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Delivering Clinical Pastoral Education (CPE) Remotely: Educators' Views and Perspectives During the COVID-19 Pandemic and Beyond

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Abstract
Many Clinical Pastoral Education programs pivoted to remote delivery during the COVID-19 pandemic. Our survey explored educators' preparedness, self-efficacy, and views regarding remote Clinical Pastoral Education. Few respondents were either very (14.2%) or not at all (16.5%) prepared. Most were confident facilitating remote learning (69.8%–88.5%), believing remote Clinical Pastoral Education can achieve outcomes equivalent to in-person (59.1%). Six qualitative themes emerged: educator development, educator challenges, remote Clinical Pastoral Education efficacy, remote group dynamics, clinical practice/supervision implications, and benefits and opportunities.

Keywords
Clinical Pastoral Education, COVID-19, remote learning, online learning, spiritual care

Introduction

The COVID-19 pandemic has reshaped the delivery of higher education in the United States (Smalley, 2020). It forced an abrupt shift to remote learning with varying levels of preparedness, resources, and competence among faculty. Reports on faculty perceptions of the sudden transition reflect varying degrees of readiness and concern for the ability to meet the needs of students (Ramlo, 2021; Cutri et al., 2020). Evidence of a digital divide highlighting different degrees of faculty competence

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for a successful pivot as well as adequacy of information technology infrastructure was among the major challenges identified (Govindarajan & Srivastava, 2020; Marinoni et al., 2020).

Health professions education experienced a particularly dramatic shift in methodology because of the COVID-19 pandemic. Content delivery, as well as clinical practice, transitioned from traditional face to face to the use of remote technology. While considerable attention has been devoted to what was lost in health professions education as a result of the pandemic, it has provided an opportunity to reflect on the familiar and to evaluate whether historical methods are optimal to achieve established learning outcomes. While peer collaboration has been integral to problem-based learning, remote delivery has the capacity to make participation more inclusive and enhance student engagement. Increasingly, the teacher became the observer and facilitator of student interaction with a responsibility to create an environment that promoted self-directed learning (Savard et al., 2020, Tsang et al., 2021). Social presence and the establishment of learning communities demonstrated the potential to flourish (Brown & Finn, 2020).

In medicine and counseling, shifting to remote learning saw an increased utilization of instructional methods such as virtual simulation, case-based remote learning, and virtual bedside teaching rounds as well as an increased use of telehealth (Brydes et al., 2020; Diaz & Walsh, 2021; Phillips et al., 2021; Hoffman et al., 2020; Chandra et al., 2020; Keegan & Bannister, 2021). Initial reports on the efficacy of these techniques suggest that students could adequately be assessed on their competencies related to taking a health history, clinical reasoning, documentation, and communication skills (Hannon et al., 2020). At least one comprehensive comparison study between synchronous distance and traditional face-to-face education for health sciences students found no significant difference in effectiveness and higher satisfaction ratings in the former (He et al., 2020).

With the shift to telehealth came the parallel emergence of online supervision, especially within the mental health arena (Augusterfer et al., 2020; Bell et al., 2020; Nadan et al., 2020). Preliminary benefits gained from the shift in supervision include contraction of the power differential in the supervisor–supervisee relationship; more supervisor–supervisee interaction documented in writing; enhanced need for clarity of expectations, structure, and boundaries; and the call for supervisor sensitivity to supervisees' anxiety (Sahebi, 2020; Watters & Northey, 2020). As with in-person supervision, sensitivity to cultural factors as well as trainees feeling supported through a strong alliance with one's supervisor remain essential when it comes to telesupervision (Phillips et al., 2021). Questions arose as to whether competence in face-to-face supervision transferred to the virtual environment (Hames et al., 2020; Watters & Northey, 2020). Findings from a survey of 15 alumni and current doctoral students in one counseling program found that the majority of respondents found telesupervision equal or superior to face-to-face ineffectiveness, strength of relationship, positive attitudes, and staying on task. The majority also indicated they would use telesupervision in the future (Inman et al., 2019).

Before the pandemic, there was little attention given to remote learning modalities in Clinical Pastoral Education (CPE), a foundational training for the certification of health care chaplains (APC, 2017). In one case, Keese (2007) described in detail his supervision of eight Salvation Army students covering four consecutive units of training over a 2-year period in a distance CPE program. While this program was hybrid in nature, offering limited insight into how to manage CPE programs upon the onset of the COVID-19 pandemic, it did demonstrate that creative use of conference calls and emails could complement face-to-face supervision. In 2011, the entire volume of *Reflective Practice* was devoted to distance education and supervision for ministry. Some educators expressed generally positive impressions regarding developing the supervisory relationship (Rutland, 2011; Sartain, 2011). Other contributors highlighted the practical benefits of the virtual classroom for participants unable to meet in traditional face-to-face settings. Hilsman and Zollfrank (2011) provided theoretical bases for conducting distance supervision out of their own learning theories. Each emphasized the need to define a framework for the group built on clear guidelines and expectations. Beach (2011) noted the value of online group dialogue that is written and can be saved for ongoing reflection. A comprehensive review of the literature on remote supervision in CPE resulted in limited findings, suggesting a strong need for further study (Fleenor, 2021).

Regarding spiritual care education in the COVID-19 era, [Szilagyi, Tartaglia et al., 2022] detailed ACPE-certified[1] educators' substantial and sudden shift to remote CPE and the resources they utilized to maintain program delivery during the pandemic. A recent special edition of the *Journal of Pastoral Care & Counseling* included multiple articles based on an international survey on the impact of COVID-19 on professional chaplaincy. Many chaplains surveyed reported feeling unprepared for the considerable disruption to their usual practice. Out of necessity, they found themselves turning to previously unused technologies to maintain contact with patients and families (Vandenhoeck et al., 2021; Snowden, 2021). One article focused on continuing education and training for chaplains, but did not specifically mention CPE. Flynn et al. (2021) recommended organizational response to crisis situations as well as further training to develop skills in using technology to deliver spiritual care. To date, however, there have been no studies to investigate how prepared CPE educators were for this transition, how confident they were to

facilitate remote learning, and how they viewed the effectiveness of remote CPE especially compared to in-person CPE.

This study aimed to explore (a) educators' preparedness to pivot to and self-efficacy for remote CPE, (b) their perceptions on the effectiveness and outcomes of remote CPE, and (c) their views and experiences regarding delivering CPE during the pandemic and implications for the future.

