

Arnold P. Gold Foundation Award for Humanism in Medicine

Nomination Form

DEADLINE FOR E-MAILED APPLICATIONS: April 15

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 at the AAO-HNSF Annual Meeting & OTO Experience.

At the Meeting, the honoree delivers a short address at the Humanitarian Forum. The Academy will also recognize the honoree in its monthly news magazine, 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 # _____ Today's Date: _____
(If available)

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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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. _____

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