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Candidate for BOG Member-at-Large



### ***What is the greatest challenge our specialty is currently facing and how would you advocate for action through member engagement?***

Lack of engagement is biggest challenge our specialty is facing. Whether it is committee membership, new faces vying for leadership positions or even member engagement with the ENTPAC program, only a very small percentage of our specialty is engaged in our society. The best way to combat this problem is through grassroots relationships with our colleagues. One engaged member pulling another engaged member into the fold until the pool slowly fills. We must be able to demonstrate added value to each members lives and careers so that they too feel the importance of the work that needs to be done. We all have very busy lives in addition to a multitude of different local, regional, and other specialty society demands. If we cannot demonstrate value, keeping people engaged in the process will be very challenging.

Once a member is introduced to the process, however, we cannot stop there. We need to make a concerted effort to keep them engaged by providing opportunities to take on leadership positions in our specialty based on merit. We need to make our colleagues aware that this specialty is not strictly academic. Anyone who practices in our specialty and wants to work hard to improve it is welcome and belongs. If we can accomplish these things, the AAO-HNS will be considerably stronger.

### ***What initiatives would you recommend strengthening the relationship and engagement opportunities between AAO-HNS state, local, and specialty BOG societies?***

We need to start looking at all of these societies as complimentary. I feel like there are far too many silos and very few people trying to coordinate efforts. Because of this, many inefficiencies exist creating duplication of work. If we could start partnering with one another and creating opportunities for collaboration between societies, we could revolutionize the way we tackle many of the problems we face. For instance, if the rhinology society and otology society are currently doing a fantastic job of creating content for meetings, why do we have a separate committee at the academy level also meeting to create content? Likewise, if we could coordinate efforts from a legislative perspective, we could probably have a much stronger voice compared to that of oral surgery or ophthalmology. We must start recognizing that we all have similar goals, but we need to collaborate and coordinate more effectively to capitalize on the actual number of engaged members that we have.

Additionally, we need to do what I described above. We need to individually solicit and bring more Otolaryngologists into a more active status. Through grassroots efforts, we can get our colleagues more involved and thus increase the impact we make as a society. We all can play a role in advancing our specialty and it is imperative that we do so.