

Developing Effective Mentor-Mentee Relationships in Radiology

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Abstract

Radiologists seek mentors to facilitate career advancement and to help overcome professional and personal challenges. Characteristics of effective mentors include altruism, honesty, active listening skills, a collaborative approach, and accessibility. Characteristics of effective mentees include being respectful of mentors' input and time, being an active listener, and being open to feedback. Radiology departments should consider establishing structured processes for identifying and preparing mentors. Strategies to support mentor-mentee relationships include effective pairing of mentors with mentees, maintenance of confidentiality, clear definition of expectations, voluntary participation, and allowing mentees to change mentors without judgment or repercussions. A culture shift is needed in radiology departments to enable successful mentor-mentee relationships.

Key Words: Mentorship, radiology, mentor, mentee, relationship

J Am Coll Radiol 2018;15:328-333. Copyright © 2017 American College of Radiology

INTRODUCTION

Radiologists seek mentors for numerous reasons, the most important reason being to facilitate advancement [1-4]. Advancement can be in the form of professional success, clinical and/or academic, or overcoming personal challenges, such as issues with work-life balance and stress management. Radiologists also seek mentors when pursuing new skills or new opportunities in their careers [1]. Mentors can serve as important sounding boards in radiology by helping mentees reflect on their strengths and weaknesses [1] and by providing informed perspective regarding issues that may arise during a radiologist's professional career [1]. Many components are necessary to effectively initiate and support successful mentor-mentee relationships in radiology. In this article, we discuss the characteristics of ideal mentors and mentees, the importance of identification and preparation of effective mentors, strategies for initiating and supporting effective mentor-mentee relationships and for managing

strained or failed mentor-mentee relationships, activities that contribute to successful mentor-mentee relationships in radiology, and the need for a culture shift in radiology to support such relationships.

CHARACTERISTICS OF IDEAL MENTORS AND MENTEES

Several articles have been published on characteristics of mentors and/or mentees required for the formation of a successful mentor-mentee relationship in medicine. These characteristics were determined from data collected through a variety of measures, including written faculty award nominations [5], written surveys [6], and telephone interviews [7]. Responses were reported from different perspectives: the mentor only, the mentee only, or both mentor and mentee [2,5-7]. Although these articles come from disciplines other than radiology, many or all of the characteristics identified can apply to mentors and mentees in radiology.

An effective mentor must possess the experience and temperament needed to provide the support, knowledge, resources, guidance, and example expected from the mentee [6]. The characteristics of effective mentors can be organized into two descriptive categories: personal qualities and professional traits [5]. Straus et al [7] report that altruism is the most common personal quality of an effective mentor. Other common personal

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The authors have no conflicts of interest related to the material discussed in this article.

qualities of outstanding mentors include honesty, selflessness, active listening skills, compassion, nonjudgmental attitude, enthusiasm, and wisdom [2,5,7-9]. Common professional traits of effective mentors include being collaborative, skilled, accessible, and intellectual [5,7].

Effective mentees should be respectful of mentors' input and time, be active listeners, be open to feedback, be responsible, possess a good sense of timing, and have a willingness to engage in a mentor-mentee relationship [2,7-9]. An effective mentor-mentee relationship must be "mentee centered"; that is, the mentee must drive the relationship according to his or her personal goals and objectives [7,9].

IDENTIFICATION AND PREPARATION OF EFFECTIVE MENTORS

Ultimately, not all physicians possess the experience or skill set to function as mentors [2]; therefore, radiology departments should consider establishing some structured process for identification of radiologists who have the potential to be effective mentors. This identification process could include a third-party mentor selection committee [4,10-12], a formal mentor preparation program during which participants' performance is used to identify the most effective potential mentors [10,12], or even a nomination and/or selection process in which mentees identify radiologists believed to be good mentors. Radiology departments that identify effective mentors before pairing mentors with mentees may have a better chance of developing effective long-term mentor-mentee relationships [2].

Several authors have described mentor preparation as a prerequisite for implementation of a mentorship program [10,12]. Reported approaches to mentor preparation vary; some departments distribute books or mentoring manuals to potential mentors before mentor-mentee pairing, whereas other departments require physicians to attend mentorship-focused seminars. Overall, the purpose of mentorship preparation is to shape individuals into effective mentors before any relationship with a mentee is established. Although mentor preparation has been described in the literature, little has been published concerning the detailed requirements for attendance or participation, and the effectiveness of mentorship preparation has not been quantitatively assessed [10].