Methods

This study is part of a parent project in which we conducted a cross-sectional, mixed-methods survey of ACPE educators to examine how they provided CPE during the COVID-19 pandemic. The anonymous survey was administered online between December 2020 and January 2021. Study data were collected and managed using the REDCap (Research Electronic Data Capture) electronic data capture tool hosted at Johns Hopkins University. In addition to quantitative data, open-ended questions elicited free-text qualitative responses. Eligibility criteria required individuals to be ACPE Certified Educators, ACPE Associate Certified Educators, or Certified Educator Candidates and to have served as the primary educator responsible for at least one Level 1 or Level 2 CPE unit that was completed or in process between March and August 2020. This time period aligned with initial phase of the COVID-19 pandemic in the United States. The study information and survey link were publicized by emails sent by ACPE to potentially eligible participants, in addition to asking educators and related organizations to share this information. The informed consent process was completed electronically at the beginning of the survey. Survey development and recruitment methods were further detailed in Szilagyi, Tartaglia et al. (2022). The research protocol was reviewed and acknowledged as an exempt study by the Johns Hopkins Medicine Institutional Review Board (IRB00271136).

Educators' Preparedness, Self-Efficacy, and Views on the Outcomes of Remote CPE

Participants rated how prepared they were to make a pivot to remote CPE on a 5-point Likert scale from 1 = Not at all Prepared to 5 = Very Prepared. The next set of items examined educators' self-efficacy to facilitate remote learning in CPE. Participants indicated how confident they are in their ability to do each of the eight tasks effectively, over the next week, with most remote CPE students. These educator tasks were related to the interpersonal processes and learning outcomes typical in CPE units: to create connected learning community, help students identify and articulate group dynamics, help students express and receive empathy, help students use confrontation and critical feedback and manage conflict, facilitate effective communication among persons with diverse cultural and language backgrounds, develop educator relationships and supervisory alliance, help students achieve ACPE objectives, and evaluate students' progress toward ACPE learning outcomes. Respondents rated their confidence on a 1–5 scale where 1 means Not Confident at all and 5 means Completely Confident. The Cronbach's alpha for the self-efficacy instrument's eight items was 0.92.

Furthermore, we ascertained educators' views on the effectiveness of remote CPE to produce learning outcomes that are equivalent to in-person. Participants indicated their level of agreement with statements that students in remote CPE can achieve ACPE Outcomes that are at least equivalent to in-person CPE, in general and in the outcome areas of Pastoral Formation, Pastoral Competence, and Pastoral Reflection. They used a 5-point Likert scale where 1 means Strongly Disagree and 5 means Strongly Agree. The Cronbach's alpha for these four items was 0.95.

Open-Ended Questions

To generate qualitative data, the survey included two open-ended questions that participants were asked to answer in their own words: "What else would you like to share from your experience about the impact of COVID-19 on how CPE is delivered?" "What is something from the COVID-related changes that you would like to see continue in CPE post pandemic?" These questions aimed to elicit substantial free-text responses to further explore educators' experiences and views and contextualize the quantitative responses.

Statistical Analysis

Basic descriptive statistics were generated to describe the participant characteristics and general survey responses. Correlation analyses were performed to identify associations among the three main variables of preparedness, self-efficacy, and outcome equivalency along with the demographic variable of age, using Spearman's correlation analyses due to the non-normal data distributions. Analyses were performed using SAS v9.4 (SAS Institute, Cary, NC, USA).

Qualitative Analysis

The free-text responses to both open-ended questions were analyzed using thematic analysis supported by NVivo qualitative data analysis software. Three team members independently familiarized themselves with the data and generated preliminary codes (Braun & Clarke, 2006). Subsequently, the entire research team discussed adjustments and modifications to the code tree and coding strategy and the first author developed a detailed code book, including criteria for including or excluding text within a code. Then, two subteams coded free-text responses searching for patterns of

Table 1. Participant characteristics (n = 210).

Age, mean (SD) range	55.3 (10.9); 31–77
Gender, N (%) [a]	
Female	131 (63.0)
Male	68 (32.7)
Nonbinary/third gender	2 (1.0)
Prefer to self-describe	3 (1.4)
Prefer not to say	4 (1.9)
Hispanic, N (%)	6 (2.9)
Race, N (%) [a]	
American Indian or Alaskan Native	3 (1.4)
Asian	7 (3.4)
Black or African American	21 (10.1)
Native Hawaiian or Other Pacific Islander	0 (0)
White	154 (74.0)
More than one race	9 (4.3)
Other, prefer to self-describe	5 (2.4)
Prefer not to say	9 (4.3)
Level of ACPE Certification, N (%)	
ACPE Certified Educator	193 (91.9)
ACPE Associate Certified Educator	4 (1.9)
Certified Educator Candidate (CEC)	13 (6.2)
Years of Experience, N (%)[a]	
Less than 5 years	39 (18.7)
5–10 years	48 (23.0)
11–20 years	63 (30.1)
More than 20 years	48 (23.0)
Certified Educator Candidate (CEC)	11 (5.3)

[a]Missing data is less than 1% of the total sample.

meaning and identifying potential themes. Three team members finalized themes, resolved discrepancies through consensus, and identified exemplary quotes.

Results

Participant Characteristics

Our sample (n = 210) was composed of 193 ACPE Certified Educators, 4 ACPE Associate Certified Educators, and 13 Certified Educator Candidates. We calculated a 55.3% response rate based on CPE unit registration data for ACPE Certified Educators and ACPE Associate Certified Educators (the same data were not available for the Certified Educator Candidates category). The mean participant age was 55.3 (SD = 10.9) years. The majority of the sample was female (63.0%) and White (74.0%), with Black or African American representing the next-largest racial category (10.1%). A large majority of the participants were certified educators (91.9%). Respondents had a wide range of length of experience since first becoming certified as an ACPE Associate Certified Educator, including 23.0% > 20 years, 30.1% 11–20 years, 23.0% 5–10 years, and 18.7% < 5 years (Table 1). Participants most frequently indicated their CPE center types as Academic Medical Center (47.1%), General Hospital (43.8%), and Level I Trauma Center (28.6%), using a select-all-that-apply list of 20 descriptors drawn from the online ACPE center directory.

