

BASIC SCIENCES MEDICAL FACULTY AND THEIR CHALLENGES TO COMPASSIONATE TEACHING

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Abstract

Basic sciences teaching faculty are important in combatting the mental health issues facing M1/M2 medical students. These faculty are key in helping students through the basic sciences by identifying those that are struggling, guiding them to necessary resources, reassuring them that they can attain their qualifications, and encouraging them to engage in active learning. Many of these faculty also fulfill official mentorship roles within the curriculum and advise students on academic and career aspects of their medical school pathway. However, faculty are also overwhelmed by institutional expectations (e.g., research) and student considerations (e.g., poor behavior, negative teaching evaluations). The result is that faculty are struggling to balance all these expectations, with negative experiences such as inappropriate student behavior and toxic academia severely affecting faculty and leading to a noticeable increase in instances of faculty burnout and compassion fatigue. With self-isolation and remote learning, many of these issues (e.g., poor student behavior) are likely to worsen and as a result, institutions need to reevaluate these issues to develop measures to protect faculty and allow them to do their job properly, prioritizing medical students and guiding them effectively through the first two years of the rigorous medical curriculum.

Keywords: Medical education, compassionate teaching, academia, mentorship

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1. Introduction

Basic sciences teaching faculty are the beating heart of the educational experience for first-and-second year medical students and have an essential role in their students' academic development. Typically, these faculty hold medical or doctorate degrees and are considered experts in their field. Therefore, students value faculty opinion when they give academic advice or offer perceptions of a student's academic ability. These faculty are also key in identifying students struggling with mental health challenges. Mental health challenges are common among medical students (e.g., depression) arising from individual expectations for excellence, debt, and exhaustion (Adhikari et al., 2017; Almeida et al., 2019; Chelieh et al., 2019; DiRosa & Goodwin, 2014; Masri et al., 2019; Yusoff et al., 2013) (see Figure 1). Rigorous medical school culture, compared to military training has been the cause of this mental health deterioration among medical students (Di Rosa et al. 2014). For example, ~75% of students link worthiness of becoming physicians and thus, mental wellness, to academic performance (Weingartner et al., 2019). Compassionate, focused, and attentive teaching approaches by faculty attuned to the curricular challenges and adjustments to expectations that students need to make may improve this situation.

However, teaching faculty have unique challenges preventing them from giving their full time, energy, and attention to meet students' needs. For example, faculty face high instances of burnout and compassion fatigue that lower teaching and mentorship quality. Faculty also expect a high level of autonomy from medical students because of the academic caliber of these students, while students expect full faculty access and support. These conflicting expectations also affect student behavior, feedback, and success, which in turn further impact on faculty mental health and thus their ability to engage with students. In turn, these changes in faculty ability to mentor impact student morale and the learning environment, creating a poorer medical school experience for the students.

More compassionate teaching practices are desperately needed in medical education to help to combat the mental health issues in medical students. Compassion is defined as the ability to show consideration and concern for the well-being of others (Merriam-Webster, 2019). Compassionate teaching may be implemented by patiently re-explaining difficult concepts, ensuring accessibility through regular office hours, and treating each student's time seriously. However, a disconnect between faculty and student expectations exists that leads students to believe faculty do not care. This may be linked to institutional requirements of faculty that students are unaware of. For example, students expect faculty to be accessible, helpful, and ready to help students in crisis. Unfortunately, institutional obligations (e.g., research) make faculty less accessible, which appears uncaring, contributing to motivational and mental health issues in students. In these instances, the core issue is likely a mismatch between faculty and student expectations, which damages individual and collective student morale.

To develop compassionate teaching practices, (1) institutional expectations for teaching faculty will be reviewed, followed by (2) student considerations, (3) a discussion about how these factors affect faculty mental health, and (4) proposing ways these issues may be reduced to improve the faculty-student relationship and student mental health.

