Rising to Leadership Role in the GME Office

Gary W. Chien, MD, FACS

Designated Institutional Official

Regional Assistant Medical Director for GME and UME

Kaiser Permanente Southern California

Society of Academic Urologists | AUA 2026 | Washington, DC

The Surgical Leadership Gap

Core clerkship	Dean with MD (n = 378)	Residency position (n = 29,374)
General surgery, n (%)	14 (3.7)	1,379 (4.7)
Other surgery, n (%)	24 (6.3)	2,250 (5.6)
Internal medicine, n (%)	182 (48.1)	7,916 (26.9)
Pediatrics, n (%)	42 (11.1)	2,858 (9.7)
Family medicine, n (%)	13 (3.4)	3,629 (12.4)
OB/GYN, n (%)	16 (4.2)	1,336 (4.5)
Psychiatry, n (%)	27 (7.1)	1,556 (5.3)
Neurology, n (%)	12 (3.2)	859 (2.9)
Other, n (%)	48 (12.7)	7591 (25.8)

4.7%

General surgery residency positions

but only 3.7% of Med School Deans

26.9%

Internal medicine residency positions

and 48.2% of Med School Deans

2

Urologist DIOs in the entire country

out of ~900+ sponsoring institutions

Surgeons are underrepresented in healthcare system leadership — and urologists, despite having personality traits ideally suited for leadership, are nearly absent from the DIO role.

Miller et al., JACS 2019; Macneily et al., CUAJ 2011; NADIO Survey 2026

Urologists as Healthcare System Leaders

- Urologists scored significantly higher on extraversion than non-urologist surgeons ($p < 0.05$) and non-surgeons ($p < 0.001$).[1]
  - Urologists 74%
  - Non-urologist surgeons 61%
  - Non-surgeons 43%
- “Jovial" or "happy surgeon" persona compared to other specialties.
- Personable, approachable traits can be effective at bridging clinical and administrative roles, which positions well for leadership in health systems.[2]
- Lack of urologist leaders is both a gap and an opportunity

[1] Macneily AE, Alden L, Webber E, Afshar K. The surgical personality: comparisons between urologists, non-urologists and non-surgeons. Can Urol Assoc J. 2011 Jun;5(3):182-5. doi: 10.5489/cuaj.10142. PMID: 21672480; PMCID: PMC3114028.

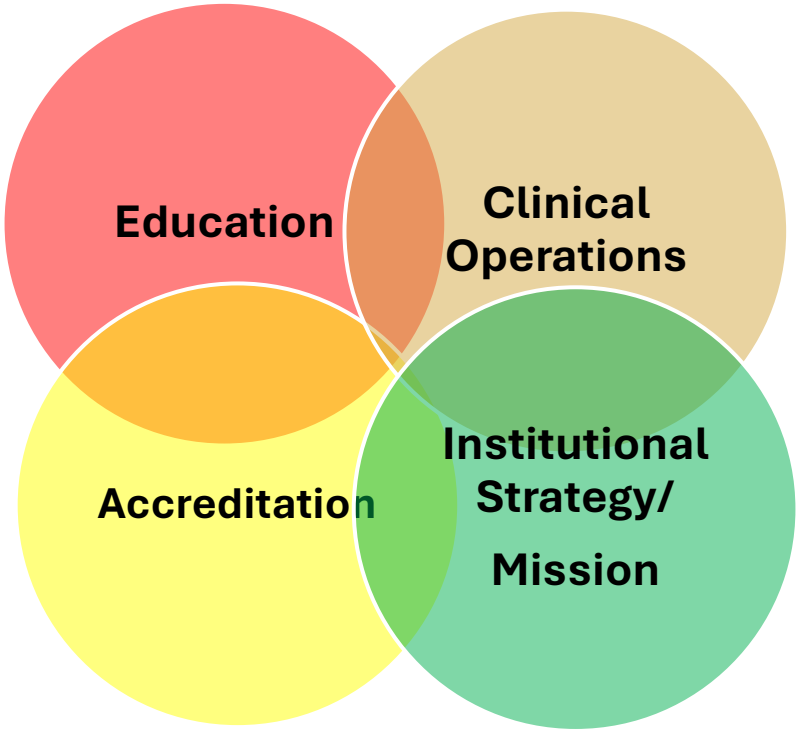
[2]https://www.ama-assn.org/medical-students/specialty-profiles/what-it-s-specialize-urology-shadowing-dr-davuluri#:~:text=Three%20adjectives%20to%20describe%20the,that%20continues%20to%20hold%20true.

