



Diagnostic and interventional radiology interest groups: comparison of members, activities, and funding

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PURPOSE

Medical school interest groups (IGs) increase student exposure to medical specialties. The organization of US radiology IGs (RIGs), particularly the representation of diagnostic radiology and interventional radiology, is not well described. This study aimed to determine RIG members, activities, and funding, and to compare diagnostic and interventional RIGs.

METHODS

A 28-question survey was sent to RIG leaders at 154 medical schools, addressing the number and demographics of RIG members, activities organized, and funding amounts and allocations. Descriptive statistics and comparisons between diagnostic, interventional, and hybrid RIGs were performed.

RESULTS

In total, 40 responses were received, representing diagnostic (26%, 9/34), interventional (15%, 5/34), and hybrid (59%, 20/34) RIGs (not all responses reported a category). The median membership number was 30 (range: 10–100), with a median of 65 for diagnostic, 37.5 for interventional, and 25 for hybrid RIGs ($P = 0.01$). Most (18/27, 67%) RIGs received low funding (< USD 500/year): 0% (0/18) for diagnostic, 16.7% (3/18) for interventional, and 83.3% (15/18) for hybrid RIGs ($P = 0.02$). Low-funding RIGs reported a median of 30 members compared with 45 in high-funding RIGs ($\geq$ USD 500/year) ($P = 0.015$). Approximately equal membership between men and women was reported by 5/17 (29.4%) low-funding RIGs and 7/8 (87.5%) high-funding RIGs ($P = 0.020$). Moreover, 6/18 (33.3%) low-funding groups “strongly agreed” that their RIG positively influenced members to pursue radiology, compared with 7/9 (77.8%) high-funding groups ($P = 0.034$).

CONCLUSION

The findings show that diagnostic, interventional, and hybrid RIGs differ in membership and funding. Greater funding is correlated with larger membership, stronger reported influence on specialty choice, and roughly equal membership between men and women.

CLINICAL SIGNIFICANCE

Boosting RIG funding may enhance recruitment into radiology. RIGs provide students with opportunities to explore radiology as a career, with career panels being the most commonly organized activity.

KEYWORDS

Diagnostic radiology, educational funding, interventional radiology, medical education, radiology interest groups

Handling editor: Nurullah Dağ

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Received 22 April 2026; revision requested 10 May 2026;
accepted 20 June 2026.



Epub: 14.09.2026

DOI: 10.4274/dir.2026.264041

Specialty-specific interest groups (IGs) are a common extracurricular activity at medical schools globally. A key purpose of IGs is to increase student exposure to, and interest in, specific medical specialties.^{1–3} Moreover, IGs provide opportunities for educational and professional development, mentorship, and networking to increase student success in pursuing specific specialties.^{1–5}

In response to the limited curricular exposure in medical school to radiology compared with some specialties and negative stereotypes about radiology that persist among medical students,⁶⁻⁹ many curricular and extracurricular interventions have been designed to boost student interest in both diagnostic radiology (DR) and interventional radiology (IR).⁸⁻¹¹ These include radiology IGs (RIGs), which have been shown to increase understanding of radiology as a career choice, improve perceptions of radiologists and their role in patient care, and boost involvement in radiology research and mentorship.^{5,10-12} In Canada, RIGs have been well characterized by researchers, including their structure, function, opportunities for improvement, and what components are most valued by medical students.^{2,4}

For those students interested in pursuing a career in radiology, the field is complicated by the options of DR and IR. Although IR began as a subspecialty of DR, some residency programs offer an integrated IR pathway, and others provide early specialization in IR.¹³ However, how this changing landscape is reflected in medical student experiences with RIGs remains unclear.

Although specific interventions have been successful at boosting medical student engagement in radiology,^{1,5,8} the activities and efficacy of RIGs in the United States and how they are designed for students wanting to pursue DR and/or IR are unknown. To gain better insights into RIG members, RIGs activities, and their financial support, we surveyed student leaders of diagnostic, interventional, and hybrid (including both disciplines) RIGs. This information may help optimize the functions of RIGs for the benefit of students pursuing radiology as a career, both in the United States and globally.

Methods

A 28-question survey was developed to gather information about RIG members, activities, and funding (Appendix 1). The questions explored a) the number, demographics, and motivations of RIG members; b) the types and popularity of events organized, including the impact of the COVID-19 pandemic; and c) the amount, sources, and allocation of funding received by these RIGs. Finally, the leaders' demographic information was obtained, including their study year and gender.

