Endocrine Surgery, Skull Base Surgery, Reconstructive Head and Neck Surgery, Head and Neck

Mucosal Malignancy (UAT), Skin Cancer and Melanoma and Salivary Gland Neoplasms. Some of these sections have competing societies but it is intended that AHNS maintains the roll of representing all areas of practice within head and neck surgical oncology. The Sections of the AHNS should represent the vast majority of AHNS membership's scope of practice.

In the future, if new practice areas are identified or there are areas of practice that are identified as being under-represented in the new proposed structure then members will develop a proposal and approach Executive Committee to established a new Section. There should be a substantial patient population not represented by an already established Section. A Section should represent a clinical focus that is not represented by the current Section structure and should represent a clinical service area that is provided at multiple centers and must add significant value to the AHNS strategic plan. The proposed new Section would require Executive Committee, Council and general membership majority approval at the annual business meeting.

A **Service** within the AHNS structure is a shared resource that supports Divisions and Sections and are generic to the operational support of the Society's business. The goal of the services is to provide Sections, other services, leadership and membership with expertise and counsel, as well as to assist in the execution of new ideas and innovations.

This proposed structure allows for a wider opportunity to ascend within the leadership ranks within the Society and an opportunity to engage mid-level members and provide an avenue for movement into senior leadership.

### **Establishing Sections, Divisions and Services**

The following **Divisions** will be established: **Education, Research, Patient Care and Administration**. The Services are listed as a separate addendum.

**Services** – Most current committees of the AHNS are listed in the new Services structure. There are some specific comments regarding some of the services:

1. Advanced Training Council (ATC)– The President will appoint ATC members, to be approved by Council. Section Chairs can nominate at least one person to the President. The total will be 15 members, not including the Chair and Vice-Chair. The Chair and Vice-Chair are appointed by the Executive Committee and approved by the Council. They will serve a five year term.
2. Training and Certification (TAC) Service– Each Section will nominate at least one member to serve on the TAC, (subject to approval by the President). The maximum number on the TAC is 15, not including the Chair and Vice-Chair. The Chair and Vice-Chair are appointed by the Executive Committee.
3. Scientific Program/Resident Courses Service – The Chair of this Service is a one year term. The Chair will serve on the service for four years, two years before his/her meeting and two years after; for a total of five years, other ad hoc members are appointed by the President/Program Chair for a one year term at their discretion. Two representatives from each of the Sections will serve for

four year terms. The maximum number on this service is determined by the President and Program Chair for that year.

4. The Education Committee will translate into Patient/Public/Resident Education.
5. Miscellaneous - All services in the Research, Education and Patient Care Divisions will have Section representation and these representatives will be chosen by the respective Sections. The History, Finance and Ethics Services in the Administration Division do not require Section representation.

### **Governance and Clarity**

It is important that the governance of the Society be clear to its membership therefore the “labelling” of various services within the Society is significant. There is a single Council for the Society. The use of the term “Council” therefore will be restricted to the Council of the American Head and Neck Society. However, it is also recognized that there should be a reasonable amount of flexibility for how Sections govern themselves. Ultimately, the governing body of the AHNS is the elected Executive Committee and Council. Sections can use the term ‘Section Board’ and can have within each Section ‘Section Committees’. Section Committees will need to specify the Section name before each committee name (for example “Endocrine Section Education Committee”). Section Membership Meetings and Section Board Meetings will be supported by BSC Management; however, Section Committee Meetings will not be supported. Section Committee initiatives will be supported by BSC Management in that they will work through one of the established AHNS Services for which there is already an assigned BSC staff person.

### **Process for establishing leadership for Sections, Divisions and Services**

The leaders of the Services will be the called Chair. There should be only one role per person, unless there are exceptional circumstances as determined by Executive Committee and Council. The Vice President will make initial Chair, Vice-Chair and member appointments, with consultation from the Division Chairs, Section Chairs and Services Chairs. The Division and Service membership will be a self-nomination process, similar to the former committee selection process. The term for Chair, Vice-Chair and Services membership is 3 years and is renewable. Servicemembership is open to any member of the AHNS. The leaders of the Services will be invited to all Council meetings, but will not be voting members of Council.

Division leadership will be comprised of Chairs of the Services, plus the Division Chair and Vice-Chair. The Division Chair will be a voting member on the Executive Committee and Council. The Nominating Service will develop the slate for the Division Chairs. This slate would then be approved by AHNS Council and then approved by AHNS membership at the annual business meeting. There will be two Division leadership positions - a Chair and a Vice-chair. The Chair and Vice-Chair will serve for three years, renewable.

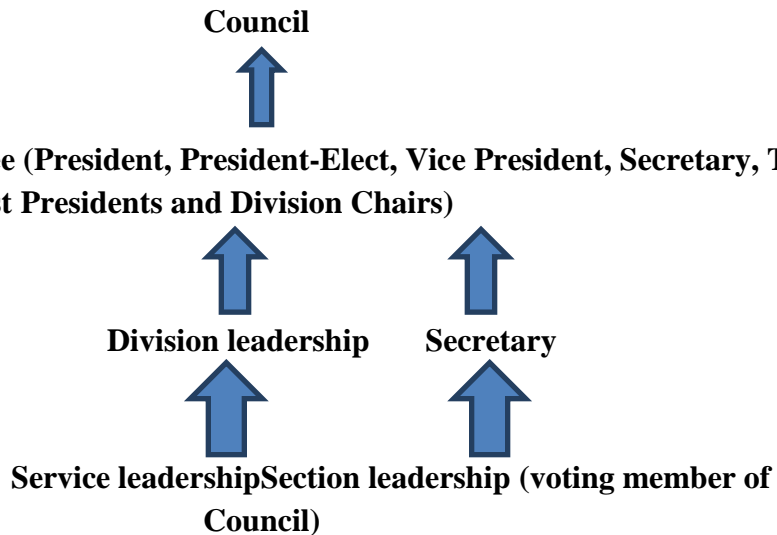


Section membership is open to all AHNS members, and members may belong to more than one Section. The Sections will coordinate their work using the shared resources of the Services and guidance from the appropriate Division leadership. To achieve the mission of the Society, it will be important to give the Sections and their members autonomy to do their work. The Sections will have a Chair and a Vice-Chair, each serving 2-year non-renewable terms, and selected by the Section Nominating Committee, with approval by the AHNS Executive Committee. The Section Nominating Committee will be composed of the two immediate past-chairs and an active fellow elected by the Section membership at the annual section business meeting. The Section Board will consist of the Section Chair (who will serve as the Board Chair as well), the Chair-elect, the Immediate Past-Chair, and 6 active Section Fellows-at-Large. Fellow-at-Large will also be selected by the Section, 3 per year and serve two year terms. The Section Chair will have a seat on the AHNS Council.

