

**AUA**

Association of University Anesthesiologists

# UPDATE

Association of University Anesthesiologists UPDATE | 2025 | Fall Issue

## PRESIDENT'S MESSAGE

Dear Colleagues,

Volatility, uncertainty, complexity, ambiguity (VUCA) have become household terms in academic medicine. What is clear in my opinion is that every institution has experienced VUCA. Additionally, no medical specialty has been spared from the effects of VUCA. This is not a comprehensive essay on VUCA since I am limited by word count, as well as expertise, since I am neither an economist nor an Army general, depending upon who you think coined VUCA first. I can only address what I know, as I serve as president of AUA, and as a life-long academic learner, I can provide additional resources to help you on your journey.



**Dolores B. Njoku, MD**  
**President, AUA**  
Washington University in  
St. Louis  
St. Louis, MO

A brief primer on VUCA and how it can affect academic anesthesiology. What is VUCA? In the most basic sense, this term describes types of challenges that affect any organization and categorizes them to facilitate the types of responses that may mitigate these challenges. However, volatility in anesthesiology can mean many things. Volatility in anesthesiology can be equated with variability in patient responses to the care that we provide, variability in the cost of providing care that is governed by re-imbursement changes as well as volatility in patient volume and anesthesiology workforce. Similarly, uncertainty can be equated with determinants of volatility since, in my mind, they are forever connected. As examples, uncertainty in patient responses can be driven by external factors such as dosing practices or the environment, as well as internal factors such as genetics, protein expression, immune responses or a combination of the three. Uncertainty in cost of care can be driven by patient morbidity, anesthetic or surgical type, technology, and re-imbursement. Uncertainty in patient volume may be driven by provider practices, insurance, as well as hospital capacity. Uncertainty in anesthesiology workforce may be driven by medical students going into the specialty, specialist retiring or changing job focus, as well as hospital capacity to flex up or down depending on patient volume. Complexity in anesthesiology can also be determined by many things, such as patient morbidity, technology, work-force identity, as well as pathophysiology of the patient or environmental responses that provide volatility to the environment in which we

*continued on page 2*

## CONTENTS

President's Message .....	1-2
MEB Report .....	2
EAB Report .....	3
LAB Report .....	4
SAB Report .....	5
New Members .....	6
AUA 2026 Annual Meeting Update .....	7
AUA Events Calendar .....	8
AUA Officers .....	9-10
Call for Content .....	10

[Click here to view or print the AUA UPDATE newsletter.](#)

work. Ambiguity in anesthesiology is far more multifaceted. Ambiguity incorporates inherent variability, uncertainty, and complexities associated with interpretation of patient and research data, as well as communication between patients, anesthesiology colleagues and other stakeholders in the perioperative environment. For most academic areas, we would stop here. However, we are academic anesthesiologists, VUCA only helps identify challenges—once identified, we work together and find solutions.

It is no mistake that VUCA in Anesthesiology as I described, is familiar. This critical aspect of VUCA makes it a known adversary, a term commonly studied in the cybersecurity industry where the focus is to protect people and systems utilizing policies, processes, and technologies. Hence, it is not surprising that in many ways, anesthesiologists are the cybersecurity agents for patients. Moreover, a known adversary allows us as members of the AUA to provide proactive, instead of reactive approaches.

Our back to university approach was determined to be the best way to ensure a strong base for the future headwinds that we speculated were on the horizon. Although we could never completely predict what would happen next, work force challenges were looming and needed acknowledgement. Our first back to university meeting in 2024 possessed all of the euphoria of any new prospect. Our second meeting in March 2025 was preceded by a

travel restriction and a change in management companies. Even so, academic diehards like me met, discussed and exchanged ideas. Guided by our strategic plan and our revised mission to promote excellence in academic anesthesiology and professional growth throughout the careers of educators, academic leaders, and researchers, we provided a program that was meant to start a year-long (or yearly-long) conversation. The AUA would provide the venue for strategic conversations regarding improved collaboration, communication, detection and prevention of threats to our patients, as well as resource allocation for our patients.