2. Background

A growing body of research shows that medical students struggle mostly with the volume of material they must learn, and fears of failure (Aagaard & Hauer, 2003; Adhikari et al., 2017; Chelieh et al., 2019;

Chen et al., 2014). The basic sciences faculty whose job it is to help these students adjust and progress are, themselves often overwhelmed by institutional requirements (e.g., research expectations, academic conditions, formal academic mentorship) and student considerations (e.g., faculty to student ratios, student teaching evaluations, student expectations and behavior), leading to compassion fatigue and burnout. Burnout and compassion fatigue hamstringing a faculty member's ability to support students effectively, resulting in many student issues going unnoticed until it is too late.

3. Negative Factors that Affect Teaching

Faculty challenges that impact student success are separated into institutional (e.g., student to faculty ratios, academic committees, mentorship, research) and student expectations (e.g., faculty access) (see Figure 1 for institutional and student considerations affecting faculty). Each issue will be discussed before suggested changes are proposed. It is hoped these suggestions will help faculty to focus on student well-being and to become more present for them during the basic sciences.

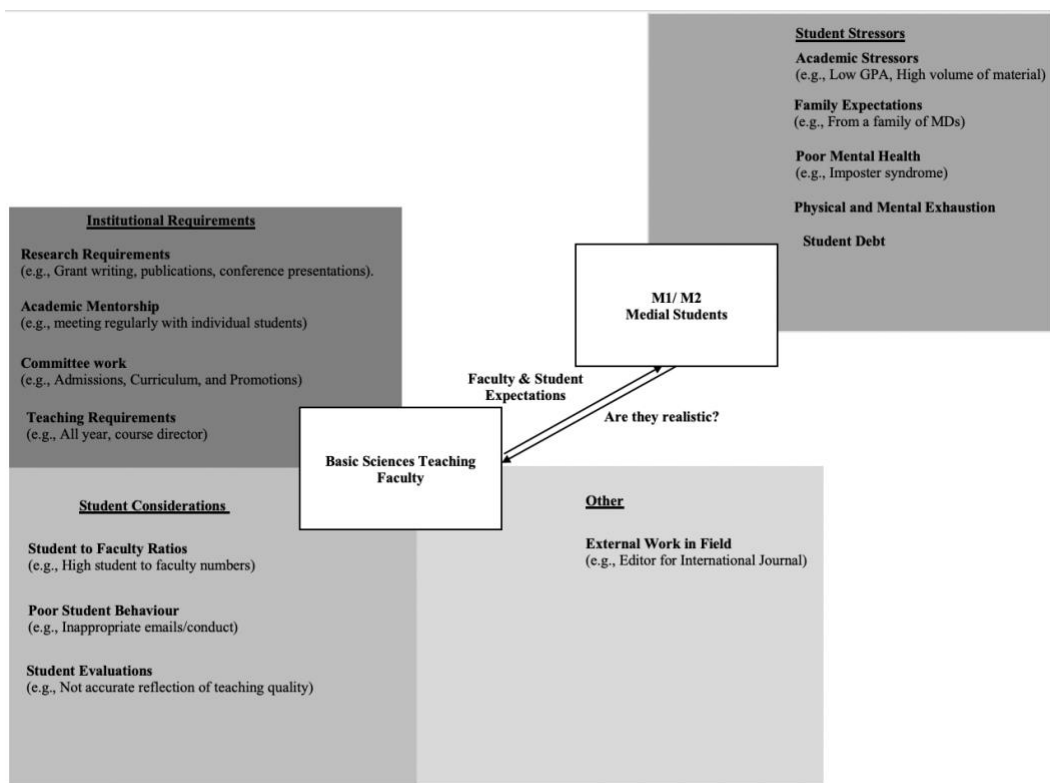


Figure 1. Shows the different directions that basic sciences teaching faculty are pulled in as they attempt to compassionately fulfill their roles in the medical school of a university

3.1. Institutional Requirements and Toxic Academia

Academic requirements (e.g., research, committee work) may negatively affect faculty attitudes towards teaching obligations. For example, faculty hired to research are also required to teach, even if it is a minimal obligation. Consequently, teaching is secondary to research for some in the education role, reflected in negative attitudes towards it and has raised concerns over the last decade (Evans et al., 2018; Rawlins, 2019). For example, faculty scheduling meetings with students around research opportunities, present as uncaring. In these situations, poor perceptions of faculty are created, contributing to low student

morale, although is not necessarily causal. These situations occur on an individual basis but erode faith in faculty by the wider student body. This immersion of teaching faculty in academia has been the subject of concern over the last decade (Evans et al., 2018; Rawlins, 2019).

