

Arnold P. Gold Foundation Award for Humanism in Medicine

Nomination Form

DEADLINE FOR E-MAILED APPLICATIONS: April 1

Preamble

In collaboration with the Council of Medical Specialty Societies, the Arnold P. Gold Foundation has chosen the American Academy of Otolaryngology—Head and Neck Surgery Foundation (AAO-HNSF) to administer the Gold Foundation Humanism in Medicine Award, conferred on a practicing otolaryngologist who exemplifies compassionate, patient-centered care. A panel of members of the AAO-HNS Foundation's Humanitarian Efforts Committee selects an awardee for ratification by the Board of Directors.

Please complete and e-mail the following documents **as a singular PDF attachment** to humanitarian@entnet.org by the deadline:

1. Complete nomination form
2. The nominee's Curriculum Vitae (CV) or resume
3. At least one (1) letter of recommendation from a professional source
4. Additional documentation, as needed

Selection Criteria

Nominees must demonstrate at least five of these criteria:

- Compassion and empathy in delivery of patient care
- Respect for patients, families, and co-workers
- Cultural sensitivity when working with patients and family members of diverse backgrounds
- Effective, empathetic communication and listening skills
- Understanding a patient's need for interpretation of complex medical diagnoses and treatments
- Making an effort to ensure patient comprehension
- Comprehending and showing respect for the patient's viewpoint
- Sensitivity to the patient's psychological wellbeing and identifying the emotional concerns of patients and family members
- Engendering trust and confidence
- Competence in scientific endeavors

Selection Process and Award Presentation

The honoree will receive a certificate and monetary award of \$1,000 at the AAO-HNSF Annual Meeting & OTO EXPOSM.

At the Meeting, the honoree delivers a short address at the Humanitarian Forum. The Academy will also recognize the honoree in its monthly newsmagazine, the Bulletin, on its website, and in other media where awardees are covered.

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Nomination Form

Nominee's Personal Information

AAO-HNS Member ID # _____
(If available)

Today's Date: _____

Nominee's Name _____
Given name Middle Name or Initial Family name Degree (MD, FRCS, PhD, MBBS, etc.)

Nominee's Title and Position (e.g., Professor) _____

Institution/Medical School _____

Address:

Street/Office or Suite No. _____

City _____ State/ZIP code _____

Phones: Office (____) _____ Cell (____) _____ Fax (____) _____
Daytime number/extension

E-mail No. 1: _____ Email No. 2 _____

Summary of Achievements (Please write below or attach a brief summary to this application)

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Nomination Form

Nominator Information

AAO-HNS Member ID # _____ Today's Date: _____
(if available)

Nominator's Name _____
Given name Middle Name or Initial Family name Degree (MD, FRCS, PhD, MBBS, etc.)

Nominator's Title and Position (e.g., Professor) _____

Institution/Medical School _____

Address:

Street/Office or Suite No. _____

City _____ State/ZIP code _____

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E-mail No. 1: _____ Email No. 2 _____