In seven months, our annual meeting will be in Seattle, Washington, March 26 – 29, 2026! This year, we will be hosted by University of Washington Medicine and held at the University of Washington Husky Union Building (HUB) in Seattle, Washington. Our accommodations will be at Graduate by Hilton Seattle (pun intended). This year's meeting is really shaping up to be something special. The abstract submission site is open and ready. Dr. Deepak Sharma has ensured an engaging and exciting host program. The AUA board chairs have promised innovative and engaging sessions. Reach out to me directly if you are interested in additional opportunities to participate. I look forward to your continued participation. 📖

## FROM THE MEMBERSHIP ENGAGEMENT ADVISORY BOARD (MEB)

The MEAB has been active in discussion regarding ways to retain members and advance the career of associate members. We have compiled a list of lapsed members with an aim to show them what they've been missing! We will highlight our annual meeting activities and deliver a personal plug to re-engage.

We've also been working with leadership advisory board to re-invigorate our mentorship program. We'd love to hear from our Associate members to determine what gaps they may have in mentorship and even suggest pairs amongst the committed mentees. More to come! 📖



**Michael Aziz, MD**  
Co-Chair,  
Membership Engagement  
Advisory Board  
Oregon Health & Science  
University  
Portland, OR

Don't forget to  
follow AUA on X!

X @AUA\_Anesthesia





# FROM THE EDUCATIONAL ADVISORY BOARD (EAB):

## Bridging the Gap and Beyond: What's Next in Medical Education

As the landscape of medical education continues to evolve, educators and learners are being prompted to rethink how we teach, train, and develop. A series of timely discussions will focus on three key areas shaping the future of clinical education: feedback culture, fellowship pathways, and innovation in simulation.

**The first in the series is a webinar scheduled for August 13, 2025, at 5:00 PM EST with speakers Dr. Emily Teeter and Dr. Ben Cobb from UNC.**

### Bridging the Gap: Enhancing Feedback Culture in Medical Education

Feedback is one of the most powerful tools in medical education, yet it is also one of the most misunderstood. Despite its central role in clinical training, feedback is often underused or misinterpreted, causing missed chances for growth and development.

In this upcoming webinar, Dr. Emily Teeter and Dr. Ben Cobb from UNC will examine the “feedback gap”—the disconnection between what is communicated and what is received. Based on their extensive backgrounds in anesthesiology and medical education, they will lead participants through the emotional, structural, and cultural obstacles that impede effective feedback.

Participants will learn to:

- Identify common barriers to meaningful feedback.
- Deliver high-quality written and verbal feedback with clarity and purpose.
- Recognize and manage emotional triggers that affect how feedback is received.

This session is ideal for faculty, residents, and fellows who want to foster a more transparent, growth-oriented learning environment.

The others in the series are:

### Fellowships: A Strategic Decision

The decision to pursue a fellowship is becoming more complicated. While fellowships provide opportunities

for advanced clinical training, academic growth, and leadership, they also involve trade-offs—longer training periods, financial costs, and postponed entry into independent practice.

Upcoming discussions will examine the changing role of fellowships in shaping career paths. Educators and trainees will learn how to evaluate the advantages and disadvantages and align their fellowship choices with long-term career goals.

### Simulation Innovation: AI and VR in Medical Training

Simulation has long been a cornerstone of clinical education, but recent advances in technology are expanding its capabilities. Artificial intelligence tools like ChatGPT are now used to simulate patient interactions, create dynamic case scenarios, and offer real-time feedback. Meanwhile, virtual reality is building immersive environments that mimic high-stakes clinical situations.

These innovations are not just improving the way we teach—they're expanding what's possible. By incorporating AI and VR into simulations, educators can develop more personalized, scalable, and effective training experiences.

### Looking Ahead: Annual Meeting Panels in Development

The Education Advisory Board (EAB) is already planning a series of exciting panels for the upcoming annual meeting. Although details are still under wraps, the focus will be on innovation, collaboration, and the future of medical education. Expect sessions that challenge conventional thinking and bring together diverse voices from across the academic spectrum.

**Stay tuned for more updates—and don't miss the chance to be part of these important conversations..** 



**Arna Banerjee, MD, MMHC, FCCM**  
*Chair, Educational Advisory Board*  
Vanderbilt University Medical Center  
Nashville, TN



# LEADERSHIP ADVISORY BOARD (LAB) REPORT:

## Duty of Care of Anesthesiologists and the Health Care Climate in the US

It is imperative for physicians to uphold the highest ethical standards, provide care in emergencies, respect patient autonomy, and not discriminate. They also have a duty to inform patients of services that cannot be provided due to personal beliefs before establishing a patient-physician relationship. This panel discussed the role of ethical care and duties of Anesthesiologists in a morally disruptive healthcare environment.