The first section of the survey queried the type of RIG the leader led (either diagnostic, interventional, or hybrid, in which DR or IR is not specified or they are combined into a single group). An estimate of how many years their RIG had been in existence at their medical school was elicited. For comparative analyses, RIGs were categorized as "newer" if they had been active for ≤ 5 years or "established" if they had been active for ≥ 6 years, using the sample median program age of 6 years as the cut-off.

The second section of the survey (questions 3–9) prompted respondents to report the number and types of activities organized by their RIG in a given academic year. The popularity of events was to be estimated by the RIG leaders by ranking activities in order of greatest attendance. Respondents were also asked to select a quartile that represented the percentage of events that were hosted on a virtual platform rather than in person. Finally, RIG leaders were asked how the COVID-19 pandemic had impacted the above factors and whether—and how—they expected these effects to change moving forward.

The following section, questions 10–15, obtained information regarding funding that the RIG received per academic year. First, RIG leaders were asked to indicate the amount of annual funding (USD) they received by selecting a range appropriate to their funding (none, $< \text{USD } 500$, $\text{USD } 500\text{--}1,000$, $> \text{USD } 1,000$). For comparative analyses, RIGs that received $< \text{USD } 500$ per year were categorized as "low funding," whereas those that received $\geq \text{USD } 500$ were categorized as "high funding." Because relatively few respondents reported annual funding $> \text{USD } 500$, the two highest funding categories were combined to best capture the distribution of responses and facilitate subgroup analyses. The amount of funding was further categorized into the amount dedicated to organizing DR activities and IR activities, whether the

amount was adequate to achieve their goals, the source of the funding, and what it was used for.

Questions 16–23 asked the RIG leaders to provide best estimates regarding their members, including their number, the gender demographics, their study year, and their motivations for joining a RIG. They were also asked their opinion of the degree of positive impact their RIG had on members in terms of pursuing a career in radiology using a Likert scale.

The final five questions queried opportunities for improvement, provided a free-response section for any additional comments respondents wanted to share, and collected RIG leaders' demographic information.

After obtaining approval from the University of Arizona Institutional Review Board (approval number: STUDY00003787, approved January 11, 2024), the survey was sent electronically to 154 medical schools accredited by the Liaison Committee on Medical Education (LCME) in the United States during the months of March and April 2024. The contact information for each school was extracted from an available database, although it was unknown which of these schools had an active RIG, as this information was not consistently available on each school's website. Where available, the contact information was that of the RIG leaders themselves or an email designated to the RIG. When that information was not available, the survey invitation was sent to an institutional RIG faculty member or to a member of the Medical Student Government, Student Affairs, or Office of Admissions, with a request to forward the survey to the RIG leader(s). Informed consent was obtained on the first page of the online survey, and participants were notified that their participation was voluntary and anonymous.

The authors included a fourth-year medical student, a recently graduated medical student, two biostatisticians, and an academic faculty radiologist.

Survey data were collected and stored in Qualtrics (Provo, UT, USA) and accessed by the biostatisticians for data analysis. Descriptive statistics were pre-specified to characterize the study sample and summarize key variables. The primary analysis was pre-specified to compare diagnostic, interventional, and hybrid RIGs. After examining the dataset, additional exploratory subgroup analyses were conducted comparing newer vs. established RIGs and RIGs with higher vs. lower funding,

Main points

- Radiology interest groups (RIGs) aim to help students explore radiology as a career.
- Diagnostic, interventional, and hybrid RIGs differ in years of existence, membership size, and funding.
- Radiology IG leaders plan to continue with more virtual events following the COVID-19 pandemic.
- Greater funding is correlated with larger membership and roughly equal membership between men and women.
- Greater funding is correlated with a stronger reported influence on specialty choice.

as defined above. For statistical analysis, the Wilcoxon rank-sum, Kruskal–Wallis, and Fisher’s exact tests were utilized. Multiple test correction was not applied.

Results

From the 154 survey invitations, 40 responses were received from RIG student leaders (Figure 1). Not all medical schools advertise the existence of a RIG at their school; thus, it is assumed that not all medical schools contacted had an active RIG at the time of contact, and the true number of RIGs in the United States is unknown. As such, the true response rate cannot be calculated, and these responses are unlikely to represent all active RIGs. Additionally, not all respondents answered all questions. In total, 34 respondents indicated the type of IG represented in their responses: 20/34 (58.8%) were hybrid, 9/34 (26.5%) were DR, and 5/34 (14.7%) were IR (Table 1). Overall, 24 respondents indicated their demographics, including 14/24 (58.3%) respondents identifying as men, 10/24 (41.7%) identifying as women, and 0/24 (0%) identifying as other (Table 2). The study year of the leaders was as follows: 7/24 (29.2%) were first-year students, 5/24 (20.8%) were second-year students, 10/24 (41.7%) were third-year students, and 2/24 (8.3%) were fourth-year students (Table 2).