Recent key articles, such as, “The ivory tower of academia and how mental health is often neglected” (Rawlins, 2019), and “Evidence for a mental health crisis in graduate education” highlight a culture of abuse, bullying, exploitation, and overworking among faculty. In fact, there is a systemic toxic academia that has been defined by the “publish or perish” stress that acts as a breeding ground for poor professional practices including extreme competitiveness, poor working conditions, over-working, bullying, and crushingly high expectations (Evans et al., 2018; Rawlins, 2019). It is so widely understood in academia itself, that many opinion pieces have been published to speak about how to succeed in such environments (for example, Akbari, 2021; Dumitrescu, 2019). These issues are also exhibited widely in the poor mental health of graduate students. For example, Evans et al. (2018) surveyed 2,279 graduate students from 234 institutions in 26 countries, reporting graduate students are six times more likely to experience depression and anxiety with 39% suffering moderate to severe depression than the general population (Evans et al. 2018).

Rawlins (2019) discusses the graduate learning environment, talking about a lack of regulation for work hours, vacation, and mentorship quality. Rawlins (2019) also highlights the mental deterioration of individuals during graduate school, which continues in these future academics, allowing a “vicious cycle” (pp. FS0392) to persist. These issues result in mental health deterioration, high suicide rates, and severe burnout in academics (Evans et al., 2018; Morton, 2019; Moss, 2018; Moutier et al., 2016; Rawlins, 2019; Yang, 2016; Woo, 2019; Woolston, 2015). Academics working in these conditions are also expected to provide medical students with a positive learning experience. Yet, a teacher struggles to be compassionate and engaging if they are victims of professional bullying and worked to exhaustion. Not all academia is inherently toxic, but it does beg the question of how endemic these issues are and to what extent they affect a medical faculty’s teaching quality and student engagement.

3.1.1. Research

Teaching faculty are expected to research (e.g., peer reviewed publications), which requires working beyond a 40-hour week, into weekends and evenings. Some universities also require educational faculty to carry out educational research, so educationally focused roles have research expectations (BU, 2021). The success of these different avenues of research affect promotion and salary, leaving little time and energy for teaching. For example, a major NIH grant contributes ~33% of a faculty’s 9-month base salary (Ferris State University, 2021). Faculty with large grants also supervise their own staff, while others may see patients, depending on their qualifications. Collectively, these responsibilities leave little time for teaching and mentorship.

Research and teaching expectations of faculty, in addition to other responsibilities (e.g., academic mentorship) need to be reviewed annually. For example, the introduction of formal academic mentorship is becoming common in medical education but is a heavy commitment for faculty. Therefore, reduction in other responsibilities could be made to allow time for effective academic mentorship. Mentorship could also be considered a promotional activity with a corresponding reduction in committee work or research. Team-based/case-based/problem-based learning approaches are also increasingly favored in medical

schools over didactic lectures. This new curriculum requires fewer faculty-student interfacing hours and involves extensive planning and writing, so it should also be a consideration for faculty roles and promotion.

Research brings in funding, raises an institution's profile, and attracts future students, making it the highest priority. This prioritization comes at current students' expense when faculty struggle to manage heavy workloads, which negatively impacts on teaching. Research is also prioritized over teaching in tenure considerations. Further, teaching evaluations assessed through student feedback is an issue as factors (e.g., grades) may affect the direction of these evaluations.

3.1.2. Mentorship

Formal academic mentorship is being introduced into the basic sciences across medical schools to help all students to develop and gain insight offered by academic teaching faculty. Hauer et al. (2005) define mentorship as personal and professional guidance, and role modelling by a faculty member "checking in". Originally, this mentorship was introduced to provide all students with guidance but as the programs have been developed, there has been strong emphasis on helping weaker students as mentorship (1) helps with the identification of weaker students, and (2) provides a safe space to address the concerns of these students (Hauer et al., 2005; Stevenson, 2021).