Urologists as Healthcare System Leaders

- Theories on why there's underrepresentation of urologists in academic leadership
  - Time
  - Financial
  - Lack of interest
  - Identity in being a surgeon
- Underrepresentation can lead to
  - Urologist/surgeon interest not represented in policies
  - Financial decision made without urologist input
  - Accreditation requirements with no urologist input
  - Grants supporting primary care without specialty consideration
- Resulting in loss of autonomy and increase in moral injury

Why GME Leadership Matters

- GME occupies unique position in healthcare system
  - Intersection of education, accreditation, clinical operations, and institutional strategy
- GME leaders shape the learning environment
  - Patient safety
  - Faculty engagement
  - Institutional culture
- Many arrive at GME leadership without formal preparation
- Since impact of this role is far beyond accreditation and education, effective GME leadership requires intentional preparation, not accidental advancement



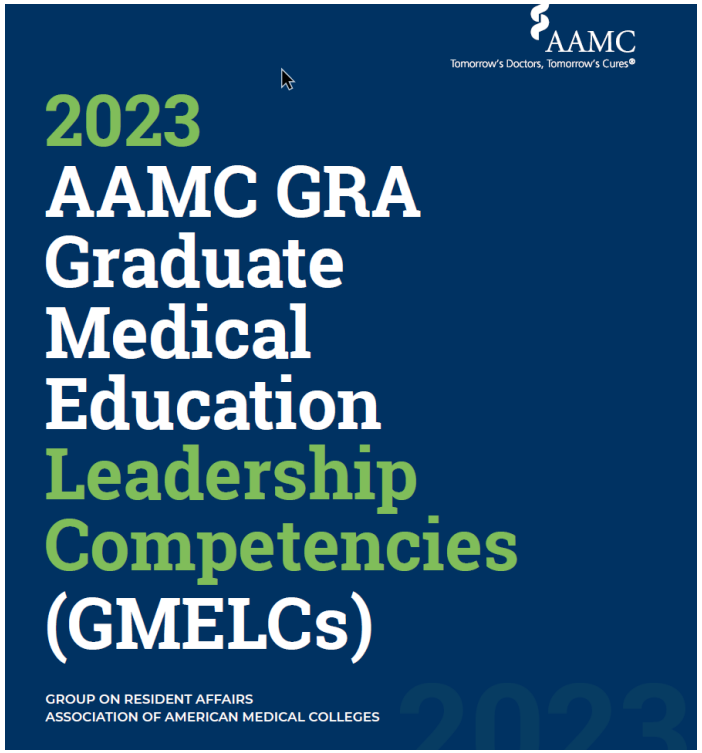
AAMC Group on Resident Affairs (GRA) GME Leadership Competencies (GMELCs)

- National framework defining what effective institutional GME leadership looks like
- Describes attributes, capabilities, knowledge, and essential functions
- Provides a developmental roadmap for aspiring and current GME leaders

AAMC

AAMC GRA GME LEADERSHIP COMPETENCIES SELF/MULTI-RATER ASSESSMENT TOOL

Assessment Tool: Inclusive of Domains, Competencies/Functions, Key Components/Responsibilities


AAMC
Tomorrow's Doctors, Tomorrow's Cures®
2023
AAMC GRA Graduate Medical Education Leadership Competencies (GMELCs)
GROUP ON RESIDENT AFFAIRS
ASSOCIATION OF AMERICAN MEDICAL COLLEGES
2023