As part of the AUA webinar series, on Wednesday, 9th April 2025, the AUA Leadership Advisory Board webinar took place virtually. This was titled ***'Duty of Care of Anesthesiologists and the Health Care Climate in the US.'*** It was moderated by Ted Sakai, MD, PhD, MHA, FASA, and the presenters included Shahla Siddiqui, MD, MSc, FCCM, Michael Nurok, MBChB, PhD, FCCM, and Allison Lee, MD, MS.

Dr. Siddiqui presented on the issues of conscience and the professional code of practice. Her presentation explored the complex ethical tensions that arise when a physician's duty of care comes into conflict with personal conscience, particularly in today's shifting legal, societal, and institutional environments. Dr. Siddiqui discussed how anesthesiologists—and physicians more broadly—have faced increasing challenges related to moral injury, conscientious objection, and patient autonomy, while still upholding core professional obligations. Drawing on AMA and ASA ethical principles, she examined real-world clinical cases involving value-based conflicts and offered practical strategies for maintaining moral integrity without compromising patient access to care. Dr. Siddiqui emphasized the importance of institutional policies that respect providers' deeply held beliefs while ensuring continuity and equity in patient services. Her talk encouraged reflection on how clinicians can ethically navigate the evolving demands of modern medical practice.

Dr. Nurok gave a presentation on access to care during a public health emergency, using the COVID pandemic as an example. The ethical principles underlying care during routine operating conditions were compared with the utilitarian principles used during a crisis aimed at ensuring available resources are used to achieve the greatest good. Relying on this framework, in France, the health system distributed critically ill patients needing ICU beds over the entire network of hospitals, thereby balancing loads and preventing the need to use surge capacity. In the US, inundated hospitals did not have the same ability access capacity in other hospitals and as a result, crisis standards were adopted and patients often received care under degraded conditions. These policies remain in place even though they have been shown to be biased and unable to fairly allocate resources.

Dr. Lee's session addressed the urgent need to confront incivility, gender harassment, and burnout in anesthesiology—issues that not only harm individuals but threaten the future of our specialty. Drawing on the 2022 AAMC publication reporting that women in anesthesiology experience some of the highest rates of harassment, she discussed findings from a survey study by AUA members, Hastie et al in *Anesth Analg* (2025),<sup>1</sup> which examined the scope and impact of sexual harassment in academic settings. It was emphasized how such behaviors erode psychological safety, impair teamwork, and contribute to burnout, especially in perioperative environments already strained by high acuity cases. In a competitive salary landscape, these challenges fuel attrition from academia, making it even more critical to act. Dr. Lee highlighted the ASA's "Statement on Harassment, Incivility and Disrespect" and shared strategies—at institutional and individual levels—to build respectful, inclusive, and supportive work environments that retain and uplift our workforce.📖

### Reference

1. Hastie MJ, Mittel A, Raman V, Szokol J, Whittington R, Bustillo M, Siddiqui S, Straker T, Sakai T, Armstead V, Wiener-Kronish J, Jewitt C, Mashour GA. Sexual Harassment in Academic Anesthesiology: A Survey of Prevalence, Sources, Impact, and Recommendations. *Anesth Analg*. 2025 Jan 2. doi: 10.1213/ANE.0000000000007282. Epub ahead of print. PMID: 39745880.



**Shahla Siddiqui, MBBS, MSc, FCCM**

*AUA Member*  
Beth Israel Deaconess Medical Center,  
Harvard Medical School  
Boston, MA



**Michael Nurok, MBChB, PhD, FCCM**

*AUA Member*  
Cedars-Sinai Hospital  
Los Angeles, CA



**Allison Lee, MD**

*AUA Member*  
University of Pennsylvania  
Philadelphia, PA



## FROM THE SCIENTIFIC ADVISORY BOARD (SAB): Funding opportunities get tighter – What can SAB do to help?”

We hope all of you are enjoying summer! In follow-up to our spring newsletter, the SAB team is hard at work planning sessions for the 2026 AUA meeting. Given the changing environment of research funding and NIH's new review criteria (<https://grants.nih.gov/policy-and-compliance/policy-topics/peer-review/simplifying-review/framework>), there is plenty to discuss. The thought right now is to have our panel discussion focus on alternative routes of research funding, including industry, foundations, new opportunities within the federal landscape, and international sources. We are also considering whether a session on the new NIH grant review criteria would be educational to individuals looking to submit grants in the near future. Here, an important aspect will be to understand how the new criteria will require us to modify our thinking and grant writing in terms of relative weightage of focus areas: significance, innovation, and approach vs. reliance on the investigator and environment. I know that within my own institution (Mayo Clinic) groups have come together to discuss this specific topic and how we may have to change our grant applications to highlight things that will matter to grant reviewers: should the research be done (factor 1 within the simplified review framework). In this regard, the focus of SAB is to grow the new generation of physician-scientists, providing the tools for a successful career. As stated before, there is a growing number of medical students and clinician scientists striving to make a difference within our specialty and SAB will take the lead in guiding them through the process. The role of SAB then becomes to connect physician scientists and aspiring physician scientists to connect, exchange ideas, and share enthusiasm about the work they/we do.