Students also recognize the value of their mentor's opinion. Hauer et al. (2005) report that 24 fourth-year medical students emphasized the importance of inter-personal skills (e.g., trust), while highlighting that faculty are too busy. Faculty have ~30 mentees, depending on class size, making mentorship a time-consuming endeavor, and reducing the quality of this mentorship. The time-consuming nature also leads faculty to resent the time commitment of mentoring, which prevents them from meaningfully engaging students. In such instances, faculty appear too busy for students, which may be devastating for the student's well-being (Hauer et al. 2005). For example, students struggling academically may develop mental health issues (e.g., imposter syndrome), impacting their progress (Adhikari et al., 2017; Almeida et al., 2019; Chelieh et al., 2019; DiRosa & Goodwin, 2014; Masri et al., 2019; Yusoff et al., 2013).

Poor mentorship also arises from limited training regarding academic resources, while not addressing grief, trauma, or Title IX procedures, which are a necessity too. Training regarding appropriate resources, and sympathetic approaches for non-academic scenarios is essential for good mentorship. Yet, the faculty member must also be willing to support students in instances that may appear beyond the scope of academic mentorship (e.g., Title IX complaints) as they become a trusted confidant of the student. Unsupportive faculty mentors lead students to identify other faculty for support, which places more responsibility on that accessible individual, increasing their likelihood of developing burnout and compassion fatigue (Aagaard & Hauer, 2003; Garmel, 2011; Hauer et al., 2005; Jordan et al., 2019; Kaleen et al., 2012; Kalén et al., 2012; Ramanan et al., 2002; Sambunjak et al., 2010). This is not to say that faculty should counsel students as that outside the scope of their responsibility but listening sympathetically and guiding students to relevant resources is.

3.2. Student Considerations

Student numbers, teaching evaluations, and behavior directly impact rates of faculty burnout and compassion fatigue. Navigating these factors to improve teaching quality is difficult because of a "student

consumer” approach that many institutions have developed over the last decade (Knepp, 2012), but must be discussed considering their impact on teaching quality.

3.2.1. Student to Faculty Ratios (SFR)

SFRs may directly impact teaching quality as time dedicated to each student is reduced. Since 2022, medical school enrollment has increased by 31%, resulting in top U.S. schools reporting SFR of 5:1 (Association of American Medical Colleges, 2019). SFRs in international schools are much higher with 9 to 13 students per faculty, putting greater stress on the teachers (Swedish Development Advertisers, 2004; CAAM-HP, 2017a, b) and causing higher instances of burnout and compassion fatigue. These ratios may be much higher when broken down by subject and course, stretching faculty resources further, causing even greater stress to faculty.

3.2.2. Student Evaluations on Teaching (SETs)

SETs are used to determine merit (e.g., tenure), make hiring decisions, and form a significant component of the faculty portfolio (Boring et al., 2016; Emery et al., 2003; Hornstein, 2016; Nargundkar & Shrikhande, 2014; Nowell, 2007; Worthington, 2002). These evaluations are also usually the only means of evaluating teaching performance in ~86% of universities, causing significant stress to faculty (Nowell, 2007; Nargundkar & Shrikhande, 2014). The stress lies in the fact that students are not masters of education, yet are being asked to grade a faculty member on their lecture quality. Further stress is added because the feedback collected is often limited to five short questions on factors such as faculty performance and slide presentation, which are incredibly subjective and basic. Therefore, not many institutions survey students correctly leading to high levels of faculty stress. This continues today even as research shows SETs are not an accurate measure of teaching performance as many studies show they are affected by multiple non-teaching factors, including administrative issues (Nowell, 2007; Hornstein, 2016; Boring et al., 2016; Emery et al., 2003).

Factors negatively affecting SETs, such as students’ grade expectations may be identifiable, while others are difficult to discern, including course (e.g., difficulty) and administrative-related factors (e.g., class size) (Nargundkar & Shrikhande, 2014). Causes of this dissatisfaction (e.g., length of labs) may also be impossible to change, negatively affecting SETs. When faculty make changes and successfully improve

SETs, it is at the expense of content, or grading stringency (Nowell, 2007; Hornstein, 2016; Nargundkar & Shrikhande, 2014; Spooren, 2013). Actions to improve SETs may lead students to make further demands (e.g., extra credit), causing reduced faculty engagement as faculty perceive educational standards to be dropping. Therefore, poor student behavior has a detrimental impact on faculty morale and consequently, faculty burnout, and compassion fatigue.