**Summary, Establish Priorities, Timelines and Responsibilities and Next Steps**

The new organizational structure will enable improved engagement for many of our members as well as bring in new members. It will streamline our workload and allow many of the initiatives to be worked on more efficiently and have shared resources. It should be noted that all branding and logos for all Sections will be done at the same time and have a similar look.

**c. Leadership chart and reporting guidelines**



**d. Constitution and Bylaws**

**The AHNS Constitution and Bylaws can be found via the following link:**

**<https://www.ahns.info/member-central/bylaws/>**

**e. Budget and finance policies**

1. There is one budget for the American Head and Neck Society and applies to FY effective \_\_\_ dates.
2. The annual budget is drafted by the Treasurer, Finance Service and management company. It is reviewed and approved by the Executive Committee in March of the FY prior to commencement and then presented for final approval at the spring meeting (or summer meeting, depending on the meeting year).
3. Budget requests should be submitted no later than March 1<sup>st</sup> of the year prior to upcoming FY
4. All payments, with the appropriate back up, are submitted to the AHNS Treasurer for signature.

## **2. Divisions**

### **a. Guidelines for communication**

1. Each Division has a chair and a vice-chair.
2. The chair and vice-chair are encouraged to reach out to his/her respective services on a monthly basis. This can be done via conference call or email.

### **b. Reporting guidelines**

1. The chair of each Division sits on the Executive Committee and will be expected to report on his/her Division activities on a monthly basis.
2. If there are any questions from the Executive Committee, the Division chair will need to communicate to his/her respective service.

### **c. Goals for each division**

#### ***Education Division***

The goal of the Division of Education is to be the premier educational resource for head and neck surgical oncology.

#### ***Research Division***

The goal of the Division of Research is to be the leader in the promotion of head and neck cancer research.

#### ***Patient Care Division***

The goal of the Division of Patient Care shall be to oversee all patient-care-related activities, including quality of care, outcomes, guidelines, and position statements.

#### ***Administration Division***

The goal of the Division of Administration is to oversee all the administrative functions of the Society so as to facilitate the execution of the goals and objectives of the Divisions and Sections.

### **d. Staffing**

1. There is an assigned staff person for each Division and are reviewed annually by the Secretary. Below are the current assignments:

Education Division – JJ Jackman

Research Division – Betty Mulugeta

Patient Care Division – Christina Kasendorf

Administration Division – Christina Kasendorf

**e. Policies for adding or removing divisions**

1. The Divisions were created as part of a strategic planning initiative.
2. The Divisions were approved by the Executive Committee and AHNS Council.
3. They were also adopted by the AHNS Membership.
4. If any changes were to be made, the same process will have to occur again.

### 3. Sections

#### a. Guidelines for communication

1. Sections are allowed to communicate to their section membership with their own discretion.
2. Sections may not send direct emails to the AHNS membership without approval.
3. Sections may contribute to the AHNS bi-monthly eNews.
4. Sections can update their section web site through the Website & Social Media Service.

#### b. Reporting guidelines

1. Section chairs have a seat on Council.
2. Section chairs are expected to update Council on activities at least twice a year, during its in-person meetings.

#### c. Goals for sections

##### Endocrine Surgery Section

1. To promote research, training, and education related to head and neck endocrine disorders.

##### Mucosal Malignancy Section

1. To promote research, training, and education related to mucosal and upper aerodigestive tract malignancies.

##### Reconstructive Head and Neck Surgery Section

1. To promote research, training, and education related to head and neck reconstruction.

##### Salivary Gland Section

1. To promote research, training, and education related to salivary gland disorders.

##### Skin Cancer and Melanoma Section

1. To promote research, training, and education related to cutaneous malignancies including melanoma.

*Skull Base Surgery Section*

1. To promote research, training, and education related to skull base disorders.

**d. Society engagement and commitment**

1. Section leadership will work within existing Services and Divisions to facilitate projects, communication and engagement.

**e. Staffing**

1. Each section will have a staff liaison for general membership meetings and board meetings.
2. Section committees/working groups will not be staffed.

**f. Policies for initiation and/or termination of section**

1. The policy for the initiation and or/termination of a section can be found in section 1 b in this manual.

#### **4. Services**

**a. Services charges** – These can be found in the Bylaws and Constitution Section

1. Services will function to promote and facilitate the various projects and duties assigned to them.
2. Service chairs may assign various duties to individual members of the service as deemed appropriate and reasonable.

**b. Membership composition**

1. The services are appointed by the Vice President and approved by the Executive Committee.
2. Each service shall have opportunity for representation from the sections.

**c. Guidelines for meetings/conference calls**

1. Each service chair and co-chair is expected to update his/her Division chairs on at least a quarterly basis.
2. Conference calls should occur at least twice a year.
3. All services should plan on meeting during the AHNS Annual Meeting

**d. Score cards**

**Scorecards for Service Chairs and Service members:**

A score card should be filled out annually. Service Chairs will fill out one card on the performance of each Service member. In addition, each member will also fill one out on the Service Chair's performance. Completed forms will be forwarded to the appropriate Division Chair, and any recommendations for service changes made to the Vice-President prior to appointments. The purpose is to highlight those members that are active, responsive and positively contribute to the goals and work of the service. In some cases, it will also be to vet members that are not responsive and do not contribute.

**See Appendix A**

**e. Staffing**

1. Each service has an assigned staff person to help implement projects.

## **5. Leadership guidance**

**a.** On-boarding packet (in development)

**b.** Nominating process

1. The nominating service meets to discuss the potential slate.
2. The slate is ratified by the AHNS Council
3. The slate is voted upon by the membership at the AHNS Annual Meeting



## 6. Processes

### a. Membership processes

1. Application Periods are **April 1- October 31** and **November 1- March 31**
2. Applications are reviewed by the Membership & Credential Services, approved by the Council and circulated to members.
3. Members are inducted at the Annual Business meeting.