**Christina Pabelick, MD**  
*Chair, Scientific Advisory Board*  
Mayo Clinic  
Rochester, MN

In an effort to highlight physician scientists within our area, we are starting a new series where we showcase one individual and their background and accomplishments. We hope this will help inspire individuals and also provide opportunities for mentoring and networking. The first to go is Dr. Creed Stary, who is a member of our SAB team. Dr. Stary leads the lab for “NeuroMolecular Bioenergetics” at Stanford. Here is his lab introduction:

My laboratory focuses on the mitochondrial function of different brain cell types in response to injury and anesthetic exposure. I began my journey as a scientist while an undergraduate student at UC San Diego, studying skeletal muscle bioenergetics in the setting of exercise and fatigue. After completing the Medical Scientist Training Program at UC San Diego with a PhD in exercise physiology, I chose to pursue anesthesia as my clinical specialty, given that a primary role of the anesthesiologist is to maintain normal physiologic function during the stress of surgery. Seeing firsthand the effects of anesthetics on consciousness sparked a new interest in neuroscience, and I came to Stanford after completing my residency to pursue a postdoctoral fellowship with a new focus on the brain. I was mentored by Dr. Rona Giffard in epigenetic regulation of brain mitochondrial dysfunction after stroke, supported by the departmental T32. I was subsequently awarded my first competitive grant, a 5-year K99/R00 equivalent from the American Heart Association. This paved my way to independence and my first independent NIH R01, and then as Co-Investigator on a collaborative R01. Currently, my lab is supported by an award from the United States Defense Advanced Research Projects Agency (DARPA), entitled “Creating a Safer Battlefield Anesthetic Based on a Newly Developed Anesthetic Class Specific to the GABAAR-slow Receptor Subtype.” The goal of this multi-PI, multi-institutional project is to develop novel anesthetics with an improved cardiovascular stability and safety profile compared to ketamine, for administration in the battlefield. My central role as a PI on the project is to assess the effect of novel GABAAR anesthetics on mitochondrial function in the brain. I am thrilled to be part of this collaborative and innovative project, which will lead to safer anesthetics that will eventually benefit all our patients. My journey demonstrates that a scientific career does not need to be defined by a single area of interest or a singular source of funding. From this experience, I always encourage my trainees to pursue their interests while maintaining a creative mindset that remains open to new opportunities that may arise! <https://med.stanford.edu/starylab.html>. 📖



# AUA

Association of University Anesthesiologists

## Welcome New Members!

### ACTIVE MEMBERSHIP

Meredith Adams, MD, MS	Holly Ende, MD	Amit Prabhakar, MD, MBA
Nima Aghaeepour, PhD	Abimbola (Bola) Faloye, MD	Elizabeth Putnam, MBBS, BSc, FRCA
Shawn Beaman, MD	Annery Gissel Garcia-Marcinkiewicz, MD, MSCE	Tuhin Roy, MD, PhD
Christina Boncyk, MD, MPH	William Hartman, MD, PhD	Ron Samet, MD
Tricia Brentjens, MD	Maurice "Frankie" Joyce, MD, EdM, FASA	Angela Selzer, MD, FASA, DFPM
Zachary T. Campbell, PhD	Thomas Klumpner, MD	Robert Shaw, MD
Laura Cavallone, MD	Asad Latif, MD	Matthew Sherrer, MD, MBA, FASA, FAACD
Vidya Chidambaran, MD	Elizabeth B. Malinzak, MD, FASA	Eellan Sivanesan, MD
Christina D. Diaz, MD	Ryan Melvin, PhD	Cinnamon Sullivan, MD
Anna Dubovoy, MD	Carrie Menser, MD	Robert Thomsen, MD
Elizabeth Duggan, MD, MA	Bridget Muldowney, MD	Mitchell Tsai, MD
Lisa Einhorn, MD	Michael Nurok, MBChB, PhD, FCCM	Nafisseh Warner, MD
Trent Emerick, MD, MBA, FASA		