Some radiology departments may have a limited supply of effective mentors because of staffing constraints or limited resources. Departments with high turnover of

radiologists may lose access to good mentors as radiologists change jobs or retire [6]. Female radiologists or radiologists from underrepresented minorities may find limited availability of mentors of similar backgrounds within their departments [2,10,12,13]. Because mentees may feel more hesitant and intimidated conversing with mentors who do not share common background or interests [2], radiology departments may wish to identify a diverse population of effective mentors, both academically oriented mentors and clinically oriented mentors, who can fulfill the different roles needed to coincide with the unique interests and goals of mentees [1,2,10,13,14]. A radiology department that provides a greater network of mentors will more likely succeed in establishing well-matched mentor-mentee pairs, even as individual career goals evolve and change [2,13].

STRATEGIES FOR INITIATING AND DEVELOPING EFFECTIVE MENTOR-MENTEE RELATIONSHIPS

Effective Mentor-Mentee Pairing

Radiologists will be more willing to engage in mentor-mentee relationships if a proper relationship match occurs [13]. Two general strategies for mentor-mentee pairing are described in the literature: formal and informal. In a formal relationship, mentees are formally assigned to mentors by a third party [8,10,14]. Overall goals, directions, and expectations of both the mentor and the mentee are clearly outlined at the beginning of the relationship [8,14]. In contrast, in an informal relationship, a mentee is encouraged to self-select a mentor or mentors who match the mentee's individual interests and goals [10,13,14].

Each type of mentor-mentee relationship has benefits and drawbacks. In a formal mentorship setting, outcomes are easily monitored [8,9,14]. A more structured mentoring program allows better control of the overall mentorship process and more timely evaluation and adjustments [14]. However, formal mentor-mentee matching may be limited by lack of funding or by time constraints, and a formal mentor-mentee relationship may feel unnatural or forced to one or both participants [14]. Informal matching, which focuses on using good "chemistry" to match mentor with mentee [1,10,12], is more spontaneous and cost-effective than formal matching [4,8,9,14]. An informal matching process can feel more "organic" [10,13,14]. However, an informal mentorship setting may lead to frustration on the part of both the mentor and the mentee if expectations

concerning the relationship are unclear. Informal mentoring is also less efficient than formal mentoring because tangible outcomes are difficult to longitudinally monitor and control [4,8,9].

Both formal and informal mentor-mentee relationships have been shown to be beneficial [10]. Because overall success is highly dependent on an institution's unique resources and work culture, radiology departments may wish to use a combination of mentor-mentee pairing strategies to achieve meaningful mentor-mentee relationships.

Mutual Commitment to the Relationship

A mutual commitment between mentor and mentee is also critical to the overall success of a mentor-mentee relationship. As Illes et al [4] stated, "two of the most important elements of any mentoring partnership are the acceptance of the need to mentor and to be mentored and the willingness to teach and to learn." In a more formal or structured setting, radiology departments may want to consider requiring a written mission statement or participation contract between mentor and mentee to promote mutual commitment. Written forms of commitment help remind both parties of the overall intention of the partnership as well as the benefits of participation [10]. More informal verbal agreements could also be considered to facilitate mutual commitment.

Maintenance of Confidentiality and Mutual Respect

Confidentiality and mutual respect between mentor and mentee are also essential for supporting successful mentor-mentee relationships and should be made a priority [2]. Ultimately, a successful mentor-mentee relationship allows both parties to speak honestly. Mentors should never insist that mentees follow their advice [8,9] or feel disappointment when mentees come to their own conclusions. Rather, mentors should invest in the long-term success of mentees and be enthusiastic when mentees achieve professional and/or personal advancement [1]. Mentees should be respectful of mentors' time and remain open-minded when receiving positive feedback or criticism [2,7-9].

Clear Definition of Expectations

To avoid frustration or confusion, mentors and mentees must clearly define their expectations regarding each person's role at the onset of the relationship [1,2,9,13]. Radiologists are more likely to engage in a mentor-mentee

relationship if the level of "formality, privacy and scope of mentorship are matched to mentor and mentee expectations" [13]. Tracy et al [12] stated that mentees had high expectations of mentors from the outset of the mentor-mentee relationship. Mentees felt that a mentor's role of helping with attaining academic promotion was more important than help with attaining leadership skills [12]. Mentees also commonly expected mentors to provide feedback on grant applications, provide guidance regarding career development, provide networking opportunities resulting in collaboration with other colleagues on potential research opportunities, help mentees navigate "university bureaucracy," and counsel mentees when they were faced with difficult decisions [2]. Radiologists will have different expectations of mentors depending on individual interests and goals and the type of practice environment. Junior radiologists may automatically choose mentors of more senior position because experience and skill are often required to fulfill many of the expected mentor roles [1]. Radiologists may wish to find mentors outside of the institution, such as in government, business, or through national societies, when seeking support with time-consuming tasks such as grant application writing or to answer common questions pertaining to billing, insurance, or health reform. This form of distant mentoring [2,10] can broaden the scope of a mentee's mentoring network beyond the limited resources of any given department or institution.