### I. RECRUITMENT

See Appendix B

### II. RETENTION

See Appendix C

### III. COMMUNICATIONS

See Appendix D

### b. Submitting a proposal/application

#### **AHNS Administrative Service Process for Evaluating Projects and Ideas that May Impact Clinical Patient Care, Education, Research, AHNS Reputation, Budget**

With the new structure of the AHNS, preserving and enhancing momentum is an important goal. The new structure was designed with the intention of enhancing the abilities of the members to be productive and creative in achieving the missions of AHNS. One important aspect of the Sections, Services and membership is to be able to initiate and advance innovative projects. The four Divisions will receive projects according to the project's needs and subject as outlined below. The process will start with a project application which will be housed on the Website.

The project application will be used for new proposals coming from either Services or Sections. This will include the project description, goal, budget, funding, implementation plan, ROI, target audience and necessary oversight. Submission of the completed project application should then be downloaded to the website or emailed to BSC. BSC will then forward the application to the Administrative Chair and Vice-chair who will determine if another division Chair should also review. All applications for projects

will be reviewed by the appropriate Division Chair (Education, Research or Patient Care) as well as the Administrative Division Chair, Vice Chair and BSC Administrator. Below is a description of the process describing reporting structures and suggested steps in the process of application and approval of a new proposal:

1. New initiatives should develop organically within the membership of the Services and Sections or at the direction of Senior AHNS leadership in response to potential opportunities. If an AHNS member independently comes up with a proposal, they should contact the appropriate Service or Section with their proposal so it can be vetted.
2. The proposal should then be advanced to the chairs of the Service or Section in which it emerges and the chair should vet the idea and assure it answers the questions of the project application.
3. If it arises in a Service the Service Chair should vet the proposal and then advance to their Division Chair as well as to the Administrative Division. If it arises in a section, the Section Chair should determine which is the appropriate division (Education, Research or Patient Care) for the proposal and submit it to both the Administrative and that Division Chair. If the proposal doesn't fit into one of Education, Research or Patient Care, then it should go to the Administrative Division solely.
4. The Administration Chair, Vice-Chair and BSC administrator will assess and vet the proposal, in consultation with the appropriate Division Chair when applicable, and discuss the financial aspects with the Treasurer, Foundation executive and the Finance Chair as necessary and appropriate. The AHNS President and Secretary will be consulted if it is felt necessary but not routinely. The Administration Division Leadership will also determine if other Services should be included to make sure it is feasible. For example, if the Website is to be used as part of a proposal, it will be sent to the Chair of the Social Media and Website Service for vetting. If the proposal is financially sound and meets the goals of the AHNS they will advance the proposal to the Executive Committee for action. This may be done in the

monthly phone calls or may be proposed in an email discussion and or vote.

5. If approved by executive committee, the Admin Chair/Vice Chair will then solicit the help of any appropriate service in the Administration division (Website, Publications and Awards, etc.) that wasn't already contacted for an opinion and the Division Chair will do the same in their Division or seek other support from other Divisions as needed.

As discussed above, the AHNS Administrative Division has been charged with developing a system of reviewing ideas, initiatives, events, projects, marketing and publications proposed from membership, services, divisions or leadership within the society, which will subsequently be reviewed by the appropriate division(s), reviewed by Administrative Division and then reviewed and approved by the Executive Council prior to reaching a council vote to ensure the following:

Projects are in alignment with the strategic vision and mission of the society

Projects are reviewed in a fair and equitable fashion including appropriate collaboration among necessary sections and divisions prior to approval

Projects are assessed for any impact on the annual budget and funding requirement.

The following will be converted to an online template for online entry and saving into database.

How does the project fulfill the strategic mission of the society?

*The mission of the AHNS is to advance  
Education, Research, and Quality of Care for the head and neck oncology patient.*

Project Leader:

Project Co-Leader:

Project Division(s):

Division Representative:



Timeline (Please include chart showing monthly progress and timeline from approval to completion):

Budget: Please attached a separate itemized budget by month and year

Requests can be submitted at any time, but no later than 6 months prior to annual budget for larger projects and one month prior to voting for smaller projects or those that are self-funded, which takes place at the AHNS annual meeting, AAO meeting or monthly Executive Committee meeting. The Administrative Division will review the requests, make their recommendations regarding overlap with current projects and overall feasibility with BSC leadership, Finance Service and Executive Committee and if no objections, will assess the roles and inclusion or exclusion of certain services, sections or divisions and report back to the project leader.

Once the final versions and changes are agreed upon by involved participants, the Administrative Leadership will forward recommendations to Executive Committee for approval and Council Vote.

**c. Submitting a request for funding**

**AHNS Development Service Process for Evaluating Projects Requiring Funding**

The AHNS Development Service has been charged with the responsibility of reviewing projects proposed within the society, which will subsequently be reviewed by the appropriate division and approved by the Executive Council to ensure the following:

Projects are in alignment with the strategic goals of the society

Projects receive equal consideration

Funding requests to industry or the Foundation are coordinated through the organization

Requests for new initiatives shall be submitted in writing to the Development Service and need to include the following:

Title

Is this an ongoing project? An annual project? Or a one-time project?

Purpose/Goal

How does the project fulfill the strategic mission of the society?

Project Outline

Leadership/Member Responsibilities

How will the project be realized?

Timeline

Budget

Requests can be submitted at any time, but no later than 30 days prior to the Annual Meeting or the AAO meeting. The Development service will review the requests, make their recommendations and forward those onto the chair of the appropriate Division. The Division leadership will further evaluate the request and make a recommendation to the Executive Council in advance of the meetings noted above. The Executive Council will consider the recommendations and will determine which projects can be moved forward.

## 7. Policies

### a. Faculty reimbursement policies

#### **American Head & Neck Annual Meeting Faculty Reimbursement Policy**

(Non International Years)

All faculty are expected to pay for their own travel, hotel and registration fees:

“The American Head & Neck Society is not able to provide reimbursement for your faculty participation. **You will be responsible for registering for the meeting at the AHNS member rate and all costs associated with the meeting including hotel and transportation.** Registration will open on the COSM website at [www.cosm.md](http://www.cosm.md) later this year. Housing accommodation can be booked through the room block here: <http://cosm.md/hotels/>.