The number of years each RIG had been active was reported by every respondent ($n = 40$) and ranged from 2 to 25 years (median: 6 years) (Table 2), with 25/40 (62.5%) having existed for ≥ 6 years. The median age of diagnostic RIGs was 10, whereas the median for both interventional and hybrid RIGs was 5 ($P = 0.52$) (Table 2).

Radiology interest group members

The estimated number of members in each RIG ranged from 10 to 100 (median: 30). Diagnostic RIGs had a median of 65 members, interventional RIGs had a median of 37.5 members, and hybrid RIGs had a median of 25 members ($P = 0.01$). “Newer” RIGs, defined as those that had been in existence for ≤ 5 years, had a median of 25 members, and “established” RIGs, defined as those that had been in existence for ≥ 6 years, had a median of 31 members ($P = 0.154$). Of the 25 responses submitted regarding member demographics, 12/25 (48%) RIG leaders estimated that the gender balance among members was approximately equal between men and women, whereas 12/25 (48%) RIG leaders estimated that the majority of members were men, and only 1/25 (4.2%) estimated that women constituted the majority.

Of the 23 responses on attendance at events, 13/23 (56.5%) RIG leaders responded that attendance was lower than that of other specialty IGs, with 14/22 (63.6%) RIG leaders reporting that students in their first year of medical school represented the majority of event attendees.

A total of 24 RIG leaders provided their ranking of reasons why members join their RIG. “To learn more about radiology as a career” was ranked by 13/24 (54.2%) RIG leaders as the most common reason (Figure 2). This reason received the highest median rank value, with 9/10 for DR groups, 9/10 for IR groups, and 8/10 for hybrid groups ($P = 0.48$), where 1 is the least common reason and 10 the most common.

The next most common reasons given by diagnostic RIG leaders, based on the highest median rank value, were “to increase their chances of getting a radiology residency” (median rank: 6.5/10) and “to get involved in research” (median rank: 6.5/10). According to IR IG leaders, the next most common reasons for students to join their RIG were “to learn more about radiology to contribute to their medical education” (median rank: 8/10) and “to network in radiology” (median rank: 7/10). From the perspective of hybrid RIG leaders, the next most common reason to join their RIG was “to get free food” (median rank: 7/10), followed by “to network in radiology” (median rank: 6/10) and “to learn more about radiology to contribute to medical education” (median rank: 6/10).

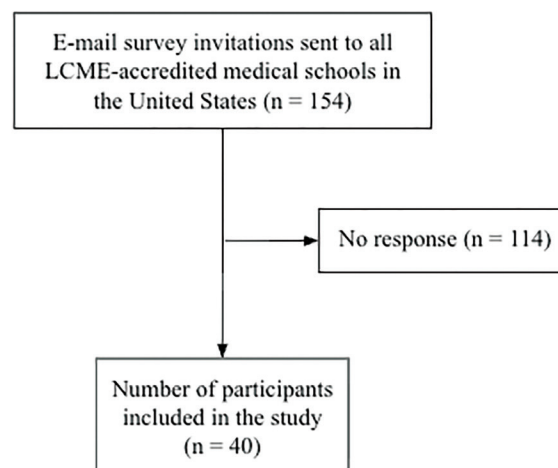


Figure 1. Study participants. LCME, Liaison Committee on Medical Education.

Table 1. Radiology interest group characteristics

Category of RIG	Median years in existence/“Age” of RIG	Median # of members
DR	10	65*
IR	5	37.5
Hybrid	5	25
Overall	5	30

* $P = 0.01$. DR, diagnostic radiology; IR, interventional radiology; RIG, radiology interest group.

Table 2. Radiology interest group leader demographics

Variable	# of respondents (%)
Gender	
Men	14 (58.3%)
Women	10 (41.7%)
Study year	
MS1	7 (29.2%)
MS2	5 (20.8%)
MS3	10 (41.7%)
MS4	2 (8.3%)

MS, medical student.

In total, 25 RIG leaders indicated their perceived influence of their RIG on its members. The majority of leaders (23/25, 92%) believed that their RIG activities positively influenced their members to pursue radiology as a career, indicated by responding “somewhat agree” or “strongly agree” to the statement.