Radiology departments should therefore encourage radiologists to identify a variety of mentors, such as peers or individuals outside of the radiology department or institution, because no one mentor can effectively meet all the specific needs or interests of a radiologist throughout his or her career [1,2,6,14,15].

Voluntary Participation

Volunteer participation as either the mentor or the mentee is also essential to the overall quality of a mentor-mentee relationship [3,8,12,16]. Radiologists who voluntarily seek mentors may benefit in the form of both professional and personal advancement. Similarly, radiologists who voluntarily serve as mentors may gain personal satisfaction and pride in the achievements of the mentees [1,17] and may feel more connected to their colleagues and their careers [12,17]. Radiology departments that encourage elective participation in mentoring promote a nonthreatening environment that allows both mentors and mentees to mutually benefit from the mentor-mentee relationship.

STRATEGIES FOR MANAGING STRAINED OR FAILED MENTOR-MENTEE RELATIONSHIPS

Tension in a mentor-mentee relationship can arise for a number of reasons. The relationship may feel strained when a “boss-employee” type of relationship exists [2]. Some programs exclude program directors or department chairs from serving as mentors in an effort to avoid any potential conflict of interest that may arise during annual evaluation or promotion status review [4,15]. Another common source of tension is mismatch between the paired mentor and mentee in terms of job descriptions, career goals, and/or skill sets [18]. Failed mentor-mentee relationships can also result from perceived or real competition between mentor and mentee, lack of commitment, personality differences, or poor communication [7,13].

A failed mentor-mentee relationship can have lasting consequences for the mentee: even if a mentee views a failed mentor-mentee pairing as a “good life lesson,” he or she may be more hesitant to pursue other mentor-mentee relationships in the future [7]. Thus, radiology departments should always allow mentees to freely change mentors at any time without fear of judgment or repercussion [4,7] to foster a nonjudgmental and supportive work environment where successful mentor-mentee relationships can thrive.

Ultimately, strained or failed mentorship pairings can lead to individual frustration and administrative ineffectiveness (eg, decreased academic and clinical productivity, poor job retention, and lack of collegiality within a radiology department) [7,13,18]. Early discovery of ineffective communication, relationships, or expectations would allow quicker implementation of corrective strategies before any significant consequences from failed mentor-mentee relationships occur [18]. Schor et al [18] suggested using the strategy of anticipatory guidance, which is defined as “providing guidance in anticipation of future academic events.” Radiology departments could practice anticipatory guidance to support successful mentor-mentee relationships by outlining specific clinical and/or academic benchmarks that must be met by radiologists involved in mentor-mentee relationships, regardless of level of experience. Illes et al [4] evaluated mentee performance in areas of research, teaching, and patient care by means of the annual review process. Therefore, the qualifications and achievements expected of a radiologist at the time of annual performance review or promotion evaluation could serve as an excellent starting point for defining specific topics to be discussed at

mentor-mentorship meetings. These benchmarks may vary on the basis of the unique expectations of any given radiology department but may include academic achievements such as publications, formal teaching of radiologists in training, or presentations at national society meetings and/or multidisciplinary conferences. Clinical benchmarks may include implementation of a new technology or procedure, active membership on a hospital committee, or extramural activities such as participation in sponsored charitable events, formal patient education sessions, health fairs or support groups. Such benchmarks would provide a more structured framework for assessing the effectiveness of a mentor-mentee relationship. A more detailed and progressive plan for mentoring would provide both mentors and mentees with clearer departmental expectations while mentor-mentee relationships form and evolve and allow radiology departments to make earlier and more effective changes when needed. Schor et al [18] caution programs from only using quantitative benchmarks to determine the effectiveness or necessity of mentoring because multiple factors can affect clinical and academic outcomes, making interpretation of such data difficult and subject to bias. More qualitative surveys focusing on what mentors and mentees perceive to be helpful for career development should also be used in conjunction with quantitative measures when departments are evaluating the overall effectiveness of mentor-mentee relationships [18]. Radiology departments could also make sure a neutral third-party mediator is readily available to help evaluate and intervene when strain arises in a mentor-mentee relationship [7,18].