3.2.3. Student Behavior

Tertiary-level institutions are experiencing growing instances of poor student behavior including unfounded complains about an instructor, cheating, and unrealistic expectations (e.g., extended deadlines, make-up exams, inflation of grades) (Knepp, 2012; Clark & Springer, 2007). These issues are more prevalent now as institutions return to in-person classes following the COVID-19 pandemic. Online schooling has made students more anxious and stressed about their academic performance and rates of

depression have increased dramatically, which will be present in-person as campuses reopen (Son et al. 2020; Sahu, 2020). These issues are endemic, with students increasingly willing to place demands on faculty due to the previously described “student consumer” effect (Knepp, 2012). In many instances, students see tuition payments as a guarantee for a degree but lack ownership of working towards the degree.

Poor student behavior often goes uncorrected for fear of repercussion (e.g., retaliatory complaints), leading faculty to feel they have little recourse against unprofessional conduct. The lack of rigorous investigation and disciplinary action against reported students demoralizes faculty, and although not directly causal, damages teaching quality.

3.2.4. Student Affairs

Student Affairs is extremely important when regulating poor student behavior. In many cases, this department offer important resources, including peer mentoring, career counselling, mental health, and learning resources (Rutgers, 2022; Stanford University, 2022; Harvard Medical School, 2022). Unfortunately, communication between Student Affairs and faculty, regarding to whom students should be referred for specific issues is often unclear. For example, faculty may be unsure about where to refer a student for unprofessional emails. The lack of ability to report poor student behavior often leads faculty to feel they must endure poor behavior, while the university needs to do more to establish lines of communication.

4. Burnout and Compassion Fatigue

Rising instances (6-10%) of academic burnout is correlated to institutional expectations and student considerations (Anita et al., 2014; Chen et al., 2014). Burnout is defined as persistent stress, presenting as exhaustion, lack of emotional connection, and the inability to feel accomplishment (Anita et al., 2014; Barmawi et al., 2019; Cocker & Joss, 2016; Henny et al., 2014; Yusoff & Khan, 2013). Young academics are most likely to suffer burnout due to their heavy workload and job insecurity (Chen et al., 2014; Henny et al., 2014; Yusoff & Khan, 2013). These junior faculty are willing to help students and are often sought out for unofficial mentorship. Characteristics of faculty burnout have a significant impact on student morale and must be considered.

Compassion fatigue (CF), typically associated with health care professionals, is a growing issue among teaching faculty with negative implications for students. Current literature shows those suffering CF are exposed to frequent emotional experiences and tend to underperform and show poor judgement (Barmawi et al., 2019; Bride et al., 2007; Cocker & Joss, 2016; Garmel, 2011; Jenkins & Warren, 2012). For example, continued emotional exposure for faculty comes from students confiding about sick relatives and failing grades semester. Research is currently lacking for the correlation between academic mentorship and CF, but it is expected that CF would increase as faculty guide students through their problems. Some of these issues include sexual assault, grief, and financial stress that weigh heavily on the faculty who is guiding and comforting students. Therefore, decisions to involve faculty in formal mentorship should not be undertaken lightly.

5. Proposed Solutions

Faculty burnout and compassion fatigue must be addressed to enable faculty to dedicate time and energy to compassionate teaching. Proposed solutions to the issues raised are offered here to improve the medical school learning environment for faculty and students.

5.1. Research

Most faculty are required to research and teach. Tenured faculty positions are more common than purely educational roles. A key suggestion would be to discuss the research workload in relation to teaching obligations. Anonymous surveys may be used to identify highly strenuous research requirements (e.g., numbers of first author publications) and to reduce these stipulations for faculty with a higher teaching load. Tenured teaching positions without research components would also attract faculty to teach full-time, long-term. Offering such a position would address some of the issues relating to poor faculty engagement and lower student morale. These faculty would also take on greater mentorship responsibilities and tenure could be achieved through various expectations (e.g., student and peer feedback, training, qualifications). A core teaching faculty that does not research offers a way to put greater focus on student progress and well-being without compromising research quality.