Radiology interest group activities

A total of 34 responses were collected regarding RIG activities. The number of meetings organized each academic year ranged from 3 to 30 (median: 4). The median number of meetings was 4 for DR, 5 for IR, and 4 for hybrid RIGs ($P = 0.91$). Newer and established RIGs organized a median of 4 events per year ($P = 0.351$). Finally, low-funding and high-funding RIGs also organized a median of 4 events per year ($P = 0.591$).

Regarding DR-focused activities organized by a total of 23 participating DR and hybrid IGs, 18/23 (78.3%) hosted career panels, 15/23 (65.2%) facilitated general mentorship, and 11/23 (47.8%) hosted catered lunch meetings (Figure 3). Only 1/23 (4.3%) organized a DR-focused journal club. Other activities shared by participants in the free-response section of the survey included the following: “symposium,” “case-based reading room workshops,” and “match panel with M4s.” Interventional radiology-focused activities organized by a total of 20 participating IR and hybrid IGs included career panels (14/20, 70%), general mentorship (10/20, 50%), and networking events (9/20, 45%) (Figure 3). Only 1/20 (5%) reported organizing an IR-focused journal club. Again, one respondent added “symposium.” When asked to rank the activities that drew the largest attendance, 27 RIG leaders responded, with 17/27 (63.0%) including career panels in their top three, alongside catered lunch meetings (16/27, 59.3%) and hands-on ultrasound practice (10/27, 37.0%). Moreover, 25 RIG leaders provided their opinion regarding food at events: 20/25 (80%) “strongly agreed” that having food at events was important.

In total, 22 RIG leaders reported opportunities for improvement. Activities not currently offered by their RIG that leaders thought would be most beneficial to their members included research mentorship (13/22, 59.1%), online resources to learn more about analyzing imaging studies (11/22, 50%), shadowing opportunities (6/22, 27.3%), general mentorship (6/22, 27.3%), recruiting radiologists to speak at events (5/22, 22.7%), and online resources to learn more about radiology as a specialty and career (5/22, 22.7%).

When asked to categorize what percentage of events were held virtually, 27 RIG leaders responded, with 12/27 (44.4%) selecting less than one-quarter. However, 5/5 (100%) DR, 2/4 (50%) IR, and 15/18 (83.3%) hybrid IGs reported that less than half of their activities were held virtually ($P = 0.007$). Of the 27 RIGs that additionally provided their funding information, 14/18 (77.8%) RIGs with low funding and 8/9 (88.9%) with high funding organized less than half of their events virtually ($P = 0.644$).

Sixteen RIG leaders shared how the COVID-19 pandemic had impacted their RIG: 10/16 (62.5%) experienced fewer meetings per academic year, whereas 1/16 (6.3%) reported more, 14/16 (87.5%) held a greater percentage of virtual meetings, 6/16 (37.5%) reported they offered fewer shadowing opportunities, and 5/16 (31.3%) organized fewer networking events, with 2/16 (12.5%) organizing more (Figure 4). In addition,

14/15 (93.3%) student leaders anticipated that, emerging from the COVID-19 pandemic, their RIG would experience a sustained greater percentage of virtual meetings, with 3/15 (20%) anticipating more meetings each year. Furthermore, 3/15 (20%) anticipated fewer shadowing opportunities, whereas 2/15 (13.3%) anticipated more, and 1/15 (6.7%) anticipated fewer networking events, whereas 2/15 (13.3%) anticipated more.

Radiology interest group funding

In total, 27 RIG leaders provided information regarding their funding. Of these, 18/27 (66.7%) reported receiving < USD 500 in funding per academic year, of which 0/18 (0%) were diagnostic RIGs, 3/18 (16.7%) were interventional RIGs, and 15/18 (83.3%) were hybrid RIGs ($P = 0.02$). Moreover, 11/13 (84.6%) newer RIGs and 7/14 (50%) established RIGs received < USD 500 annually ($P = 0.066$). Of the 9/27 (33.3%) RIGs that received