**with the following exceptions:**

#### 1. Hayes Martin Lecturer:

Fixed amount of \$3,000 plus 3 nights hotel room at AHNS official hotel (same for each below) & tax

Complimentary registration

#### 2. John Conley Lecturer/Guest of Honor

Fixed amount of \$3,000 plus 3 nights hotel room & tax

Complimentary registration

#### 3. President of the AHNS:

Travel expenses (economy airfare, hotel up to 4 nights and reasonable ground transportation) – up to \$3000.

#### 4. Secretary of the AHNS:

Complimentary hotel room up to 4 nights, room and tax only.

#### 5. Program Chair(s) of the AHNS:

Complimentary hotel room up to 4 nights, room and tax only.

6. Non-Member Faculty (2 maximum)

The Program Chair, with the approval of the Executive Committee, may invite non-members to serve as faculty. If this occurs, the non-member may receive complimentary registration and travel expenses up to \$1000.

Comp Reg and Parking

Comp Reg ONLY

7. VIP Invitees (Guest of Honor, Distinguished Service Award & Presidential Citations):

The President may invite special guests to attend the meeting. Complimentary registration may be extended to these guests

Keynote Lecture (1 Maximum):  
Complimentary Registration  
\$500 Honorarium  
Travel Expenses reimbursed up to \$1,000

**Exceptions to this policy:**

The AHNS Executive Committee may vote to make exceptions to this policy.

**2020 American Head & Neck International Congress  
Faculty Reimbursement Policy – PRELIMINARY –**

**1. HAYES MARTIN LECTURER:**

Fixed amount of \$3,000  
3 nights hotel room & tax  
Complimentary registration

**2. JOHN CONLEY LECTURER:**

Fixed amount of \$3,000  
3 nights hotel room & tax  
Complimentary registration

**3. CHRISTOPHER O'BRIEN LECTURER:**



Fixed amount of \$5,000 for International/\$3,000 for US  
3 nights hotel room & tax  
Complimentary registration

**4. MILTON J. DANCE, JR. LECTURER:**

Fixed amount of \$5,000 for International/\$3,000 for US  
3 nights hotel room & tax  
Complimentary registration

**5. KEYNOTE LECTURERS:**

International Speakers

**Fixed Amount of \$5,000**

3 nights hotel room & tax  
Complimentary registration

US Speakers

**Fixed Amount of \$3,000**

3 nights hotel room & tax  
Complimentary registration

**6. PRESIDENT OF THE AHNS:**

Travel Expenses up to \$3,000 with receipts\*  
4 nights hotel room & tax  
Discretionary fund of \$5000 is included in Operations budget

**7. SECRETARY OF THE AHNS:**

4 nights hotel room & tax  
Economy Airfare Reimbursement for up to \$500

**8. TREASURER OF THE AHNS:**

4 nights hotel room & tax

**9. CONFERENCE CHAIR:**

Travel Expenses up to \$2,000 with receipts\*  
4 nights hotel room & tax

**10. PROGRAM CHAIR:**

Travel Expenses up to \$1,000 with receipts\*  
4 nights hotel room & tax

**11. PROFFERED PAPERS CHAIR:**

Travel Expenses up to \$1,000 with receipts\*  
4 nights hotel room & tax

**12. POSTER PAPERS CHAIR:**

Travel Expenses up to \$1,000 with receipts\*

**13. NON-MEMBER PANEL FACULTY:**

*LIMIT OF 40 (must serve in a dual role in another panel, instructional course or luncheon)*

International Non-Member Speakers

**Fixed amount of \$2,500**

3 nights hotel room & tax  
Complimentary registration

US Non-Member Speakers

**Fixed amount of \$1,000**

2 nights hotel room & tax  
Complimentary registration

**14. AHNS MEMBER FACULTY**

All AHNS member faculty will be responsible for their own travel, hotel and registration expenses/fees.

**15. PRESIDENTIAL VIP ATTENDEES (*Guest of Honor, Distinguished Service Award*)**

Complimentary Registration  
3 nights hotel room & tax

**16. CONFERENCE CHAIR GUEST OF HONOR**

Travel Expenses up to \$2,000 with receipts\*  
Complimentary Registration

**17. EXCEPTIONS TO THIS POLICY**

The AHNS Executive Committee may vote to make exceptions to this policy should additional funding be obtained, such as NIH travel grant funds.

\*Reimbursable expenses are items such as economy airfare, reasonable ground transportation, etc. Items will be reimbursed after the meeting when receipts are submitted.

**a. Joint sponsorship policy**

**AHNS Joint Sponsorship Policy  
Approved by AHNS Council 7-20-12**

The AHNS will offer joint sponsorship of educational activities under the following provisos:

1. The educational activity should be in alignment with the AHNS overall mission. Applicants for joint sponsorship should provide a succinct and detailed explanation of how the proposed activity will help meet this mission as it pertains to members of the American Head and Neck Society or affiliated individuals that the AHNS feels should be targeted.
2. Non-AHNS Organizations: The following criteria will apply to all applications.
  - a) The course chair/director of the activity must be a member of the AHNS
  - b) The organization applying for joint sponsorship should have a staff/infrastructure that is in the opinion of the AHNS sufficient to allow for completion and compliance of the activity and all ACCME rules.

- c) Application must be presented to the Executive Committee by an Active member of the society and a member of Council.
3. The educational need based on documented gaps in the performance in practice of the target audience must be demonstrated by the sponsoring organization. The joint sponsorship application will solicit documentation for the gaps in performance, including references to guidelines, literature, survey data, etc.
4. A complete financial risk assessment and allocation as it pertains to the society shall be included in the proposal.
5. Commercial entities are not eligible for consideration.

The AHNS will determine the cost of providing CME on a participant basis. This cost will be born as part of the overall budget for the meeting. If the AHNS is risk sharing in the budgetary process, this will be included as a line item. If the AHNS is not cost sharing in the risk or budget, then this will be a billable item to the overall organization.

AHNS will not participate in the solicitation of grant funds for any jointly sponsored activities. All funds must be solicited in compliance with ACCME requirements, i.e. clearly indicating that the course is jointly sponsored by the AHNS. All letters of agreement must be signed by the commercial supporter, the non-accredited supporter, and AHNS in advance of the activity.