LEADERSHIP CAPABILITIES
KNOWLEDGE AND SKILLS
FOUNDATIONAL ATTRIBUTES
ESSENTIAL FUNCTIONS

Functional Attributes

Foundational Attributes

Emotional Intelligence

Compelling Communication

Professionalism/Values Driven

Agility and Adaptability

System Thinking and Focus

Results Orientation

Courage

Commitment

Leadership Capabilities

- Building and leading teams across disciplines and sites
- Developing people through coaching, mentoring, and succession planning
- Driving improvement and innovation in complex systems
- Strategic and operational planning aligned with institutional priorities

Knowledge and Skills

- Deep expertise in ACGME accreditation and regulatory requirements
- Oversight of the clinical learning environment, safety and well-being
- Business and systems acumen within health systems
- Supporting and developing program directors, faculty and staff

What the Data Tell Us About the Path

NADIO 2025 Inaugural Survey | 186 respondents | 45 states

55.5 yrs

Mean age of DIOs

70%

Previously served as Program Directors

10.5 yrs

Average prior PD experience

5.5 yrs

Mean tenure as DIO

Scope of the DIO Role

- Average 0.75 FTE dedicated to DIO role
- Most report to CMO or CEO
- Serve on medical staff leadership, quality, safety, and governance committees
- 86% report being satisfied or very satisfied with the role of being a DIO

The Unwritten Playbook

What Actually Gets You to the Leadership Table

Take Initiative on Visible Projects

Volunteer for institutional committees and projects — even without additional pay or protected time

Build Strategic Relationships

Network with decision-makers across departments; make yourself known beyond your specialty

Develop Your Soft Skills

Emotional intelligence, communication, and political astuteness are as important as clinical expertise

Apply for Stretch Roles

Self-promote strategically; apply for positions that lead to higher levels, even if you're not sure you're ready

Be Willing to Trade Clinical Time

Rising in leadership often means reducing clinical volume — view this as an investment, not a sacrifice

5 Things You Can Do This Year

01

Volunteer for a GMEC subcommittee

Get involved in your institution's GME Committee — subcommittees on wellness, quality, or policy are high-visibility, low-barrier entry points.

02

Build a relationship with your DIO

Schedule a meeting. Ask about their path, their priorities, and how you can contribute. Most DIOs want to develop the pipeline.

03

Pursue a leadership development program

Seek nominated leadership cohorts, ACGME DIO training, or management programs. Formal training signals intent.

04

Seek a mentor outside your department

Cross-specialty mentorship broadens your perspective and network. Identify leaders in medicine, surgery, or administration.

05

Say yes to the next visible institutional project

Branding committees, accreditation reviews, strategic planning — these are where decision-makers see your work.

The Cost and the Reward

What You Give Up

Less time in the OR and clinic

Uncompensated work, especially early on

Exposure to political friction and confrontation

Steeper learning curve outside clinical comfort zone

What You Gain

Shape the next generation of physicians

Influence institutional culture and strategy

Represent urology/surgery at the leadership table

Build a legacy beyond individual patient care

The trade-offs are real — but the impact is transformational.

Thank you!

Gary.w.chien@kp.org

KAISER PERMANENTE® | Residency & Fellowship Programs
Southern California

References

1. Miller AK, Kolberg KL, Reddy RM. Lack of Diversity in Medical School Administration: How Surgeons Are Underrepresented. J Am Coll Surg. 2019;229(4):S244-S245.

2. Macneily AE, Alden L, Webber E, Afshar K. The surgical personality: comparisons between urologists, non-urologists and non-surgeons. Can Urol Assoc J. 2011;5(3):182-185.

3. AAMC Group on Resident Affairs. GME Leadership Competencies (GMELCs), 4th Version. 2019.

4. National Association of Designated Institutional Officials (NADIO). Inaugural Survey. 2025.

5. Wertheimer SM, Harris JA, Collins JC, Spiegel NH, Chien GW. Internally versus externally trained residents and fellows hired as attendings at a large integrated healthcare system: a 20-year retrospective study. Hum Resour Health. 2023;21(1):58.