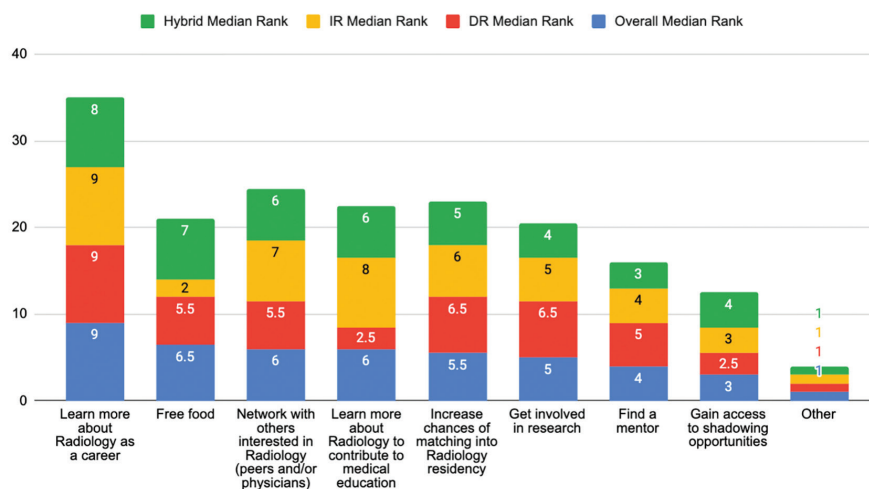


Figure 2. Reasons for joining a RIG. Median ranking of reasons why members joined a RIG from the RIG leader’s perspective (10 indicates most important reason, 1 indicates least important reason). RIG, radiology interest group; DR, diagnostic radiology; IR, interventional radiology.

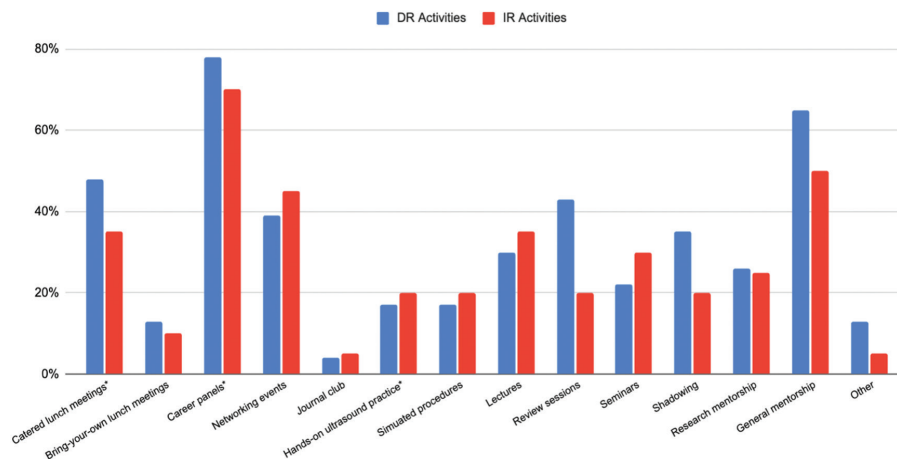


Figure 3. Radiology interest group activities. Percentage of RIGs that organize each activity. *Indicates top three popular activities by attendance. RIG, radiology interest group; DR, diagnostic radiology; IR, interventional radiology.

≥ USD 500, 9/9 (100%) felt that their funding was adequate. Notably, 13/14 (92.9%) established RIGs felt that they received adequate funding despite only 7/14 (50%) receiving ≥ USD 500.

Low-funding RIGs reported a median of 30 members, whereas high-funding RIGs reported a median of 45 members ($P = 0.015$). Of the low-funding RIGs, 5/17 (29.4%) reported roughly equal membership between men and women, and 7/8 (87.5%) of high-funding RIGs reported the same ratio ($P = 0.020$). The median response from low-funding RIGs to the estimated attendance compared with other specialty IGs was “less attendees,” whereas the median response from high-funding groups was “about the same” ($P = 0.059$). Finally, 6/18 (33.3%) low-funding groups “strongly agreed” that their RIG positively influenced members to pursue radiology as their specialty of choice, compared with 7/9 (77.8%) high-funding groups ($P = 0.034$) (Table 3).

A total of 25 RIG leaders indicated their sources and uses of funding. For 24/25 (96%) RIGs, funding was provided by medical schools. However, 1/25 (4%) RIG leaders reported that they received funding from radiology companies, and 0/25 (0%) reported funding from grants. Moreover, 23/25 (92%) RIG leaders reported using the majority of their funding for food, whereas 1/25 (4%) reported that most of their funding was allocated to guest speakers, and 1/25 (4%) used the majority for event venues. Notably, 0/25 (0%) used the majority of their funding for instruments/supplies or additional staff for events.

Other comments

Some respondents chose to share additional strengths and challenges experienced by their RIG. These are summarized in Table 4.