5.2. Toxic Academia

Toxic academia needs to be addressed as well. Tenure and huge grants should not shelter faculty from facing disciplinary action. For example, findings show toxic academia involves a history of perpetuation in labs involving tenured faculty (Evans et al., 2018; Morton 2019; Rawlins, 2019). Fear of repercussion prevents reporting and indicate institutions need to develop a clear pathway for communication and investigation without those complaining having to deal with consequences (Morton, 2019).

In many instances, union involvement leads to “progressive discipline,” which exhausts other options to rehabilitate prior to dismissal (AAUP, 2022). This may provide opportunities for complainants’ identities to be uncovered and for retribution. If discipline remains an internal process, there are concerns that colleagues will cover for each other, and the complaint will not be fully investigated. Alternatively, an outside party conducts a full investigation and reports their findings to the university. This has been done in highly publicized examples where the disciplinary bodies also recommend sanctions/dismissal, while helping the complainant remain anonymous (Morton, 2019).

5.3. Academic Mentorship

Academic mentorship is important as it pertains to helping students adjust to their new environment and cope with issues (e.g., failure). However, mentorship training is inadequate with broad objectives (e.g., career guidance) and needs to be developed, so faculty know how to address specific situations (e.g., grief) (Farkas et al. 2019; Hauer et al., 2005). Faculty are not counsellors but must be able to say appropriate, compassionate things and guide students to helpful resources. Faculty also need to be able to assess a

student's mental state (e.g., severely depressed), to identify at risk students, and to report these concerns. It may save a student's life.

Holding mentorship training courses within the university and having specialist faculty (e.g., counsellors) offer sessions for faculty to drop by would enable faculty mentor more effectively.

Mentorship often covers personal issues that students want to confide about (e.g., grief and sexual assault), so mentorship training should cover these important areas. Counsellors should be involved in this aspect of training mentors about how to talk to students and redirecting students to appropriate resources. Such training would put faculty on the front line of the fight against poor mental health in medical education. One example of good mentorship would be to assign two faculty members (one clinical, one basic sciences) to a small group of students that they work with for the length of the training. In this instance, the faculty would work together to ensure the group was supported along the length of their education and would work together to support these students. Such an example would allow faculty to support each other and in instances where students need real support beyond the normal, these faculty could support each other in providing that support as well.

5.4. Student to Faculty Ratios (SFRs)

SFRs are an important consideration in faculty performance. High SFRs may become overwhelming, especially when considering new teaching requirements (e.g., mentorship). Therefore, institutions looking to expand class size need to assess SFRs in detail. For example, SFRs may appear adequate across the whole institution but be affected by specialization (e.g., gross anatomy, neuroscience). Hiring additional full-time or adjunct faculty for specializations with high SFRs is the most suitable option, but alternative approaches, including development of teaching assistance programs for PhD students is another option. Many faculty are multi-disciplinary and these faculty should be considered for tenure educational positions to retain them.

Continuing education for faculty is also an option. For example, education-focused faculty may be willing to work towards additional qualifications if it makes them more attractive for promotion. Continued education of teaching faculty is invaluable because it keeps their teaching up to date and relevant, while potentially enabling faculty to teach into different disciplines, lowering the SFRs. Several options exist to encourage a more education-focused stream of academia, while ensuring faculty are not overwhelmed by high student numbers and should be supported at an institutional level.

5.5. Student Evaluations on Teaching (SETs)

SETs are a significant issue behind faculty demoralization and burn out. As discussed earlier, important hiring and promotion decisions are based on anonymous SETs. SETs are affected by many factors that are not directly associated with teaching quality (e.g., students expecting higher grades) (Nargundkar & Shrikhande, 2014). Therefore, more effort needs to be put into the SET process to ensure feedback is appropriate and constructive. This can be approached in multiple ways and should be done at an institutional level.