All proposals for joint sponsorship will be submitted to the AHNS staff where they will be vetted by the Executive Committee and the Chairs of the CME Compliance Committee. Proposals need to be from a voting Council member. The Executive Committee will grant approval and will make a decision of whether it needs to go to council through an e-mail vote or council at its annual meeting.

It is expected that all applications will be submitted in a timely fashion, at least 9 months in advance of the course date. Should the executive committee feel that there is not enough time to consider the proposal and ensure compliance with ACCME criteria then the application will be returned.

## **b. Social media guidelines**

### **Guidelines & Criteria for Social Media Posts**

This guideline applies to use of social media by members of the AHNS in a professional capacity. Social media may involve a variety of digital media, including but not limited to: social networks, podcasts, discussion forums, and blogs. The principles of professionalism, confidentiality, proprietary information, and patient interactions should be maintained.

- 1) Postings must be accurate and the source of information should be cited if space allows, but always supportable. Direct quotes from people or material should be properly sourced. Members should be accountable for everything posted. Posts should be respectful of other people and professions. No derogatory, slanderous, or tasteless comments or language should be used. Posts should not contain obscene, defamatory, profane, abusive, threatening, or harassing material, or content that would be embarrassing to an individual or organization.
- 2) Posts must respect patient confidentiality and others' right to privacy. HIPAA regulations apply to social media content. Disclosure of a patient's PHI or any other information or image is prohibited without explicitly documented permission.
- 3) Inaccurate or incomplete posts should be deleted and if necessary corrected in a future post.
- 4) Educational posts are encouraged.
- 5) Posts should be valuable and serve to provide information, education and/or advice. However, they should not substitute for a medical consult, and patients should be encouraged to seek consultation with a qualified physician for specific issues. Members should avoid giving definitive medical advice through social media. Use of social media to interact with an individual patient should be avoided.
- 6) Copyrighted, trademarked, or legally protected intellectual property may not be reproduced without permission.
- 7) Responses to comments should follow the same rules.
- 8) No individual member of the AHNS speaks for or represents the society as a whole.
- 9) Each Section will be permitted to create its own Facebook and Twitter page, with appropriate oversight and approval as

delineated in the policies and procedures and incorporating the above guidelines.

- 10) Each Section will assign one person to oversee Facebook posts and one person to oversee Twitter posts. These representatives will be responsible for monitoring their respective Section social media pages. The AHNS headquarters will also monitor social media activity.
- 11) If it appears that inappropriate posts occurred, the Website & Social Media chair, or his/her designee, will be informed, as well as the assigned Section representative and appropriate action will be implemented.

Policies and procedures:

Each section will have one representative on the Website and Social Media Service.

Each section that elects to use Twitter will designate one or more persons who will be responsible for ongoing monitoring and appropriate quality control as per the guideline.

Each Section Facebook or other similar site will be monitored by several representatives from the Section as well as by the appropriate representative from BSC. Any post that the BSC representative feels is questionable will forward the post for secondary review to the Section representative and another standing designee from the Website and Social Media Committee.

### **c. Journal submission policy**

#### **AHNS Endorsement and Journal Submission Guidelines Policy**

All manuscripts or papers that are drafted by an AHNS Service or Task Force with the intent of carrying the AHNS moniker need the approval of the Education Division chair, who may forward the manuscript to another division chair or other appropriate leader.

Once approved by the Education Division, they are submitted to the AHNS Executive Committee for approval and/or endorsement.

If the manuscript or paper is ready for publication, it should be submitted to the official journal of the AHNS; if a different journal is desired, a written request must be made to the AHNS Education Division, who will present the request to the Executive Committee either in writing or during its monthly Executive Committee conference call.

The Executive Committee will review the request and decide if an exception should be made.

The Service chair and the Education Division will be notified immediately after the Executive Committee Conference Call.

All final versions of Service or Task Force manuscripts or papers must be sent to the AHNS office.

**d. Conflict of Interest policies, code for interaction with companies and acknowledgement form**

AHNS Bias Review Policy – Approved by the AHNS Council 2009

At all times, confidentiality will be maintained regarding this process and only those individuals on the CME Committee and/or Council who must participate in the process will be made aware of the situation. The goal of the organization's policy is to ensure that a fair and just review of any bias complaint is accomplished, whether raised by a participant or moderator.

The current policy for such a complaint follows:

1. The CME Committee will notify the speaker and course/panel chair of the bias complaint.
2. The CME Committee will request to review the speaker's slides/PowerPoint presentation.
3. After the review, the CME Committee will discuss and make a final recommendation regarding the complaint.
  - a. If the presentation is judged to be biased, the speaker will be put on "probation" and all presentations at AHNS activities for the next 3 years must be peer reviewed.
  - b. If the speaker was judged to have given a balanced presentation, then the speaker will be cleared of the charge and no further action will be required.
  - c. If the speaker has a second bias complaint during the "probation" time period that is judged by the CME Committee to be valid after investigation, then the CME Committee will recommend that speaker be excluded from presentations at AHNS activities for 2 years.
  - d. The speaker may appeal the decision of the CME Committee to the Executive Committee. The speaker must submit a formal request for an appeal, a copy of his/her slides/power point presentation and a letter of explanation within 30 days of receiving the CME Committee's decision.
4. If the name of the person who complained is available, the results of this investigation would be relayed to him or her.

## **AHNS Commercial Support Policy (For Faculty/Presenters/Planners)**

The American Head & Neck Society, in compliance with the Accreditation Council for Continuing Medical Education's "Standards for Commercial Support of Continuing Medical Education," has adopted the following policy statements regarding faculty and planning committee members' relationships involving commercial support.

1. All tenets of the American Medical Association's opinion on "Gifts to Physicians from Industry" must be followed not only by the Society but by participants in sponsored CME activities.
2. **Faculty and planners may not accept payment or reimbursement (including travel funds, airline tickets, hotel stays, or meals) from any commercial interest for their role in an AHNS activity.**
3. Presentations must give a balance view of all therapeutic options. Use of generic names will contribute to this impartiality. If trade names are used, those of several companies should be used rather than that of a single company.
4. When an unlabeled use of a commercial product, or an investigational use not yet approved for any purpose is discussed during an educational activity, AHNS requires the speaker to disclose that the product is not labeled for the use under discussion or that the product is still investigational.
5. All clinical recommendations must be based on evidence that is accepted within the profession as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used to support or justify a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.