Discussion

This survey revealed three key findings. First, the data indicated that receiving at least USD 500 in annual funding may help maximize the impact that RIGs have on medical students. Those that received ≥ USD 500 in funding per academic year reported increased membership, attendance more comparable to that of other specialty IGs, a stronger perceived influence on their members to pursue a career in radiology, and a relatively equal balance between men and women in their membership. The cross-sectional nature of this study precludes conclusions regarding causality or directionality. It is pos-

sible that other institutional factors, such as overall institutional support, program maturity, or availability of faculty mentorship, contributed both to increased funding and to the aforementioned findings. Future studies are required to better characterize these relationships. Almost all RIG leaders reported using the majority of their funding for food and strongly agreed that having food at events was important. This finding suggests that food may serve as a major driver of event attendance and initial student engagement, particularly in the setting of busy medical school schedules, where free meals may incentivize participation. However, heavy reliance on food-related spending may also limit the ability of RIGs to diversify programming by allocating fewer resources toward other activity types. Although food may help attract students to events, sustained engagement with RIGs may depend more

on the quality and variety of the educational and professional development opportunities offered. Notably, although less than half of respondents received ≥ USD 500 in funding, almost all respondents felt that their funding was adequate. This suggests that RIG leaders may be unaware of the additional opportunities, resources, and eventual impact that increased funding can provide.

The second finding from these data is that although there were many similarities between DR, IR, and hybrid IGs, key differences were apparent in their age, number of members, primary meeting platform used, and funding amount. There were no statistically significant differences regarding their member demographics, the most common reason members join their RIG, the number or types of activities organized, or their member demographics. However, diagnostic RIGs had been in existence for a median of 5 years lon-

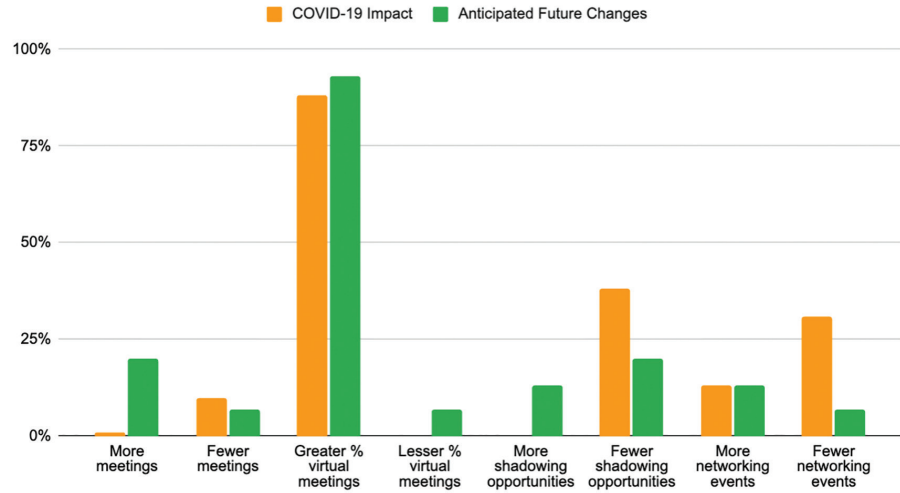


Figure 4. Impact of COVID-19 on RIGs and anticipated future changes. Percentage of RIGs impacted by COVID-19 and anticipated future changes. RIG, radiology interest group.

Table 3. Impact of funding on membership		
Variable	< USD 500	≥ USD 500
Median # of members	30	45*
“Strongly agree” that RIG has positive influence on pursuing a career in radiology	33.3%	77.8%*
% reporting roughly equal membership of men and women	29.4%	87.5%*
Event attendance relative to other specialty IGs	“Less attendees”	“About the same”

* $P < 0.05$. RIG, radiology interest group; USD, United States dollar.

Table 4. Free-response comments submitted by radiology interest group leaders	
Select comments	
“We organize a 6-week “Summer in Radiology” program for first-year students that does a really wonderful job exposing those interested in radiology to what the field really consists of.”*	
“It is difficult to organize valuable events at a school without a radiology residency program.”*	
“Our DR and IR interest groups fall under the umbrella of a Radiology Scholars Certificate Program, which has been evaluated in other publications.”*	

*Edited for clarity. DR, diagnostic radiology; IR, interventional radiology.

ger than interventional and hybrid RIGs, and they had significantly more members. This is likely due to IR being a relatively new field compared with DR¹⁴ and/or because medical students have even less exposure to IR than to DR.¹⁵ Another key difference between the RIG categories was that interventional RIGs had a larger proportion of virtual events than diagnostic and hybrid RIGs despite the greater emphasis on hands-on procedural skills in IR. One possible explanation is that virtual platforms tend to reach larger audiences than in-person events.⁵ This may be disproportionately beneficial, and thus prioritized, for interventional RIGs due to the relatively low student exposure to IR compared with DR. However, there was a particularly low response rate ($n = 4$) from interventional RIG leaders for this question, so further data are needed to clarify this finding. A final difference highlighted in this study was that hybrid RIGs had the most variable funding, with this RIG category representing the majority of low-funding RIGs. This finding suggests variability in funding across RIG types and raises the hypothesis that separate diagnostic and interventional RIGs may differ in funding outcomes; however, this cannot be concluded from the present data.