Quantitative Results

Preparedness to Pivot. Among those who indicated having to pivot to remote CPE due to COVID-19 (n = 176), there was a large degree of variability in how prepared respondents felt (Figure 1). Few felt either not at all prepared or very prepared, and at similar proportions (16.5% and 14.2%, respectively). Nearly half (46.0%) felt somewhat or moderately prepared to shift to remote delivery, while 23.3% felt slightly prepared.

Self-Efficacy to Facilitate Remote Learning in CPE. Overall, respondents reflected fairly high levels of self-efficacy to perform a variety of specific tasks effectively to facilitate remote learning for CPE students. It is also noteworthy that only three tasks had responses with the lowest confidence rating and only by a small percent of responses (0.5%–1.5% per item). Figure 2 shows that participants reported the highest self-efficacy for developing educator–student relationships and supervisory alliance with students, with 88.5% highly confident (rating 4 or 5 on a 1–5 scale where 1 meant Not at all Confident and 5 Completely Confident). It was followed by participants rating themselves highly confident to help students achieve ACPE Objectives and Outcomes (87.1%), express and receive empathy from each other and the educator (86%), and to evaluate students' progress toward ACPE Learning Outcomes (85.4%).

Substantial self-efficacy was reported even for tasks with the lowest confidence rating: 69.8% of respondents indicated high confidence in helping students use confrontation and critical feedback, and manage conflict effectively, 72.8% facilitating effective communication among persons with diverse cultural and language backgrounds, and 75.4% helping students identify and articulate interpersonal group dynamics.

Effectiveness of Remote CPE to Produce Learning Outcomes Equivalent to In-Person. Educators reported moderately strong endorsement that students in remote CPE can achieve learning outcomes that are at least equivalent to in-person CPE. The majority of participants (59.1%) strongly agreed or agreed that students in remote CPE can achieve the same general ACPE outcomes as with in-person CPE, while 19.7% disagreed or strongly disagreed. Respondents' opinions varied, although not widely, based on the types of ACPE learning outcomes (Figure 3). They indicated a higher level of agreement for Pastoral Reflection outcomes with 64.9% strongly agreeing or agreeing that remote CPE can yield outcomes that are at least equivalent to in-person CPE, while a lower level of agreement was reported for Pastoral Competence outcomes with 56.7% strongly agreeing or agreeing.

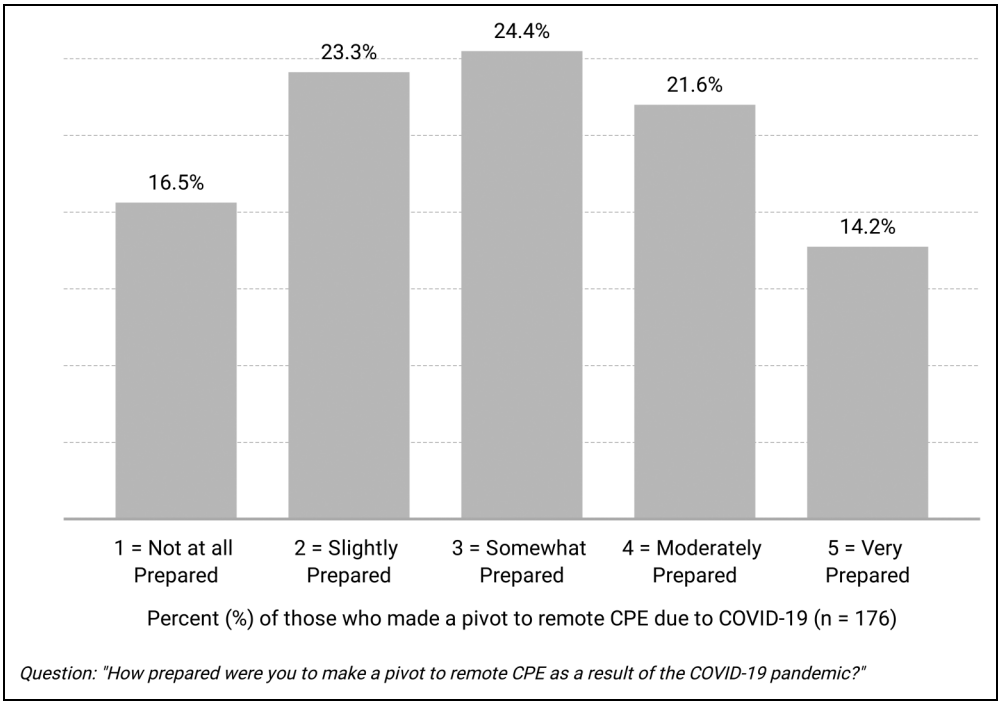

Figure 1. Prepared to Make a Pivot to Remote Clinical Pastoral Education (CPE).

Correlation Analysis. We examined relationships among key study variables of preparedness, self-efficacy, and views on outcome equivalence and the demographic variable of age using Spearman's correlation test (Table 2). Participants' overall self-efficacy to facilitate remote CPE had a moderate to strong correlation with agreeing that remote produces equivalent outcomes to in-person CPE (Spearman's coefficient [rho] = 0.54, $p \leq .0001$) and a weak association with feeling prepared for the shift to remote (rho = 0.20, $p = .0081$). Age showed a weak inverse correlation with an agreement that remote and in-person CPE outcomes are equivalent (rho = −0.17, $p = .0158$).

Qualitative Themes

The majority of respondents answered the free-text questions, with 113 (53.8%) participants responding to the first question and 126 (60.0%) to the second one. Textual responses to open-ended questions were rich and varied. The comments reflected a broad spectrum of opinions as well as nuanced and sometimes mixed sentiments about remote CPE among the educator participants. Six broad themes emerged from educators' descriptions of their views and experiences related to delivering CPE remotely during the early stages of the COVID-19 pandemic: (a) educator development, (b) challenges encountered by educators, (c) efficacy and utility of remote CPE, (d) interpersonal and group dynamics in remote CPE, (e) remote clinical practice and supervision, and (f) benefits and opportunities of remote CPE. Key statements from respondents, along with participant ID numbers in parentheses, are included in our description to illustrate themes. Additionally, Table 3 outlines all themes and sub-themes with multiple quotes from participants to exemplify them.