6. It is recognized that conflicts of interest can arise in many different situations and instances. There should be full disclosure of the facts of the presenters' financial relationship with a commercial interest involved in the topic that will be discussed. AHNS requires speakers and faculty members to complete a form with disclosure information. This information will be published to learners in advance of the CME activity. Additionally, the AHNS will manage all conflicts in advance of presentation to ensure that presentations are balanced and unbiased.
  
7. The AHNS will follow the ACCME's expectation that no employees or owners of commercial interests will be involved as planners/faculty/presenters of a CME accredited activity. The only exception will be in rare instances where there is an overwhelmingly important reason which will have an immediate impact on patient care, AND the circumstance meets the exceptions outlined by the ACCME, AND the circumstance has been carefully vetted and approved by the CME Compliance Committee, Program Committee and the AHNS Executive Committee.

In this instance, the AHNS will limit that person's participation in the accredited CME activity such that either the content does not relate to the business lines or products of the company **OR** that the presentation undergoes rigorous peer review and

1. The content does not include patient care recommendations;
2. The content is at the level of biology, physiology or physics and far from a discussion of products that are prescribed to patients;
3. The content is about the discovery process itself and not about treatment or diagnostics;
4. The content covers research results so early in the discovery process that there is no product developed yet;
5. The target learners are scientists who are also participating in the discovery process.

8. **All presenters must include a disclosure slide, listing their financial relationships with commercial interests (or none.) Presenters' institutions should be mentioned or identified on the first slide only.**

*Updated and approved by the AHNS Executive Council, December 2015.*

### **AHNS CME Compliance Committee Procedures**

The American Head & Neck Society has adopted the following procedural statements regarding the administrative steps that will be undertaken by the CME Compliance Committee:

1. All CME Compliance, Program Committee, and Council members are required to provide a disclosure upon invitation or confirmation of their Committee term, and then yearly.
2. Prior to a Committee meeting during which planning for a CME activity may take place, disclosures from the Committee are circulated (in advance, via the electronic committee packets and on site, on paper and verbally). The Committee Chair is responsible for ensuring that recusal takes place if necessary and all discussions are balanced.
3. All faculty and/or abstract presenters are required to provide a disclosure upon invitation to participate in a CME activity. The CME Committee will review the disclosures and compare them with faculty assignments and/or abstract titles. The CME Committee members will rate the faculty and/or abstract authors using the Levels Management system adopted by the AHNS in 2012.
4. The CME Committee will determine, based on the Levels Management system, whether or not the faculty members' disclosures can be managed (via peer review, limitation of content, or other methods) or if the faculty member must be dismissed.
5. All management decisions made by the CME Compliance Committee will be conveyed to the Program Committee. If the Program Chairs have questions about the management decisions, a conference call will be scheduled to discuss.
6. If the CME Compliance Committee and the Program Chairs are unable to agree on the management decision, the AHNS Executive Committee will review the issue and make a final decision.

*Updated and approved by the AHNS Executive Council, December 2015.*

### **AHNS Risk Management Tool for Commercial Support**

<b>Level of Potential Conflict</b>	<b>Action by AHNS</b>	<b>Resulting Actions</b>
Level 1: Nothing to disclose	CME Committee to review for accuracy	Print disclosures in program; Ask participants whether there was commercial bias

Level 2: Relationships with commercial interests not relevant to content of session and/or lecture.	CME Committee to review for accuracy, confirm not relevant; secondary review by Program Chairs	Print disclosures in program; Ask participants whether there was commercial bias
Level 3: Relationships with commercial interests (commercial supporters of activity or commercial interests making products directly related to content.)	CME Committee to review relevance, confirm that faculty is best person to give lecture & adjust lecture subject if appropriate; secondary review by Program Chairs; Determination of management technique	Letter to faculty informing them of Commercial Support Policy and options for conflict management; Management technique applied and documented in advance of activity; Print disclosures in program; Ask participants whether there was commercial bias
Level 4: Relationships with commercial interests including place on Advisory Board, Ownership Interest, etc.	CME Committee to review relevance, confirm that faculty is best person to give lecture & adjust lecture subject if appropriate; secondary review by Program Chairs; automatic peer review	Letter to faculty informing them of Commercial Support Policy, options for conflict management & necessity of peer review; Peer review & changes made in advance of activity; Print disclosures in program; Chair to explain management at beginning of session (where appropriate); Ask participants whether there was commercial bias
Level 5: Employment by a commercial interest.	Chairs and CME Committee to confirm employment is relevant; remove faculty member from teaching position.	See <b>AHNS Commercial Support Policy (For Faculty/Presenters/Planners)</b> .

The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have **both** a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The ACCME considers “content of CME about the products or services of that commercial interest” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

AHNS has determined that an “employee” are those individuals or their spouse/partners who have employment and/or salary from a commercial interest, as well as “Founders,” “Owners,” “CMOs,” or other C-Level positions of commercial interests. AHNS does not consider someone with stock ownership to be an “Owner.”

**Code for interaction with companies** – This code was adopted by the AHNS and can be found here:

<https://www.ahns.info/wp-content/uploads/2015/10/AHNSCode-for-interaction.pdf>

**American Head & Neck Society**

**KEY LEADER CANDIDATE ACKNOWLEDGEMENT FORM**

Do you understand the aspects of the AHNS Code for Interactions with Companies which directly apply to those in key leadership positions, and if necessary, are you willing to relinquish any such conflicts immediately prior and during your tenure in office?

I, \_\_\_\_\_, agree to support and uphold all aspects of the AHNS Code for Interactions with Companies (“the Code”). I will voluntarily disclose any and all direct financial relationships with companies as described in the Code, and if necessary, I am willing to relinquish those conflicts immediately prior to and during my tenure in an AHNS elected position.

\_\_\_\_\_  
Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

The pertinent sections from the Code are reprinted below. The complete text of the Code can be found on the AHNS website at [http://www.ahns.info/about-ahns/ethics\\_statement/](http://www.ahns.info/about-ahns/ethics_statement/).