Third, the data indicated that the primary focus of RIGs was to provide medical students with the opportunity to explore radiology as a career, which is consistent with the existing literature on the role of RIGs and other specialty IGs.^{3,9,16} Notably, RIG leaders believed that most members joined to learn more about radiology as a career, and accordingly, they organized career panels and mentorship to facilitate that learning across all RIG categories. This is consistent with the finding that most RIG leaders reported that event attendees were largely in their first and second years of medical school—when most students are still exploring multiple career options in different specialties. This is also supported by the changes that RIG leaders anticipated moving forward from the COVID-19 pandemic. Although RIG leaders generally agreed on organizing more meetings each year in the near future, they were divided on the future of shadowing and networking events. The COVID-19 pandemic initiated new policies and restrictions around hosting in-person events, especially involving healthcare settings and personnel, which may have complicated the organization of shadowing and networking events.¹⁷ In addition, such events may be most beneficial for those who are committed to pursuing the specialty, whereas other events—lunch

meetings, lectures, and career panels—may be better suited to students who are hoping to gather more information to explore multiple specialty options before seeking hands-on experience in a particular specialty. However, leaders also indicated that the greatest opportunity for RIG improvement was increasing research mentorship and research opportunities, which are activities that are likely designed for those with a higher level of commitment to pursuing the specialty. In recent years, radiology has become a more competitive specialty to enter,^{18–20} and applicants to the specialty have consequently reported an increased number of research projects, publications, and presentations, emphasizing the importance of research experience on residency applications.

This study has several limitations. Perhaps the most substantial limitation is the small sample size. Although 154 medical schools were contacted, it is unknown how many of these schools had an active RIG; therefore, a true response rate could not be calculated. Consequently, participating institutions may not fully represent all medical schools with RIGs, potentially limiting the generalizability of the study findings. Furthermore, the best way to contact RIG leaders was often unclear, as contact information was not always available on medical school websites. Another factor contributing to the low response rate might be that RIGs were contacted toward the end of the typical academic year, which may be a time of IG leadership transitions for medical schools, potentially contributing to confusion on who should have completed the survey. If new leaders were completing the survey, they might not have had adequate knowledge of the information being inquired about, decreasing the accuracy of the information reported. Overall, because of the small sample size included in this study, particularly within the IR group, results may differ in subsequent analyses that include a different and/or larger pool of RIG leaders. Consequently, some observed differences, particularly those based on very small subgroup counts, should be considered observational and descriptive rather than definitive evidence of differences between RIG types. Additionally, multiple test correction was not applied to the analyses performed in this study; therefore, the findings should be interpreted as exploratory in nature.

Further limitations include that not all information, which included membership numbers, participation rate, gender distribution, and effectiveness, was directly measured; some of this information was self-re-

ported and estimated based on RIG leader perception, introducing the potential for reporting bias, particularly as it relates to perceived impact on members. Additionally, member gender demographics were collected using binary categories only, reflecting the structure of the survey and leader-reported estimates; therefore, these data may not fully capture the diversity of member gender identities. The survey itself has not been validated; thus, further use of these questions and measurement scales in subsequent studies would be necessary to fully validate the question/response categories used. Lastly, all questions in the survey were optional, resulting in incomplete datasets that made analyses and extrapolations more difficult.

In summary, this study suggests that to optimize the impact of RIGs, leaders should continue to prioritize events that explore radiology as a career, increase the availability of research mentorship and opportunities, and aim for annual funding of at least USD 500 to boost membership and overall influence. Although this study focuses on RIGs within LCME-accredited medical schools in the United States, these findings may inform student-driven radiology engagement and provide a framework that may guide the development, evaluation, and comparison of similar initiatives in other medical school settings.

Footnotes

Conflict of interest disclosure

The authors declared no conflicts of interest.