Educator Development. Educators described considerable professional development as they adjusted to delivering CPE under COVID-19 conditions. Participants' comments repeatedly expressed their developing confidence and competence using remote learning modalities and tools: "My competence and confidence in offering CPE on zoom have increased significantly. I trust myself more" (P140). Another recurring experience was participants' innovation and adaptation to changing educational needs to maintain program delivery and quality. A participant wrote:

> "Creativity within virtual learning as well as in social and spiritual group growth can be vital in the future of virtual learning. We found ways to pray, sing (hilariously, admittedly), play, have a baby shower, have our closing rituals, have our unit retreat days, and be creative with the chat box, reactions, and polls to keep group process fresh, yet retain boundaries for etiquette and group norms." (P39)

Respondents also expressed a desire to see educators' learning and innovation continue beyond the pandemic: "Innovation has emerged from this Covid experience. I'd like to see this continue" (P74). Moreover, respondents

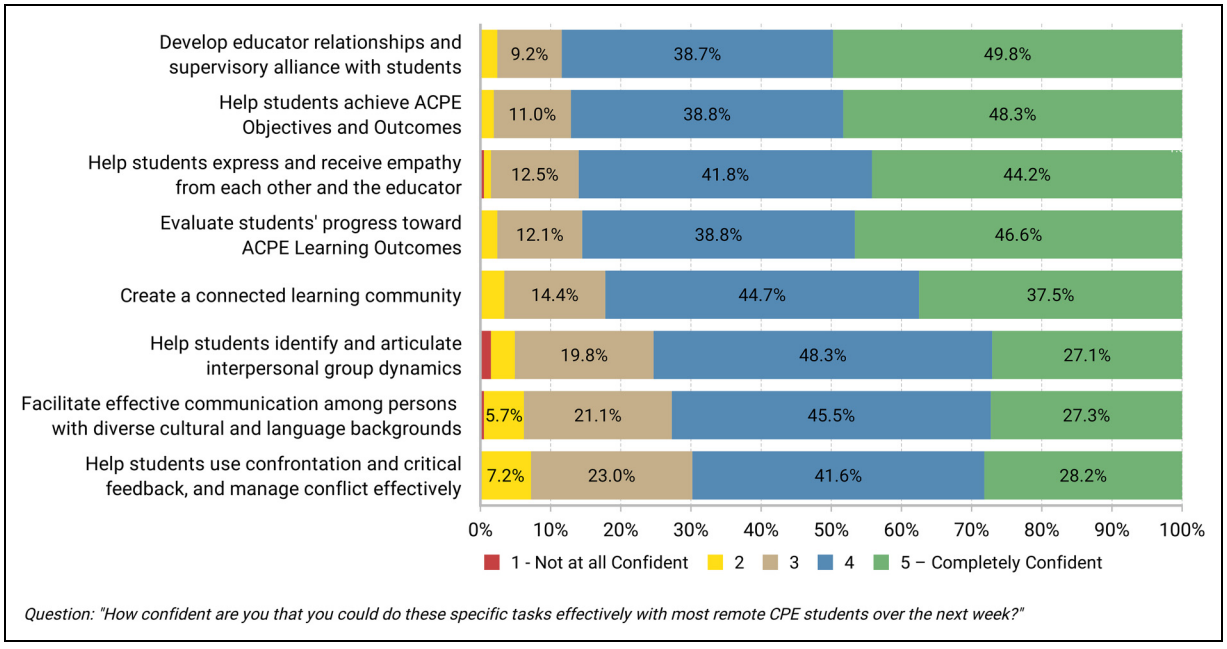

Figure 2. Self-Efficacy to Facilitate Remote Learning in Clinical Pastoral Education (CPE).

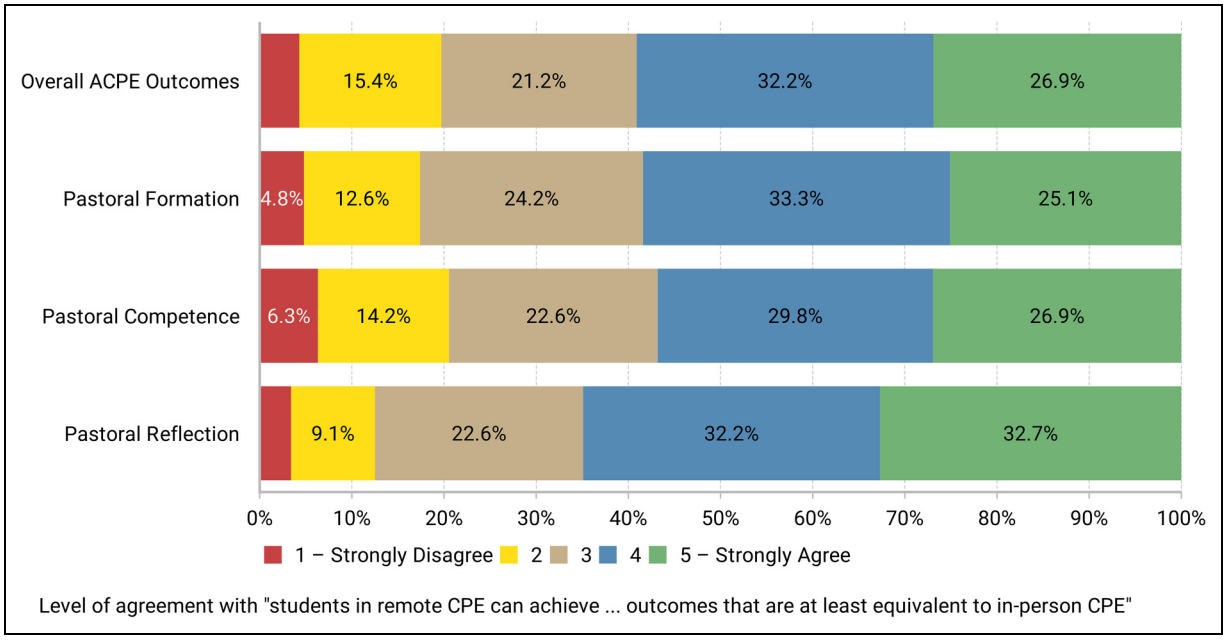

Figure 3. Effectiveness of Remote Clinical Pastoral Education (CPE) to Produce Learning Outcomes Equivalent to In-Person.

noted that the stresses from the pandemic and remote delivery provided the opportunity to experience learning and facilitate learning in the here-and-now. That is, the stresses of the present situation became part of the curriculum: "the thing we most need to learn is the thing that is right in front of us" (P117). In this theme, the overarching sense was that educators found opportunities amid the pandemic to develop their confidence and skills in delivering CPE in new ways and creatively engaging learning in the here and now.