### ASSOCIATE MEMBERSHIP

David Arnolds, MD, PhD	Patick Hussey, MD, FASE	Conrad Myler, MD
Sona Arora, MD	Manoj Iyer, MD	Christine Nguyen-Buckley, MD
Fei Chen, PhD	Jerry Kalangara, MD, MBA	Kimberly R. Nichols, MD
Caiomhe Duffy, MD, MSc, FCAI	Deirdre Kelleher, MD	Detlef Obal, MD, PhD
Stephan Frangakis, MD, PhD	Jesse J. Kiefer, MD, MEd	Justin Routman, MD, MSHA
Allen Friedman, MD	Shannon Kilkelly, DO	Tamara Timic Stamenic, PharmD, PhD
Lauriane Guichard, MD	Abirami Kumaresan, MD	Scott Zalut, DO, MHA
Denisa Haret, MD	Penny Liu, MD, MBA, FASA	
Jeffrey Huang, MD	Nadia Lunardi, MD, PhD	



# AUA

Association of University Anesthesiologists

## 2026 Annual Meeting Update

### Lodging is now open for the 2026 Annual Meeting in Seattle!

We're excited to announce that lodging is now officially open for the AUA 2026 Annual Meeting, taking place in Seattle, Washington, from March 27-29, 2026. Take advantage of exclusive hotel rates starting at \$199 per night (plus tax) – only available through the official AUA housing block. Reserve your room today – lodging closes on February 24th, 2026. Don't wait until it's too late, [book now!](#)



### President's Reception



## BURKE

MUSEUM

Get ready for a wonderful *Night at the Museum* and join us for the President's Reception. As we wander the halls and connect with one another at the Burke Museum of Natural History and Culture. With over 18 million artifacts and specimens, you sure don't want to miss out on this night! The museum focuses on dinosaurs, fossils, Northwest Native art, plant and animal collections, and cultural pieces from across the global



### AUA 2026 Annual Meeting – Call for Abstracts

The AUA is now accepting scientific abstract submissions for the AUA 2026 Annual Meeting, taking place in Seattle, Washington. Accepted abstracts may be selected for Top Oral Abstract presentations, Abstract Awards, or poster presentation showcased in person during the meeting.

**Please note: The AUA Annual Meeting does NOT accept medically challenging case reports.**

**Deadline:** November 2nd, 2025, at 11:59PM EST.

January 2026: Abstract submitters will receive submission status notification

MORE INFO

GUIDELINES

ABSTRACT  
AWARDS

SUBMIT





# AUA

Association of University Anesthesiologists

## Save the Date for these Upcoming Events!

### AUA EAB Webinar

**September 10, 2025 • 5:00 PM EST**

Innovations in Simulation

*Moderator: John Mitchell, MD*

### AUA LAB Webinar

**October 8, 2025 • 5:00 PM EST**

What Does It Take to

Be a Good Leader?

*Speaker: Dr. Tetsu “Buth” Uejima, MD,  
MMM, FAAP, CPHRM*

### AUA LAB Webinar

**November 12, 2025 • 5:00 PM EST**

Breaking Barriers: Leadership Strategies  
to Improve Mental Health Help-Seeking  
Among Healthcare Workers