VALUABLE MENTORSHIP ACTIVITIES

The most commonly reported activity for mentors and mentees is regular scheduled meetings [4,5,10]. Because time for effective mentoring activities in radiology departments is often limited, the interactions between mentors and mentees should be focused on quality rather than quantity [5,13]. Good mentors use the limited time spent with mentees wisely. Although mentees tend to appreciate frequent and regularly scheduled contact with mentors, both mentors and radiology departments should also encourage impromptu interactions so that more urgent issues or questions can be addressed quickly [5,7]. Mentors should have an open-door policy for mentees to allow meaningful conversations to occur in a timely and natural fashion [5].

An effective mentor should begin the mentor-mentee relationship by exploring a mentee's potential, interests and goals, and limitations [5,7]. A mentor may wish to have a specific checklist of discussion topics covering everything from career to personal issues to use as a guide during initial meetings with a mentee [7]. A mentor should also be able to help a mentee create and prioritize a plan for success that is tailored to the mentee's specific needs [5]. Good mentors guide or lead mentees to success but allow mentees to ultimately make their own decisions [2,5,7,8], a process best described as guided independence [5]. Another valuable activity of mentors is provision of emotional support [6,7]. Mentees should be allowed to fail without fear of retribution and should be recognized by mentors for achievements deserving of praise [5].

Effective mentors who take the time to share important resources and introduce mentees to important professionals will facilitate a wide range of future collaboration and networking opportunities for mentees [5]. More concrete activities, such as assisting mentees with preparation of curricula vitae, manuscripts, or grant and research fund proposals or with specific clinical tasks, are other valuable ways for mentors to help guide mentees in their careers [5,7].

Radiology departments can also arrange department-sponsored mentoring activities to help facilitate mentor-mentee relationships. Such activities might include seminars or training sessions on topics of interest to the department, such as career benchmarks, qualities that make good mentors and mentees, or communication strategies [2,5]. Radiology departments may also wish to assess the overall effectiveness of mentorship activities by having radiologists complete evaluations. Illes et al [4] illustrated several evaluation models that could be used for reference to determine the overall value of mentorship activities, including how frequently meetings should occur, and which areas in career development are most important to both mentors and mentees (academic progress, research, clinical, teaching, or administrative). Feedback from these evaluations could help radiology departments determine the type and/or frequency of activities considered valuable to the overall success of mentorship in the department.

CULTURE SHIFT IN RADIOLOGY

To succeed in creating an empowering work environment in which mentor-mentee relationships can thrive, a radiology department or institution must not only

provide basic necessities, such as time and resources, but also demonstrate a deep understanding of the value of mentorship and the positive effects mentorship has on radiologists, especially during the early stages of their careers [13,16,18]. Radiology departments should aim to create a culture in which mentor-mentee relationships are mentee driven and should encourage mentees to drive their own mentoring process [2,9]. Both mentors and radiology departments must also take time to educate mentees on how they can become effective mentors in the future [5]. However, radiology departments must also be sensitive to the number one barrier to effective mentorship, which is lack of protected time [5,10]. The provision of protected time is essential for supporting effective mentor-mentee relationships [10] because many radiologists are not freely available to engage in mentorship-building exercises or meet with mentees during clinical hours and/or nonclinical time. Lack of protected time can also be detrimental to effective mentor recruitment [10]. When provision of protective time proved challenging because of departmental financial constraints and decreased funding for nonclinical activities, some programs looked elsewhere for funding, such as through the National Center of Leadership in Academic Medicine or the US Department of Health and Human Services [10]. Other departments that lacked funding and/or time also creatively incentivized individuals to serve as mentors by providing continuing medical education credit or other forms of recognition [10], which helped individuals at the time of their annual performance review or when evaluating individuals for promotion [2]. Ultimately, when radiologists are supported and encouraged by their departments or institutions to actively participate in mentor-mentee relationships, whether through provision of protected time, financial incentive, or through other forms of recognition, a successful self-sustaining mentorship environment is created [5,8,16]. Such an environment not only benefits individual radiologists throughout their careers [8] but also reinforces the value of mentorship in the field of radiology [16].

TAKE-HOME POINTS

- Careful identification and preparation of mentors may improve the quality of mentor-mentee relationships.
- Strategies that have been reported to support strong mentor-mentee relationships include effective mentor-mentee pairing, mutual commitment to the

relationship, maintenance of confidentiality and mutual respect, clear definition of expectations, and voluntary participation.

- Radiology departments may better manage strained or failed mentor-mentee relationships by practicing anticipatory guidance and promoting a nonjudgmental work environment.
- Helpful mentorship activities that mentors and mentees can participate in include regularly scheduled meetings, interactions geared toward emotional support, collaborative efforts that promote both clinical and academic advancement, and radiology department-wide lectures that focus on the development of successful mentor-mentee relationships.
- Radiology departments that encourage mentor-mentee relationships and provide resources to support them can help create a self-sustaining culture of mentorship in radiology.

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