Challenges Encountered by Educators. Responses reflected substantial challenges educators faced. Concerns were expressed regarding program disruptions such as canceled

Table 2. Spearman's correlation coefficients.

Variables	1	2	3	4
1. Preparedness	—			
2. Self-efficacy (overall)	0.20**	—		
3. Outcome equivalency (overall)	0.35	0.54***	—	
4. Age	0.07	−0.07	−0.17*	—

Note: * $p \leq .05$. ** $p \leq .01$. *** $p \leq .0001$.

CPE units and challenges with student access to patients and student recruitment and retention. After describing multiple disruptions, one participant summarized, "It was hard to know what to do … We were building the plane while flying" (P58). Several other challenges were identified stemming from the lack of adequate technological resources and equipment as well as getting everyone on board using them: "Technology has not been as reliable as I had hoped" (P74); and "We discovered that remote CAN work well if students have a basic familiarity with technology and the resources to access it—without those two elements, it is close to impossible. We had both experiences" (P116).

Educators experienced a heightened need and responsibility to advocate for educational resources, students' clinical access to patients, and the crucial role of chaplaincy with their administration: "We need to do a better job of communicating with agency administration" (P44). Some reported success with securing such support: "It has made a huge difference to have support from our hospital administration" (P42).

Finally, respondents suffered the emotional toll and fatigue from delivering CPE during the pandemic. Many found the shift to remote delivery draining, discouraging, frustrating, and anxiety-producing: "This has been the most difficult time in my career as a CPE Educator, without a doubt" (P198). A common view was that online sessions required much more energy and fatigued educators: "Zoom fatigue is real" (P24); and, "Having CPE online calls for greater energy" (P165). This theme reflected a range of common challenges voiced by participants as they provided CPE during the pandemic.

Efficacy and Utility of Remote CPE. A variety of perspectives were expressed about the efficacy and utility of remote CPE, ranging from highly critical to strongly positive. Some educators felt that, while better than nothing, the remote modality was not suitable for CPE and could not substitute in-person learning effectively: "NOTHING can replace the in-person experience" (P7); and "I do not think that remote learning is suitable for CPE" (P172). Others shared the sentiment more widely that remote learning worked well enough, since "virtual learning can and does happen" (P60). However, these participants still clearly preferred face-to-face modalities overall, viewing in-person as more effective and "more personal" (P60). "Remote learning is challenging, but can be done. … Groups can learn and grow together, but I still believe in-person CPE is more effective" (P24).

Responses more commonly expressed perspectives that shifted from skeptical or negative to positive attitudes toward remote CPE. Educators repeatedly described that their views changed based on their experiences and moved toward realizing the effectiveness of remote CPE, which was "different, and still good" (P132). "I never imagined I would be doing remote learning in CPE and was very biased against it. I have learned that it actually works pretty well" (P31). Furthermore, other participants expressed and even exclaimed their surprise at the positives:

> "When I voiced my skepticism early on about the relationality, one of my students said, 'You will be surprised.' I was! Completely! We had a wonderful, powerful, emotionally connective and deeply educational experience all the way around. It was probably the best summer unit I've [had] in 10 years. It was awesome!" (P81)

Overall, the most widespread view was a sense of appreciation of the value and benefits of remote learning in CPE, which was not without hesitation, ambivalence, or recognizing its challenges and limitations.

Interpersonal and Group Dynamics in Remote CPE. Participants often commented about the quality and nature of interpersonal and group processes in remote CPE, which is core to the CPE learning experience. Educator opinions varied widely as to whether remote modalities worked well or were detrimental to group dynamics. Some educators found remote group sessions, such as interpersonal relations groups (IPR), were effective, even surprisingly so, to develop connection, intimacy, empathy, appropriate use of challenge and feedback, and in-depth interactions among students. "I have been surprised at the level of intimacy an entirely online group has been able to establish" (P23). "Students learned to connect, learn and challenge each other despite the virtual learning modality" (P172).

However, other respondents commonly voiced challenges for student engagement and learning and for the ability of the educator to assess students and intervene. These concerns entailed difficulties with limited relationality, engaging, and assessing group-related learning outcomes, developing group cohesion, tracking group dynamics, and reading body language. "Learning interpersonal dynamics is particularly challenging over remote learning. Students report not being able to sense dynamics over the internet, much less articulating them. I've also noticed that the interpersonal delay in communication online keeps the depth of reflection on a shallower level" (P105).

Furthermore, perspectives emerged specifically on how technology impacted interactions in virtual classrooms,

Table 3. Themes and exemplary quotes from free-text responses.

Themes and sub-themes	Exemplary quotes
Educator Development	
Developing competence and confidence "***My competence and confidence in offering CPE on zoom have increased significantly. I trust myself more.***"(P140)	The pandemic quickens my process of virtual supervision. The context offers me a realistic challenge to which I confront and overcome. My competence and confidence in offering CPE on zoom have increased significantly. I trust myself more. (P140) I have learned a lot about being more effective with on-line learning and it has strengthened my capacity to offer learning more consistently through the use of on-line formats. (P93) I professionally learned quite a bit in terms of virtual learning. I enjoyed this new way of learning as time is more focused. (P101) I've grown more confident in utilizing remote learning and plan to develop more remote elements as resources allow in order to expand our program's reach within our larger hospital system. (P163) It has provided many educators with confidence, insight and experience in virtual provision of education and allow for expansion of their programs; this will greatly benefit the numbers of persons seeking CPE training. (P39)
Innovation "***Innovation has emerged from this Covid experience. I'd like to see this continue.***" (P74)	Creativity within virtual learning as well as in social and spiritual group growth can be vital in the future of virtual learning. We found ways to pray, sing (hilariously, admittedly), play, have a baby shower, have our closing rituals, have our unit retreat days, and be creative with the chat box, reactions, and polls to keep group process fresh, yet retain boundaries for etiquette and group norms. This was with one group that already knew each other as COVID began, as well as with a summer group who never met each other in person. It is fascinating learning and growth. (P39) I think there are opportunities here to explore ways of doing CPE in various settings, mixing on-line with in person and using simulation. COVID blessed me with making me think outside of my box. I'm not sure all that I will keep, but I won't go back to the ways things used to be. (P47) We utilized Standardized Patients [(SP)] in our program. We are working on trialing remote SP learning with one scenario of a family meeting. We also invite our students to listen to incident command/daily briefings to be aware of larger systems issues within our institution, which has given them a much bigger perspective on how the entire system functions and appreciation for the bigger picture (P58) Moving instructional learning to synchronous and asynchronous remote platforms forced me to re-think my tried-and-true ways of teaching and to be intentional about goals, methods, and activities. (P117) Bringing creativity, thinking outside the box and not being confined to a traditional one way of doing things. (P184)
Learning in the here-and-now "***The thing we most need to learn is the thing that is right in front of us***" (P117)	The most important thing I have learned from teaching CPE during the pandemic is that the thing we most need to learn is the thing that is right in front of us. For example, when verbatims and IPR [interpersonal relations group seminars] moved to Zoom, students sometimes complained about feeling disconnected from each other. For me as an educator, those feelings of disconnection then become the focus of the group's work together. At the end of the day, I think this is pretty similar to how in-person groups might also process and work through disconnection, disappointment, etc. in order to ultimately deepen their connectivity. (P117) There is something to be learned in any experience through

