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LETTER TO THE EDITOR

Reflections of a Mindful Teacher's Shift from In-Person to Online Courses

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If asked, one year ago, "Would you teach Mindfulness-Based Programs (MBP) online?" my response would have been categorically, "No." After having taught for 15 years in-person with consistent success, why would I do so? It was not the online aspect that deterred me; rather, it was my concern for integrity of course delivery.

My initial negative reaction was triggered by the idea that I would not be able to "connect" with people in cyberspace and I assumed that it would be difficult to "feel the energy in the room" while viewing "talking heads" on Zoom. COVID-19 was the catalyst for my change of heart-mind. Given the circumstances, I worked through my resistance. I applied what I have learned over the past 20 years i.e., to address, accept, and adapt to change. After all, everything is impermanent. One year ago, I thought these adjustments would be temporary. Even so, I was determined to offer the best courses possible. Herein, I share snippets of my inner dialogue and observations and offer a sample of modifications I made to my first two online courses. While I had some advantages related to my academic setting, I believe insights gained may be of use to MBP teachers at large. I cannot know if my being a Caucasian woman with tenure in a medical school impacted this transition; in general, my faculty position offers credibility for the course providing professional development credits.

Is there evidence?

My first step to shifting my courses online was to review the literature (e.g., Cavanagh et al., 2013; Jayawardene et al., 2017; Joyce et al., 2019; Meissner, 2017; Moore et al., 2020; Nadler et al., 2020; Roy, et al., 2020). While sparse, there were publications that helped me think through how to proceed. I was intrigued and up for the challenge to be creative. In fact, after 15 years of teaching, the changes required inspired me to bring a beginner's mind to my own work. It was apparent from the literature that when MBP was offered without a synchronous (i.e., live with teacher present) component, attrition was high. As technology advanced, so did the possibility to have people interact in real time with sound and videos enabling exchanges to take place in a way that was like in-person courses. Advantages for online administration are that it allows for people living far away or those with disabilities to participate and it saves travel time. One disadvantage is that if the technology fails (e.g., internet cuts out, sound issues arise), then disruptions occur. Another is that not everyone can join due to lack of rapid internet access or up-to-date computers.

A Teacher's Homework

In preparation, I took courses regarding how to teach academic courses online offered by my university, as it was clear that we would not be on campus the following year. Webinars examined how to engage students, the advantage of combining synchronous and asynchronous presentation of materials, etc. My university provided access to a professional level of Zoom which includes breakout groups and longer sessions. I also participated in an online Vipassana retreat to determine what helped me to stay engaged. While attending the 2020 virtual Mindful Healthcare Summit, I noted what distinguished effective sessions from those that were not well done (e.g., a teacher stating, "If we were together in-person I would do this – whatever it was, differently). I attended three sessions Kabat-Zinn offered to hundreds of certified MBSR teachers. Interestingly, when he was asked what he thought about online teaching, he simply said, "I don't know" (personal communication, May 2, 2020). Later, Kabat-Zinn observed that somehow, we were connecting people from all over the world and how wonderful was that! Finally, I recalled a paper we published (Dobkin et al., 2013) regarding modifying

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MBSR courses years before I thought about teaching online and a book chapter I co-wrote on MBP delivery (Dobkin & Hassed, 2016). Both examined issues to consider when offering MBPs outside the standard format.

Processes Underlying the Shift

While preparing, I noticed that I was harboring skeptical attitudes (previously mentioned) and preconceptions (e.g., attention spans are short) about online delivery. Much like what is taught in MBPs, I thought, "These are simply mind events; they may be false." I examined my concerns about "performance" i.e., "would I be as good a teacher?" Then I looked deeply into my intentions; the pandemic was hitting hard exhausted physicians and distressed allied healthcare professionals who were bravely facing uncertainty and a dangerous virus, "Could I help them carry on?" While I do not work in a clinic setting, I wanted to contribute in some meaningful way to people who were not working as healthcare professionals as well.

Two Trials

In the fall of 2020, I taught Mindfulness-Based Medical Practice (MBMP) and MBSR exclusively via Zoom. I modified both while choosing different exercises to fit the aims of the two groups (e.g., MBMP, cope with COVID-19 in clinical settings; MBSR, cope with lockdown, quarantine, home schooling). For both courses, I obtained permission from my university to use a platform called MyCourses (a Learning Management System) where I could upload materials typically given out in class (e.g., workbooks, follow-up questionnaire) as well as materials to be used during the week (i.e., the asynchronous part of the course, e.g., video links and readings for the MBMP group). In this way, I did not need to build a website or send out too many emails with attached materials. This took considerable time to set up and get authorization to have participants who were not university students to have access, but it was efficient. Next, I examined week-by-week exercises could or could not be used. For example, in-person I lead Insight Dialogue (Kramer, 2007) communication exercises in the MBMP course—I was concerned that this would not work in break-out groups because I felt that I needed to direct the dyads simultaneously, while they carry out the exercise. In Zoom, the teacher can join breakout groups, but only one at a time. While it is possible to send messages, I did not do so because I was in the various rooms. It is possible to "chat" to all; but I was concerned that we all would be distracted by reading a chat. As for the MBSR course, fewer changes were needed, but I used the "share the screen" (e.g., a brief video "This is an awareness test") when I thought this would enhance learning. (Manuals for both courses are available upon request.)