Most universities give an orientation lecture for students on how to provide constructive feedback about lecture content, teaching style, and leaving appropriate comments. However, institutions need to build on this by regulating the anonymity of this feedback. For example, unprofessional feedback from the safety

of hiding behind a computer screen can be deeply hurtful and demoralizing for the faculty member. It is continually surprising that feedback of this nature occurs at the highest levels of education, but when it does, it has a significant impact on the willingness of faculty to extend themselves for future students. Therefore, deeply inappropriate comments should result in a student's identity being revealed through the IT department, so they can face disciplinary action. Preventing faculty exposure to excessively negative and hurtful feedback is another option. For example, an administrative assistant could be asked to compile a spreadsheet of feedback, reporting inappropriate comments to the head of department or a designated faculty member. This faculty member would then initiate an investigation into the feedback. Finally, selecting a group of students at random to provide feedback for each course is an option. This approach would reduce survey numbers for each student to avoid overwhelming them. Poor feedback is often attributed to overwhelmed students feeling frustrated that they must fill in another survey when they should be studying.

Teaching evaluations should also involve a peer review aspect (e.g., senior faculty providing feedback for junior instructors), so performance evaluations are not completely reliant on SETs.

5.6. Student Expectations and Behavior

Professionalism standards must be upheld at every institution and so there is a need for an active committee to oversee referrals and suitable disciplinary actions for poor professionalism. For example, disciplinary committees consider sanctions against students for poor conduct ranging from unprofessional emails to drug use. For example, Carnegie Mellon (2022) University's committee has jurisdiction over cases ranging from university standard violations to cases where administrative resolutions were unsuccessful. In many instances these committees are seen as a final resort, only meeting once or twice a semester to review serious cases. Yet, it would be useful to have these committees meet to review minor cases of poor behavior (e.g., unfounded complaints about faculty, inappropriate feedback, and demands to inflate a student's grades) (Clark & Springer, 2007; Knepp, 2012). An alternative for minor cases of unprofessional conduct (e.g., one unprofessional email) may be to identify a faculty member within the committee to whom these students are referred. This faculty would determine whether the student receives an official citation in their final graduation packet, or if they face the committee for more significant repercussions. Regardless of the approach taken, more needs to be done to inform faculty of the procedures for reporting poor behavior, and any reports must be taken seriously.

The greatest issue in medical education regarding poor student behavior is the "student consumer first" viewpoint held by most institutions (Knepp, 2012). This stance has been extremely damaging to the development of a healthy learning environment, with faculty commiserating in frustration over poor student conduct. Enforcement of appropriate sanctions for unprofessional student behavior, supporting faculty through the establishment of disciplinary committees and clear pathways to report conduct is important to rebalance towards a healthier learning environment. This approach would also help to reduce instances of compassion fatigue and burnout among faculty, while helping to promote faculty retention. Adopting these measures will also help faculty to engage with students and create courses with appropriate levels of material and examinations without fear of unjust recourse against them through inappropriate SETs.

6. Conclusion

Basic sciences medical teaching faculty have an essential role in combatting the mental health challenges of medical students, while creating a healthy and inclusive learning environment. However, these faculty also have institutional and student expectations placed on them that detract from their ability to effectively teach and mentor these students (e.g., research expectations, and high SFRs). Faculty may also find themselves expected to fulfil additional roles each year (e.g., formal academic mentorship) on top of other duties that will further affect accessibility and may have serious implications for faculty health and well-being. For example, students fearing academic failure or struggling with grief will look to faculty for support and guidance, while faculty are not adequately trained to handle such issues. In turn, faculty will be in greater danger of compassion fatigue and burn out as they deal with these issues constantly, especially those that are more empathetic.

All the issues raised here are concerning in the context of the quality of the medical education environment for both students and faculty. Those that lose the most are the students who have finally reached the echelons of academia with a passionate pursuit to help others, to find that those involved in their training are overwhelmed themselves. This is also a critical period for these students who will need to learn and apply great volumes of material in clinical contexts, while having the support and confidence of their faculty to combat undermining issues, such as imposter syndrome. This issue of overwhelmed teaching faculty in medical education and the implication for medical students is a serious one and needs to be addressed now to begin to combat mental health issues in medicine. This paper is intended to act as a starting point for considerations to be made to support the faculty and to help to create an educational environment that is healthy and supportive for both faculty and students.

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