(continued)

Table 3. Continued.

Themes and sub-themes	Exemplary quotes
	reflection and that has not changed. I wonder what is getting lost in the shuffle to keep abreast of Covid-19 related changes. We are learning about the pain that does not, has not, stopped. (P55) Shows CPE trains chaplains in the here and now preparing them for the Covid-19 situations they will face in chaplaincy employment. (P166) Once again, I believe the Educator as Curriculum has proven itself the most valuable resource. (P70)
Challenges Encountered by Educators	
Program disruptions "***It was hard to know what to do … We were building the plane while flying.***" (P58)	It was hard to know what to do as we were completing 2 extended units mid-April with 12 learners. We realized we needed to quickly shift mid-March to remote classwork, 9 of the learners stopped coming in and we were not geared up for remote calls, however all had sufficient clinical hours and graduated. We were unclear if we would be allowed to have an in-person summer unit, but we are deemed essential workers and permission was granted only to have 4 of the accepted students withdraw, was able to recruit another to have 4. Classroom space was an issue to appropriately physically distance. We were building the plane while flying. (P58) We canceled the first unit in March. Began a second [extended] unit in July that met in person, with masks in a large auditorium with 6 ft distancing. Students were not assigned on-call or to the ED or COVID pts. (P63) We were required to have interns not visit any COVID patients, and initially decided to move to remote learning, tele-chaplaincy in March-June as the PPE shortage existed and lots was changing in our hospital protocols. We also canceled our summer CPE unit as a result, particularly after two interns withdrew. (P42) Our institution restricted interns from on-site clinical practice and we did not have the tele-chaplaincy capacities via EMR to assist with those kinds of visits. We also did not have enough iPad/tech for every student to engage in Zoom visits. We relied solely on phones. (P71)
Technology challenges "***Technology has not been as reliable as I had hoped.***" (P74)	Technical difficulties – in spite of high-level resources – often get in the way. (P105) We discovered that remote CAN work well if students have a basic familiarity with technology and the resources to access it - without those two elements, it is close to impossible. We had both experiences. (P116) The quality of the delivery systems, internet connections and equipment, are key to making connections with people and resources. (P57) The challenges have largely been logistics – camera and computer equipment, office space for social distancing, etc. (P2) At the beginning, I did not have the tools I needed. … In addition, I still don't have all the supplies I need. I'm using my own laptop at work in order to make it work. I also had to bring in other pieces of my own technology. (P45)
Advocacy with administration "***We need to do a better job of communicating with agency administration***" (P44)	We need to do a better job of communicating with agency administration about the crucial role of chaplains in the midst of the health care crisis. (P44) Due to negotiation with my administration our CPE Residents were able to continue seeing most patients and working with others, including families, through Zoom or Facetime. (P115) It has made a huge difference to have support from our hospital administration so that I could make decisions about in person vs

(continued)

Table 3. Continued.

Themes and sub-themes	Exemplary quotes
	remote learning and provision of spiritual care. … It has been very helpful to dialogue with colleagues in medical education and nursing education, and advocate that our CPE residents and interns be treated similarly to their peers in these professions. (P42)
Emotional toll and fatigue "***This has been the most difficult time in my career as a CPE Educator, without a doubt.***" (P198)	It has created anxiety and has taken longer to get basic tasks completed. (P96) [The] group experienced grief from not being able to be together. (P24) I have NO sense that ACPE takes seriously the toll that fully synchronous online learning has physically, mentally, emotionally, and spiritually on us. (P11) Delivering remote CPE learning for the supervisor is much more tiring and draining than delivering the CPE process in person. (P166) Having CPE online calls for greater energy. I found the ONLINE sessions tiring. (P165) Zoom fatigue is real. (P24)
Efficacy and Utility of Remote CPE	
Better than nothing, but not suitable for CPE "***NOTHING can replace the in-person experience***" (P7)	Personally, I do not think that remote learning is suitable for CPE. It was extremely difficult to be emotionally present virtually as much of what we do is based on the premise of a ministry of presence, of being with each other and learn from our thoughts and emotions in community. … If anything, [we need] to continue holding the value of what CPE offers as a communal environment where learning happens through our bodies and souls present in a room, learning, struggling and thriving in person. (P172) But when it comes to the traditional experiential ACPE education, NOTHING can replace the in-person experience. There is no amount of technology that will ever be able to replace the human contact. (P7) This [has] been an extremely challenging time to do CPE education. While I feel the education that the students received was adequate, many of the nuances of spiritual care and relational work are difficult to convey virtually. As soon as it is safe to do so, I will return to in-person education. (P182) In-person instruction is far superior to remote learning. (P44)
Can be done, but not as effective as in-person "***Remote learning is challenging, but can be done. … Groups can learn and grow together, but I still believe in-person CPE is more effective.***" (P24)	I have actually developed a respect for on-line CPE, though I still prefer face-to-face. I now believe it can be done, but it will be different. (P110) In person is better and more personal, but virtual learning can and does happen, and relationships do work. (P60) My opinion is that in-person training is more effective, but it has shown me that remote CPE can be efficacious when needed. (P96) Although my students received good CPE education, I prefer in person learning. (P181) I still strongly support and believe that in-person (at least some) is much more effective to relationship development and supports the uniqueness of our learning model. (P93) It's a close second but will not replace the need for in-person human interaction and connection. (P101) While I was glad we had the necessary resources to make the pivot, I don't think the learning – especially interpersonal learning – is as rich as with in-person CPE. (P53) I believe that virtual CPE is valuable and has significant potential, while I do not think it is the same as in person education (therefore

(continued)

Table 3. Continued.

