



## Trainee as mentor: a case study

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Radiology education comes in many forms — residency, fellowship and continuing medical education; one-on-one teaching at the point of care, didactic teaching sessions and multidisciplinary conferences; and textbooks, journal articles and online learning resources. Yet one of the most important is also one of the most personal forms of education — namely, mentorship. If pediatric radiology is to thrive, it is important that we pursue a deep understanding of good mentoring relationships. Distinct from most other forms of education, mentorship is highly relationship-based, and as such it responds better than most forms of education to qualitative, as opposed to quantitative, methods of study.

Just as medical students are often deterred from applying to radiology residency by their inability to find a mentor and build connections with faculty members, lack of mentorship can adversely affect pediatric radiology [1]. Senior residents and fellows can bridge this gap by exposing interested medical students to the field. They are especially well-equipped to do so because they were recently at a similar stage [2]. By getting to see pediatric radiology practiced firsthand and gaining exposure to senior residents and fellows working in it, students and junior residents can enjoy ample opportunity to form the personal connections that attract some of them to choose pediatric radiology as a career [3].

To provide mentorship to medical students and encourage early engagement with the specialty, our department created 44 pairings between radiology residents and medical students. One of the pairs that enjoyed an especially fruitful mentor–mentee relationship included a medical student and a radiology resident, both in their first year of training. Over the course of 2 years, they developed a flourishing relationship that

included meeting both at work and outside of work on a regular basis, texting several times per week, and regularly supporting each other through challenges in both their personal and professional lives. Their conversations moved far beyond radiology, including plans for a “Women in Radiology” book club.

The resident and medical student are both women, and they share many other things in common. For example, they each attended the same undergraduate university and medical school, though 5 years apart. They chose similar majors in college, each is pursuing similar research interests, and both have strong interest in pediatric radiology. Like many learners, each was assigned mentors before, and in these cases, neither one hit it off with her previous mentor. One reason their current relationship is thriving might be their relatively close proximity in age, which was not the case with their assigned medical school mentors. In this case, however, each enjoys the other’s company, and both have been able to get to know the other’s friends and loved ones.

When asked why their mentoring relationship is so important to them, this mentoring pair points to similar factors. One is certainly mutual understanding. Each talks about the importance of having someone who listens to your concerns and can empathize with and validate your frustrations. They might share their experiences with family and friends but having someone in medicine to confide in adds a dimension of understanding. Although they are similar in many respects, they share one important difference — being 5 years apart in their medical training, there is very little tendency for either to see the other as a rival. Neither feels the need to hide things or put on a brave face, which means that they can be frank in sharing their anxiety, frustration and anger without fear of a peer’s judgment.

Their relationship was forged amid the coronavirus disease 2019 COVID-19 pandemic, which might help to explain why each was so eager to invest in fostering a strong bond. Nearly all the classes and conferences each attended had gone online, and they enjoyed far fewer opportunities to gather with peers. Both found electronic meetings hollow, over time experiencing a growing desire to be with

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others face to face. In other words, each was yearning for meaningful interaction, which meant that invitations to get together for coffee or lunch were eagerly accepted. Each also expresses the view that they would not have felt nearly as comfortable communicating through electronic means such as texting had they not first gotten to know each other in person.

Another key element in the success of their relationship, they believe, is the fact that it was not imposed upon them. No one required their participation in the mentorship program, forced them to meet at particular times, or prescribed an agenda for their conversations. There was no homework. Instead, they signed up for the program and carried through with it on an entirely voluntary basis. They did it because they wanted to connect and make a difference for someone else. Not surprisingly, each hoped to find a friend, and they invested in each other in this spirit. For example, the radiology resident brought the medical student a “USMLE Step 1 care basket” before she took the test.

Their relationship has also been flexible. At different points, both medical students and residents can be very busy — examination preparation, especially demanding clinical rotations, on-call duties, and so on. Each acknowledges the need to be able to put aside the relationship for a time when the other is very busy. Ironically, sometimes maintaining and developing a relationship means allowing other things to get in the way of it, at least for relatively short periods of time. They trust each other enough to know that when a proposed meeting is declined, the other person is not giving up on the relationship but simply faces other more pressing things to attend to at the moment.

There are other signs that their relationship is not purely transactional but grounded in real friendship. For example, they find that far from detracting from their time and energy, their mentorship relationship adds to it. They both feel that it enhances their lives. The radiology resident recognizes that people helped her when she was a student, and she naturally wants to pay it forward. This sentiment has been described as a potential benefit to mentors in these relationships, along with intellectual and professional stimulation, personal enrichment and internal gratification that comes from giving back to the profession [4].

They also share enthusiasm for pediatric radiology as a field. Both have been told that they should not squander their likeable personalities on radiology. Experiences such as these are not uncommon. Scant exposure to radiology early in medical school can allow unflattering stereotypes of the specialty to arise, dissuading interested medical students who might otherwise choose the field. These attitudes were confirmed by our mentor–mentee pair, who in contrast

convey the image that radiology is not populated by disaffected introverts who sit in a dark room all day talking into microphones, but by fun people who truly love using imaging to enhance the care of children.

Each also loves the idea of helping other women pursue and thrive in radiology careers. It is no secret that women remain underrepresented in many fields of medicine, and radiology is no exception. The percentage of women pursuing a radiology residency is lower than for men, and it has stagnated in the last dozen years, with no growth from 2007 to 2019 [5]. In part to provide role models of women in radiology, both women are active participants in our department’s Women in Radiology program. They believe that by going above and beyond what is required to make it through medical school and residency, they can build the field.

Both find in their relationship a reminder of how fulfilling it can be to share and give. Instead of focusing merely on what each needs, they are mindful of each other’s needs, which provides them a regular opportunity to focus on something beyond self. They find that in thinking of the other and trying to do things for her, each feels more fulfilled. Especially for the radiology resident, mentoring the medical student reminds her of how much she wanted to pursue radiology, how hard she worked to get where she is, and how far she has come, which encourages her to take time to feel proud of what she has accomplished and the radiologist she is becoming.

Finally, each partner to the relationship feels that she is helping to promote fulfillment earlier and earlier in training. So much of medicine is grounded in delayed gratification, but each can see the other’s phase in this journey from a different perspective and remind the other of all she should be proud of and feel grateful for. It is always tempting to believe you should be doing more, but each can remind the other that she is doing enough. Both are always learning and developing as professionals, but each also reminds the other that she is not required to pretend to be someone different from who she already is. Instead of always looking to the future, each prompts the other to recognize the importance of simply savoring the present. Gratification should not be delayed forever.

There is perhaps no better indicator of the fulfillment each finds in their mentorship relationship than the fact that, when the medical student found out she had passed USMLE Step 1, the first person she reached out to was the resident. Neither is the most important person in the other’s life, but each has made a real difference in the life of the other, and each would like to see radiology establish itself as a true center for excellence in mentorship in medical education and practice. Aristotle once pointed to a sign of the essential significance of friendship in human life — namely, even someone

who had all the money, fame and power in the world would still think their life enriched if they made a friend. As this friendship demonstrates, mentorship has an important role to play in the future of pediatric radiology.

## Declarations

**Conflicts of interest** None

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