For both groups, I shortened the online part to 2 h because I presumed that attention would wane if they were online longer—especially since so many people are required to work online due to the pandemic. For the MBMP course, I had to add 30 min of asynchronous materials so that the physicians could receive the continued medical education credits given with 20 h of work (the medical school required this). Thus, for each week, I put into MyCourses various links to brief articles (e.g., Hutchinson & Dobkin, 2015) that went along with that week's theme. Links to videos were added so that participants could watch them anytime during the week. We reviewed this homework, like the meditation practices, each week. I limited enrollment to 20 for both courses. I have noticed even when together in person when groups are too big some participants hesitate to share their experiences. Admittedly, I was not as confident about teaching as I usually am, so I was respecting my own comfort level as well.

Two years earlier, I led a physician wellness program (Dobkin & Velez, 2020) that combined online modules with a 3-h mindful medical practice workshop; participants reported that they appreciated having a combination of materials so I had confidence that this could work. The MBSR course targeted community members, so this was not required.

The retreat day is critical to both courses. I shortened it to 5 h that included an hour offline for mindful silent lunch and a walking meditation. I made two video recordings to teach yoga—one standing and the other on the floor—because I could not teach this well in my small home office. I sent links of these videos as well as guided meditations to all participants. Apparently, these changes were acceptable as those in the MBMP course rated the retreat as 4.6/5. In fact, satisfaction for the MBMP course in general was 4.6/5.

As is typically the case, both groups had a beginning, middle, and end. At first, some people were reluctant to speak up, but as the course progressed and they got to know each other in breakout groups, this changed. I dropped into the breakout groups to ensure that people were staying on target and for the most part they were doing the exercises as directed. I noticed how deeply people were sharing their experiences as the course progressed. Following the retreat and during the final session, people expressed appreciation for being with the others and felt that they had been able to "get to know each other" despite the virtual environment. I was relieved as well as pleasantly surprised. One participant wrote, "The ZOOM format had advantages and disadvantages. Lovely to have no travel time, no search for parking, but at times technical issues (like my internet crashing and time keeping during the retreat) made it hard to stay in the moment. I do appreciate that you were able to adapt it as the

course is more needed than ever. I find it is easier after this course to take happiness from my life, and to appreciate the positives of my clinical practice. It is also easier to keep the negatives in perspective, and to be more present in my life."

Reflections

In retrospect I think that within a 2-h period, one breakout group was enough. When the program is given in-person, it is 2.5-h with a 10-15 minute break, but on-line we did not break - thus not much time was "lost." It was important to give people an opportunity to have one-on-one or small group exchanges in break-out groups, especially for those who were less comfortable speaking with the entire group. Sometimes, I chose who would be in which group, and sometimes I allowed the system to choose at random—to mix things up. Like standard MBPs, we started each session with a meditation, and I offered a variety of exercises (e.g., narrative medicine writing, MBMP; mindful e-mailing home practice exercise, MBSR) to keep people engaged. I recalled that my personal involvement helped the doctors in the previous physician wellbeing course adhere to the program, so I made sure to email the group each week and respond to their emails in a timely manner. This personal attention on my part demonstrated my commitment to them. I made sure to review home practices each week to communicate the importance of in-between class activities. I encouraged participants to share what they were learning, thus giving the message, "You are teachers as well as students." This approach is consistent with the MBSR message, "There is more right than wrong with you." After the course, one participant wrote, "I learned how to be more mindful with my patients in my daily activities and how to integrate meditation in my schedule on a regular basis. I learned how to identify and be more aware of the triggers that increase my stress/anxiety and of the triangle of consciousness in my experiences. I decided to include meditation practice on amore regular basis."

If asked now how I feel about teaching online, I can say with sincerity that I have been able to adjust to this modality. Do I prefer it? No. I miss being in the presence of people, welcoming them into the room, being available afterwards to address questions or concerns. Yet, this is how things are now. We must live with the threat of the virus by respecting physical distancing. We must accept what we cannot change and change what we can. Thus, this has been an opportunity for me to practice what I teach. I suspect that online delivery of MBPs will outlive the virus (much like telehealth) and for those who find the advantages outweigh the disadvantages they will gladly log-in.

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