Themes and sub-themes	Exemplary quotes
	rating lower on equivalency questions above) I don't think it is an all or nothing comparison. (P42)
Positive perspective shifts "***I … changed my perspective about on-line CPE.***" (P47)	When accreditation began the discussion about remote learning and the need for guidelines/standards, I am embarrassed to admit that I was less than enthusiastic about those discussions. What I learned from my experiences over the past months is that necessity is the mother of invention, and we could be nimble and creative and still have a good CPE experience. Different, and still good. (P132) I never imagined I would be doing remote learning in CPE and was very biased against it. I have learned that it actually works pretty well. (P31) I have learned a great deal and changed my perspective about on-line CPE. I think there are ways to continue to grow and develop the practice. (P47) Overcoming my dependence on person-to-person contact was a struggle. I learned I could develop community & close relationships via virtual connections, but it doesn't fully replace the value of in-person connection. (P36)
Surprisingly effective "***I was surprised at the positives that emerged***" (P76)	When I voiced my skepticism early on about the relationality, one of my students said, "You will be surprised." I was! Completely! We had a wonderful, powerful, emotionally connective and deeply educational experience all the way around. It was probably the best summer unit I've [had] in 10 years. It was awesome! (P81) Overall, the pivot to Zoom and virtual class was fine. I was surprised at the positives that emerged- e.g. seeing faces, more reflective time, engagement through writing (P76) While it takes longer, in the virtual environment, for group members to build trust and connection, it has been surprising to see how effectively group members can work together as a learning cohort. (P29) I was very skeptical that self-awareness can be taught via Zoom, but forced to change to this format, I was surprised how easily it went. The resonance groups in preparation were very helpful. (P102) I have been surprised at the level of intimacy an entirely online group has been able to establish. While I think in-person is better for CPE, I am no longer as skeptical as I was before Covid. (P23)
Interpersonal and Group Dynamics in Remote CPE	
Interpersonal relations were effective "***I have been surprised at the level of intimacy an entirely online group has been able to establish.***" (P23)	Group cohesion is harder to build, but not impossible. Overall, I have been pleased by what is possible. (P2) Over time the groups learn how to relate in IPR more effectively with more empathy. (P20) On a positive note, students learned to connect, learn and challenge each other despite the virtual learning modality. (P172) CPE for the students in my group was more critical during the pandemic, so it was good that we could shift to remote learning. They were dealing with unexpected challenges and made good use of the peer group and ISC for feedback and processing. (P30) Some students share more deeply online. (P130)
Group dynamics were challenging "***Learning interpersonal dynamics is particularly challenging over remote learning.***" (P105)	Learning interpersonal dynamics is particularly challenging over remote learning. Students report not being able to sense dynamics over the internet, much less articulating them. I've also noticed that the interpersonal delay in communication online keeps the depth of reflection on a shallower level. (P105) Outcomes regarding group dynamics and interpersonal relations will be difficult to effectively engage/assess. (P90)

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Table 3. Continued.

Themes and sub-themes	Exemplary quotes
	While it was a helpful option, in person learning is still the best option to me. Body language is hard to read online. (P141)
	I did not like doing IPR via zoom; I found it difficult to track group dynamics and for students to engage. (P97)
	Student feedback says that some things like comradery or bonding is lost remotely. (P169)
	The nature of IPR has changed and suffered the most. (153)
	The pandemic helped me think outside the box and come up with alternatives to in-person. Although, this experience confirmed for me the importance of in-person, embodied group experience and its importance to the group process/cohesion. (P205)
Technology impacted interactions "***Easy to 'hide' behind a computer screen"*** (P7) ***"One advantage is that we can see each other's faces (without masks) and I can see my own face"*** (P31)	While I can see the students on screen, it is easy for them to be distracted by other things on their computers. I know that I got distracted by work emails popping into my inbox. If I was distracted, I know they were as well. When students were at home, pets/ other people often created on screen distractions. (P170)
	It is very easy to "hide" behind a computer screen. Also, students get extremely good a multi-tasking without getting "caught" (or at least they think so!). (P7)
	I noticed that the second language speakers had the most trouble understanding and communicating via Zoom without having the person right in front of them with whole body cues which help to communicate better. (P68)
	In group, I was more hesitant as a supervisor to move into conflictual areas, as feared students could turn off camera or leave a session much more easily than if we were face-to-face. Also, had to use much more intentional efforts to have individual follow-up when there was a conflict or need to challenge a student about their practice of spiritual care. … The use of Zoom for group worked relatively well; I could see all faces in the "gallery view," and that helped me track facial non-verbal expressions and behavior. (P119)
	One advantage is that we can see each other's faces (without masks) and I can see my own face and how I appear to my students. A disadvantage is that there is little felt sense of the energy that is present when we are in the same room. (P31)
Remote Clinical Practice and Supervision	
Challenges with supervising students' clinical practice "***I felt less able to monitor and manage my students' clinical work.***" (P119)	I felt less able to monitor and manage my students' clinical work. I could help them with their own reflection on the work they reported, but was not able to do joint visits, or see their work habits on the scene. Felt much less accountability from some students; could trust others to report their engagement, number of visits, and self-reflection well. (P119)
	With the continuation of the prevalence of the COVID-19 virus I have not been allowed to make site visits to the students at their clinical sites since March. … COVID impacted the restriction on me visiting students at their clinical site and making the rounds I usually do/did with them. (P139)
	I am less confident that CPE programs in which the clinical work is conducted at a site where I can't be present in person are as effective as in-person programs. (P117)
	Likewise, the clinical practice is not as effective when done remotely. A student placed at a remote facility with a preceptor will never get the fullness of the experience of those who are placed at the same physical facility where the ACPE educator is and/or professional staff chaplains. The latter offers a much higher quality

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Table 3. Continued.

