AUA Staff Liaison: Jody Donaldson

Chair: Timothy Brand, MD

Terms of Office:
- Chair: 2 years (renewable once)
- Members: 3 years (renewable once)

Committee Makeup
Members appointed based on expertise. Consists of approximately 12-14 members that specialize in one more of the following areas: robotic surgery, laparoscopic surgery, new technologies, or urologic imaging. Members are divided into teams into five teams representing: 1) urologic imaging, 2) BPH and endourology, 3) laparoscopic and robotic surgery, 4) simulation and training and 5) oncology. Each group has one team leader and one to three additional members. Members of the Society of Urologic Surgeons are solicited when there are openings in the laparoscopic and robotic surgery team.

Mission Statement
The Committee's educational mission is to evaluate, analyze and disseminate laparoendoscopic, robotic, new technologies, and image-based urologic practice and skills efficiently to the urological community. Relevant aspects of surgical simulation and skills assessment will be evaluated and utilized in this process whenever possible.

Committee Meetings
Members are required to participate in approximately 2 teleconferences annually (1-1.5 hours per call), plus one face-to-face meeting at the AUA Headquarters in Linthicum, Maryland in March/April. Members may also participate on various Education Council sub-committees if requested, to help drive the educational format and course offerings for AUA membership.

Time Commitment
- Chair: 30 hours annually
- Member: 20 hours annually

Qualifications/Responsibilities
Chair: The Chair should be a nationally recognized accomplished urologist with expertise in the areas of laparoscopic surgery, robotic surgery, new technologies, and/or urologic imaging, who has clinical credibility, and has been involved in teaching to the urological community. The Chair will oversee the work of the committee in preparation of the annual program. In addition, time will be spent on a variety of activities throughout the year to address the educational needs of the AUA membership with regard to laparoscopic surgery, robotic surgery, new technologies, and urologic imaging; and to assess the training in both the community and in residency programs. The Chair is a member of the Education Council.

Members: Members should have had extensive experience in one or more of the following areas: laparoscopic surgery, robotic surgery, new technologies, and/or urologic imaging. Academic members of this committee should have participated in teaching minimally invasive surgery, imaging-based and/or new technology courses. Members will contribute to the work of the committee in preparation of the annual
program. In addition, time will be spent on a variety of activities throughout the year to address the educational needs of the AUA membership with regard to laparoscopic surgery, robotic surgery, new technologies, and urologic imaging; and to assess the training in both the community and in residency programs.

**Education Document/Content Responsibilities**

The committee is responsible for reviewing and updating the following educational resources:

<table>
<thead>
<tr>
<th>Document/Content</th>
<th>Last Release Date</th>
<th>Next Review Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills Assessment Needs Assessment Survey</td>
<td>December 2020</td>
<td>July 2023</td>
</tr>
<tr>
<td>Basic Laparoscopic Urologic Surgery (BLUS) Handbook</td>
<td>October 2012</td>
<td>TBD</td>
</tr>
<tr>
<td>Participate in the Annual Meeting Planning Committee</td>
<td>July 2021</td>
<td>July 2022</td>
</tr>
<tr>
<td>Select ultrasound related instructional courses for webcasts to ensure AUA offers sufficient activities for members to maintain AIUM recertification.</td>
<td>July 2021</td>
<td>July 2022</td>
</tr>
</tbody>
</table>

In addition to the above content, representatives of the committee may also participate in AIUM Practice Parameter Committees as needed.

**Recent Accomplishments - 2021**

- Evaluated the instructional course selections for the AUA2022.
- Provided expertise on the adoption of new urologic technologies, including developing two new adoption cycle graphs.