**1.4.** Key AHNS Leaders may not have Direct Financial Relationships with Companies during his or her term of service. Key AHNS Leaders may provide uncompensated service to Companies and accept reasonable travel reimbursement in connection with those services. Key AHNS Leaders may accept research support as long as grant money is paid to the institution or practice where the research is conducted, not to the individual. Research support, uncompensated services, and other permitted relationships are required to be disclosed.

*Annotation: Key AHNS Leaders may receive wages or other compensation from a Company in exchange for providing or overseeing the provision of health services to Company personnel. Key AHNS Leaders may accept reasonable compensation for serving on an independent data safety monitoring board in a Company study. Key AHNS Leaders may own stock or stock options in a Company. Key AHNS Leaders may receive royalties or similar fees relating to patents or other intellectual property. While permitted under Principle 1.4, all such relationships should nevertheless be disclosed and managed in accordance with Principles 2.3.*

*If a Key AHNS Leader receives stock or stock options from a Company as wages, consulting fees, honoraria, or other compensation (other than the permitted payments as described in the prior paragraph), this is considered a Direct Financial Relationship. If a*

*Key AHNS Leader directs a Company honorarium or other fee to AHNS or a charity, this is not considered a Direct Financial Relationship as long as there is no Company influence on the disposition of the resources and the contribution otherwise complies with Principle 3 of this code, on accepting charitable contributions.*

**2.3.** AHNS requires written disclosure policies, which require disclosures of all financial and uncompensated relationships with Companies, for Key AHNS Leaders and others who serve on behalf of the AHNS. The AHNS Ethics and Professionalism Committee may use the disclosed information to manage conflicts of interest in decision-making. AHNS requires all volunteers to update disclosure information at least annually and when material changes occur.

*Annotation: Additional conflict of interest management mechanisms such as recusal, peer review, and CME session audits may be appropriate. AHNS will select conflict of interest management mechanisms that are appropriate for the activity and type of relationship under consideration. Generally, disclosure fields should include employment, consulting or advisory arrangements, stock ownership, honoraria, research funding paid to an individual's institution or practice, expert testimony, and gifts. The AHNS CME Compliance Committee monitors and ensures compliance with ACCME requirements and reviews annually, prior to the annual meeting, any potential financial conflict of interest of members of the Program Committee, Program Chairs, faculty and presenters.*

**5.2.5.** AHNS does not permit Key AHNS Leaders to participate in Satellite Symposia as faculty members, presenters, chairs, consultants, or in any other role besides that of an attendee who receives no honoraria or reimbursement.

**5.4.4.** Elected Officers are not permitted to participate as leaders or presenters in Company promotional/marketing events held in exhibit space.

*Annotation: Participation of AHNS elected officers in Company promotional or marketing events has the potential to create the perception that AHNS endorses a particular Company or product. In order to avoid this perception, AHNS prohibits its elected officers from participating as leaders or presenters.*

#### **PERTINENT DEFINITIONS FROM THE CODE**

**Company (used interchangeably with commercial interest):** A Company is a for-profit entity that develops, produces, markets, or distributes drugs, devices, services or therapies used to diagnose, treat, monitor, manage, and/or alleviate health conditions. Additionally, a company includes a for-profit entity that provides goods or services to physicians and/or their practices. This definition is not intended to include non-profit entities or entities through which physicians provide clinical services directly to patients.

**Direct Financial Relationship:** A Direct Financial Relationship is a relationship held by an individual that results in wages, consulting fees, honoraria, or other compensation (in cash, in stock or stock options, or in kind), whether paid to the individual or to another entity at the direction of the individual, for the individual's services or expertise. As used in this Code, the term Direct Financial Relationship does not mean stock ownership or intellectual property licensing arrangement.

**Key AHNS Leaders:** At a minimum, and for purposes of this Code, the Key AHNS Leaders are defined as the President, the President-Elect, the Vice-President, the Secretary, the Treasurer, the Chair of the Research and Education Foundation of the AHNS, the Chair of the Council for Advanced Training in Oncologic Head and Neck Surgery, the Chairs of the Scientific Program Service, the Education Division Chairs, the Research Division Chair, the Patient Care Division Chairs, the Administration Division Chairs, the Section Chairs, the Ethics and Professionalism Service, and the Associate Editor for the Head and Neck Section of *JAMA Otolaryngology—Head and Neck Surgery* or any official Society Journal.

**Satellite Symposium:** A Satellite Symposium is a Company-supported program held as an adjunct to an AHNS meeting. When CME credit for the Symposium is provided, credit is provided by a third party accredited provider, and AHNS receives a fee for that.

## 8. Headquarters

### a. Working with the headquarters office

1. All Services and Sections have an assigned AHNS Staff person to help implement projects.

### b. Staff Assignment list/Staff Contact list

**Executive Director:** Christina Kasendorf,  
christina@ahns.info, 310-437-0559, ext. 109  
Overall supervision responsibility of all AHNS staff  
Executive Committee  
Council  
Finance Service  
Constitution and Bylaws  
Nominating  
Value and Quality of Care  
Guidelines and Position Statements  
Patient Care Division Liaison  
Administration Division Liaison  
Reconstructive H&N Surgery Section Liaison

**Associate Executive Director:** JJ Jackman, [jj@ahns.info](mailto:jj@ahns.info),  
310-437-0559, ext. 154

ATC  
TAC  
Certification Task Force  
Patient and Public Education Service  
Cancer Prevention Service  
Survivorship, Supportive Care and Rehabilitation  
Service  
Education Division Liaison  
Skin Cancer and Melanoma Section Liaison

**Senior Meeting Planner:** Michelle Freeland,  
michelle@ahns.info, 310-437-0559, ext. 158  
2020 International Conference Meeting Planning  
and Program Service

**COSM Meeting Planner:** Christine Sass,  
[christines@ahns.info](mailto:christines@ahns.info), 310-437-0559, ext. 153  
Program Service Staff

**Project Coordinator:** Betty Mulugeta, [betty@ahns.info](mailto:betty@ahns.info),  
310-437-0559, ext. 160

Basic/Translational Service  
Clinical Service  
Population & Health Services Service  
Grants Service  
Research Division Liaison  
Endocrine Section Liaison