Appendix 1: <https://d2v96fxpocvxx.cloudfront.net/87bf8cdb-e327-4a57-b2b5-56e4c99c141f/content-images/fc7ab219-9ff2-4fed-a0f6-fb709fa90dd6.pdf>

References

1. Silva AM, Zaki-Metias KM, Bentley H, Albasha H. Building a successful radiology interest group: overview and key considerations. *Radiographics*. 2024;44(3):e230186. [Crossref]
2. Dobson JL, Fenwick A, Linehan V, Hartery A. Radiology interest groups: a recipe for success. *Can Assoc Radiol J*. 2021;72(3):343–351. [Crossref]
3. Albritton TA, Fincher RM. Student interest groups: a practical and affordable way to expose students to internal medicine early in their medical school training. *Am J Med*. 1997;103(5):337–338. [Crossref]
4. Lang CM, McNicholas D, Wilson MP, Hartery A, Probyn LJ, Ward R. Canadian radiology

- medical student interest groups: what they are and how we can help them improve. *Can Assoc Radiol J*. 2020;71(2):154-160. [\[Crossref\]](#)
5. Vayani OR, Lassner JW, Shehata C, Straus CM, Gadde JA. Using a nationwide virtual radiology student interest group to expand medical students' general awareness, drive greater interest, and achieve uniform national messaging in the field of radiology. *Acad Radiol*. 2023;30(6):1210-1219. [\[Crossref\]](#)
 6. Visscher KL, Nassrallah G, Faden L, Wiseman D. The exposure dilemma: qualitative study of medical student opinions and perceptions of radiology. *Can Assoc Radiol J*. 2015;66(3):291-297. [\[Crossref\]](#)
 7. Zener R, Lee SY, Visscher KL, Ricketts M, Speer S, Wiseman D. Women in radiology: exploring the gender disparity. *J Am Coll Radiol*. 2016;13(3):344-350. [\[Crossref\]](#)
 8. Podsiadlo V, DeBenedictis CM. Breaking the stereotype: interventions aimed at changing medical student misperceptions of radiology and increasing the female match rate. *Acad Radiol*. 2022;29(Suppl 5):27-33. [\[Crossref\]](#)
 9. Waltz MJ, Gunderman RB. Enhancing radiology education for regional campus medical students. *Acad Radiol*. 2024;31(10):4286-4287. [\[Crossref\]](#)
 10. Visscher KL, Faden L, Nassrallah G, Speer S, Wiseman D. Radiology exposure in the undergraduate curriculum: a medical student perspective on quality and opportunities for positive change. *Can Assoc Radiol J*. 2017;68(30):249-256. [\[Crossref\]](#)
 11. Gunderman RB, Hill DV. Student concerns and misconceptions about a career in radiology. *Acad Radiol*. 2012;19(3):366-368. [\[Crossref\]](#)
 12. Wazen J, Goldstein AJ, Kim HH, Tai R, Watts GJ, DeBenedictis CM. Tales of Mentoring in radiology: the experience of residents and mentors at a single academic program. *Curr Probl Diagn Radiol*. 2021;50(3):374-378. [\[Crossref\]](#)
 13. Heitkamp DE, Gunderman RB. The interventional radiology/diagnostic radiology certificate: asking the hard questions. *Radiology*. 2014;273(2):322-325. [\[Crossref\]](#)
 14. Murphy TP, Soares GM. The evolution of interventional radiology. *Semin Intervent Radiol*. 2005;22(1):6-9. [\[Crossref\]](#)
 15. Goldman DT, Magnowski A, Rochon PJ, et al. The state of medical student teaching of interventional radiology: implications for the future. *J Am Coll Radiol*. 2018;15(12):1761-1764. [\[Crossref\]](#)
 16. Maldow D, Murtha J, Sasson T, Khanna V. The interventional radiology interest group: an integral tool for medical student recruitment. *Am J Interv Radiol*. 2017;1(4):1-5. [\[Crossref\]](#)
 17. Li MK, Pieris D, Xu G, Law M. In the shadows: medical student clinical observerships and career exploration in the face of COVID-19. *Can Med Educ J*. 2021;12(3):179-181. [\[Crossref\]](#)
 18. Assi B, Girgis H, Tiliakos A, Aryana R, Patel S, Murugesan A. A commitment to radiology: how medical students can navigate through the increased competitiveness of diagnostic radiology. *Curr Probl Diagn Radiol*. 2024;53(1):31-33. [\[Crossref\]](#)
 19. ERAS® Statistics. AAMC. Accessed March 11, 2025. [\[Crossref\]](#)
 20. Charting Outcomes™: Program Director Survey Results, 2024 Main Residency Match®. NRMP. August 8, 2024. Accessed March 11, 2025. [\[Crossref\]](#)