*Speaker: Daniel Saddawwi-Konefka,  
MD, MBA*

### AUA EAB Webinar

**December 10, 2025 • 5:00 PM EST**

Discussion About Fellowship –  
Pros and Cons

*Moderator: Richa Dhawan, MD, MPH*



# AUA

Association of University Anesthesiologists

UW Medicine

ANESTHESIOLOGY  
& PAIN MEDICINE

## AUA 2026 Annual Meeting

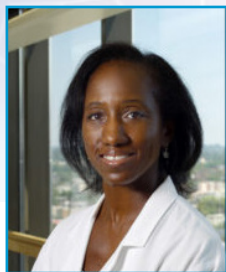
**March 27-29, 2026**

**Seattle, Washington**

*Hosted by the  
University of Washington*



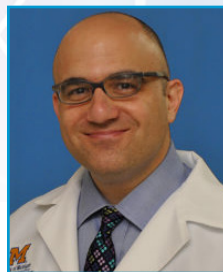
# Officers and Councilors-at-Large



**Dolores B. Njoku, MD**  
*President*  
Washington University in  
St. Louis  
St. Louis, MO



**Zhongcong Xie, MD,  
PhD, FASA**  
*President-Elect*  
University of Texas Health  
and Science Center  
Houston, TX



**George Mashour,  
MD, PhD**  
*Immediate Past  
President*  
University of Michigan  
Medical School  
Ann Arbor, MI



**Miriam Treggiari, MD,  
PhD, MPH**  
*Secretary*  
Duke University  
Durham, NC



**Lena S. Sun, MD**  
*Treasurer*  
Columbia University  
New York, NY



**Tracey Straker, MD, MS,  
MPH, CBA, FASA**  
*Councilor at Large*  
Montefiore Medical Center  
Bronx, NY



**Maria Bustillo, MD, FASA**  
*Councilor at Large*  
Weill Cornell Medical  
College  
New York, NY



**James P. Rathmell,  
MD, MBA**  
*Councilor at Large*  
Brigham and  
Women's Hospital  
Boston, MA



**Shahzad Shaefi, MD, MPH**  
*Communications and  
Website Committee Chair*  
Beth Israel Deaconess  
Medical Center  
Boston, MA

## Board Chairs



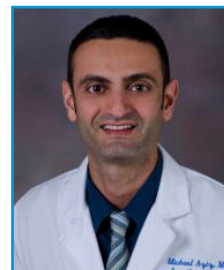
**Arna Banerjee, MD,  
MMHC, FCCM**  
*Chair, Educational  
Advisory Board*  
Vanderbilt University  
Medical Center  
Nashville, TN



**Tetsuro (Ted) Sakai, MD,  
PhD, MHA, FASA**  
*Chair, Leadership  
Advisory Board*  
The University of North  
Carolina School of  
Medicine  
Chapel Hill, NC



**Valerie Armstead,  
MD, DABA**  
*Co-Chair, Membership  
Engagement Advisory  
Board*  
Temple University Health  
System  
Philadelphia, PA



**Michael Aziz, MD**  
*Co-Chair, Membership  
Engagement Advisory  
Board*  
Oregon Health & Science  
University  
Portland, OR



**Christina Pabelick, MD**  
*Chair, Scientific Advisory  
Board*  
Mayo Clinic  
Rochester, MN

# AUA Communications and Website Committee

## CHAIR

**Shahzad Shaefi, MD, MPH**  
**Chair, Communications and Website Committee**  
Beth Israel Deaconess Medical Center  
Boston, MA

## COMMITTEE MEMBERS

**Arna Banerjee, MD, MMHC, FCCM**  
**Chair, Educational Advisory Board**  
Vanderbilt University Medical Center  
Nashville, TN

**Tetsuro (Ted) Sakai MD, PhD, MHA, FASA**  
**Chair, Leadership Advisory Board**  
The University of North Carolina  
School of Medicine  
Chapel Hill, NC

**Valerie Armstead, MD, DABA**  
**Co-Chair, Membership Engagement Advisory Board**  
Temple University Health System  
Philadelphia, PA

**Michael Aziz, MD**  
**Co-Chair, Membership Engagement Advisory Board**  
Oregon Health & Science University  
Portland, OR

**Christina Pabelick, MD**  
**Chair, Scientific Advisory Board**  
Mayo Clinic  
Rochester, MN

**Jaime Aaronson, MD**  
New York-Presbyterian/Weill Cornell  
Medicine  
New York, NY

**Ronald George, MD, FRCPC**  
University of California San Francisco  
San Francisco, CA

**Sesh Mudumbai, MD, MS**  
VA Palo Alto HCS/Stanford University  
School of Medicine  
Palo Alto, CA

**Sara Neves, MD**  
Beth Israel Deaconess Medical Center  
Boston, MA

**Karthik Raghunathan, MBBS, MPH**  
Duke University  
Durham, NC

**Jingping Wang, MD, PhD, FASA**  
Massachusetts General Hospital  
Boston, MA

**Marina Moguilevitch, MD, FASA**  
Montefiore Medical Center  
Bronx, NY

## CALL FOR CONTENT

# SUBMISSION DEADLINE FOR WINTER: OCTOBER 27, 2025

## Submit an article TODAY for the AUA Newsletter!

If you have an idea for an article, an announcement, or an opinion on a recently published article, please submit your proposed article to the AUA Office at [info@auahq.org](mailto:info@auahq.org). If your article is selected, we will contact you for editing and formatting.

Please review [AUA's Submission Guidelines](#) prior to submitting your proposed article.

Contact the AUA office with questions at [info@auahq.org](mailto:info@auahq.org).



## SUBMISSION GUIDELINES