**Project Coordinator:** Melody Jacobs, [melody@ahns.info](mailto:melody@ahns.info),  
310-437-0559, ext. 101

International Service  
Diversity Service  
Young Members Service  
Website & Social Media Service  
Publications & Awards Service  
History Service  
Global Outreach Service  
Women in HNS Service  
Skull Base Surgery Section Liaison  
Mucosal Malignancy Section Liaison  
Salivary Gland Section Liaison

**Development/Foundation Director:** Colleen Elkins,  
[colleen@ahns.info](mailto:colleen@ahns.info), 310-437-0559, ext. 114

Ethics and Professionalism Service  
Foundation  
Development Service

**Exhibits Manager:** Jenay Root, [jenay@ahns.info](mailto:jenay@ahns.info), 310-  
437-0559, ext. 127

**Membership Services:** Carla Bryant, [carla@ahns.info](mailto:carla@ahns.info),  
310-437-0559, ext. 156

Membership & Credentials Service

**Webmaster:** Jason Levine, [webmaster@ahns.info](mailto:webmaster@ahns.info), 310-  
437-0559, ext. 100

**Registrar:** Carrie Ahern, [registration@ahns.info](mailto:registration@ahns.info), 310-437-  
0559, ext. 128

**Abstracts Manager:** Dan Berlant, [abstracts@ahns.info](mailto:abstracts@ahns.info),  
310-437-0559, ext. 118

**Administrative Assistant:** Mariamu Osumah,  
[mariamumu@ahns.info](mailto:mariamumu@ahns.info), 310-437-0559, ext. 172



**Accounting Director:** Dale Dullabaun,  
[dale@bscmanage.com](mailto:dale@bscmanage.com), 310-437-0559, ext. 135

**CME Manager:** Erin Schwarz, [erin@bscmanage.com](mailto:erin@bscmanage.com)  
CME Service

**Accounting Staff:** Marissa DeGuzman,  
[marissa@bscmanage.com](mailto:marissa@bscmanage.com), 310-437-0559, ext. 112 and  
Roland Ronquillo, [roland@bscmanage.com](mailto:roland@bscmanage.com), 310-437-0559,  
ext. 119

**Overall AHNS Advisor:** Sallie Matthews (BSC President),  
[sallie@bscmanage.com](mailto:sallie@bscmanage.com), 310-437-0555, ext. 106  
<http://www.ahns.info/about-ahns/ahns-staff/>

## 9. Appendices

### Appendix A

#### Scorecard for Service Members

Service

Member name

Member contributes ideas to service leader                      Yes    No

Member contributes to the work of the service                      Yes    No

Member should be advanced in the society                      Yes    No

Member appears too busy for the service                      Yes    No

Comments

#### Scorecard for Service Chair

Please respond to the following questions regarding your Service Chair's performance.

Service

Chair communicates at appropriate intervals                      Yes    No

Chair assigns tasks fairly                      Yes    No

Chair commits the appropriate time to duties                      Yes    No

### Appendix B

STRATEGIES	DATE
<p><b>Activity 1:</b> In advance of COSM/annual meeting, invite AHNS non-member registrants to become a member—3 times per year. List documents needed to complete application process and deadlines. (EBLAST)</p>	
<p><b>Activity 2:</b></p>	

<p>Send year-end message to non-members who attended the two most immediate past meetings; and any individuals with an incomplete application. (EBLAST)</p>	
<p><b>Activity 3:</b> Send <i>Member Get A Member</i> campaign messaging—4 times per year (one for Active members; one for Candidate members). Provide incentive-1 year complimentary membership/complimentary registration for annual meeting. (EBLAST)</p>	
<p><b>Activity 4:</b> Immediately after COSM/annual meeting, invite non-member attendees to become an AHNS member—3 times per year. List specific documents needed to complete application process and deadlines. (EBLAST)</p>	
<p><b>Activity 5:</b> Encourage ATC graduates to apply for Active /Corresponding membership. (EBLAST)</p>	
<p><b>Activity 6:</b> Remind Candidate members to upgrade to Active/Corresponding membership type or risk termination of membership.</p>	
<p><b>Activity 7:</b> Host Membership Information Booth at COSM, promote membership enrollment, dues renewal, benefits, committees and <i>new Section</i>, ties and scarves.</p>	
<p><b>Activity 8:</b> Host resident educational symposium at AAO meeting. Invite attendees to become an AHNS Candidate member.</p>	

**Appendix C**

STRATEGIES	DATE
<p><b>Activity 1:</b> Promote benefits of joining AHNS membership in tandem with advance marketing for the AHNS Annual Meeting.</p>	
<p><b>Activity 2:</b> Send year end thank you message to current members. Spotlight benefits--include invitation to join the new <i>Section</i>). (EBLAST)</p>	
<p><b>Activity 3:</b> Create cover messages for annual renewal invoices (1<sup>ST</sup> and final) include testimonial from an <i>AHNS MEMBER ROCK STAR</i> and invitation to join <i>new SECTION</i> (ELAST and US mail)</p>	
<p><b>Activity 4:</b> <i>AHNS Wants to Stay</i> -- 2 times per year, conduct campaign to encourage members to update or create a public profile, provide contact information changes, ensure dues are paid. (EBLAST)</p>	
<p><b>Activity 5:</b> Plan and implement new member breakfast during annual meeting.</p>	
<p><b>Activity 6:</b> Engage sponsors in outreach efforts to encourage members delinquent in payment of dues to retain their membership. (EBLAST)</p>	
<p><b>Activity 7:</b> Engage leadership in outreach efforts to encourage members delinquent in payment of dues to retain their membership.</p>	
<p><b>Activity 8:</b> Remind fast track members of the requirement to obtain FACS status.</p>	

## Appendix D

STRATEGIES	DATE
<p><b>Activity 1:</b> Promote benefits of joining AHNS membership in tandem with all advance marketing for the AHNS Annual Meeting</p>	
<p><b>Activity 2:</b> <i>Send 6 issues of AHNS E-Newsletter. Include section asking members to put forward names of colleagues who should become AHNS members.</i></p>	
<p><b>Activity 3:</b> Send <i>Happy Birthday</i> greeting from AHNS. (EBLAST)</p>	
<p><b>Activity 4:</b> Place membership ads in <i>JAMA</i> Highlight membership renewal, benefits, and joining committees and new <i>SECTION</i>—2 times per year.</p>	