Themes and sub-themes	Exemplary quotes
	of supervision that can be timelier when students run into something and need immediate professional coaching/mentoring/ supervision. (P7)
Telechaplaincy less effective for student learning "***The most challenging remote learning is the telechaplaincy model for clinical visiting.***" (P147)	While the change to remote learning was better than ending the program, the clinical experience cannot be replaced by tele-chaplaincy without some extensive training of CE [Certified Educators] and students. (P144) This was a very difficult task as we removed the residents physically from the hospital (trauma center) and due to not being a CPE center, but a satellite. Residents struggled to offer spiritual care through tele-chaplaincy. (P172) The most challenging remote learning is the telechaplaincy model for clinical visiting. It is more challenging in a long-term care setting where some residents are challenged by sight or hearing loss. (P147) Visual is very important; when someone is unable to use a camera, just using a phone connection lessens the strength of potential connection. (P32) Bedside care in flesh is by far the most stimulating context for learning!! (P112)
Embracing telechaplaincy "***Virtual visitation will become the norm for the delivery of spiritual care.***" (P202)	I think preparing students for staff care and telechaplaincy as significant parts of the care they provide will also be important. (P42) Training in telechaplaincy is also very valuable, and could allow for spiritual care to reach isolated persons that would usually not receive chaplain care. (P29) We are developing some useful telechaplaincy skills that could be very beneficial as our healthcare system continues its focus on population health. (P31) I would like to see some remote patient/family care continue, and continuation of learning about how to listen and respond without the visual cues that usually come with in person spiritual care. (P28) Continue telechaplaincy via phone/zoom for patient families particularly those who for social or economic reasons are unable to come consistently to the hospital to visit their loved ones. (P103) Continued integration and development of telephone use. Some patients seemed more comfortable with this kind of care than in-person. (P167)
Benefits and Opportunities of Remote CPE	
Increased flexibility "***The ability to be nimble and flexible while maintaining curricular integrity***" (P132)	I've found the ability to move from in person to remote and back again most helpful. Remote learning has broadened the ability to find diverse voices in our program and practice. In many ways it has become more convenient. (P51) Allowed for flexibility during a very challenging time. Allowed for connection during safer at home orders. (P14) The flexibility/ freedom to use a variety of methods in delivering CPE. (P170) Being able to meet for IS [individual supervision] remotely. Pre-Covid, scheduling was a nightmare because of travel between campuses or buildings in my system. Now I can schedule IS and do it from where ever I am. (P151) The significant advantage of synchronous remote learning was the reduction in travel time, the ability to connect across geographical distance, and the ability to use web resources from across the nation (and world). (P119) Our Residents now go "remote" for work after an overnight

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Table 3. Continued.

Themes and sub-themes	Exemplary quotes
	on-call--this is better for their rest/recuperation. CPE learning day on Wednesdays, all day protected instead of half clinical. They are deeper into processing and owning/integrating their learning. (P208)
	I appreciate very much that access to Skype and Zoom allowed for my students to stay engaged in the CPE unit as they recovered from COVID. Without those tools, they would have had to resign from the unit because of the quarantine restrictions. (P185)
	Flexibility to have some classes remotely and some supervisory sessions remotely. (P97)
Fostering professional connections "***I enjoyed the ACPE wide networking, learning and peer support throughout the pandemic. I felt we grew closer across the miles.***" (P68)	Such a wealth of ACPE colleagues across the nation. Can access better now for CoP [Community of Practice] check ins, and to welcome as guest presenters. (P128)
	Support/community building phone calls that help Educators diminish isolation and increase relational connection. This has happened in CoP groups and through [initiative of ACPE personnel]. We must maintain a sense of connection and community. (P8)
	I gained the most from talking with colleagues about the variety of ways they are doing remote learning and would love to see more "best practices" featured thru ACPE news or other mediums perhaps. (P10)
	Having the ability to have guest presenters from all over the US and the world come into our remote classroom. Also, planning mid-year consultation meetings for students on Zoom with guest educators from around the country. (10) [Continue the] ability to consult with peers virtually. (P73)
	Contact with the wider ACPE family to continue. (P165)
Continue remote CPE modalities "***I will likely always use some tools of remote learning in future CPE groups***" (P185)	We will definitely continue to use virtual learning platforms. While the pivot was challenging, we have experienced many benefits and few downsides. It also allows more students to be involved. (P29)
	I will continue to use web-based videoconferencing to connect CPE students with didactic speakers and leaders for spiritual reflection seminars, in particular. Reaching beyond the limits of physical space and geography can open so many resources for learning. I also hope to be able to use videoconferencing and other web-based tools for connecting to new CoPs now that I am an Associate CE. (P188)
	[Continue] some virtual sessions, continue reflective asynchronous work, written work for those who are not real time processors. (P76)
	[Continue] distance learning and full commitment to teaching students how to utilize EVERY modality of learning. (P78)
	[Continue] online forum sharing; training in telehealth and virtual spiritual care. (P171)
Expanding access to CPE "***There is great potential to get CPE into areas that were previously underserved.***" (P152)	My sense is that we could greatly increase the availability of CPE to remote places in the nation if not the world where we do develop a more standardized way of providing CPE training to others, particularly, making CPE more user-friendly in terms of clinical placements at multiple sites vs one hospital or hospice. (P91)
	It serves as a successful experiment that we can offer quality CPE units on zoom; expanding the scope of CPE and providing CPE learning opportunities for more applicants without geographical limits. (P140)
	I would like to see remote learning used to recruit and train students from underserved pools of students, especially local

(continued)

Table 3. Continued.

Themes and sub-themes	Exemplary quotes
	pastors who cannot come to a centralized location for CPE. (P177) I was able to include students in other states or cities who would not have had access to CPE because of where they live. (P145) [Continue] the accessibility virtual learning (both clinical and otherwise) offered to students who might not be able to participate in CPE. (P19) Remote distance works from the educational side of things. There is great potential to get CPE into areas that were previously underserved. BUT better methods and resources to create and maintain clinical site placements is something we need to work on. More support needed there. (P152)
Support for remote learning in a changing marketplace "***Permission to continue using remote learning as a valid approach to the provision of CPE"*** (P46) ***"CPE online education is possible as long as we have strong standards that keep educators and students accountable to high quality education"*** (P196)	I believe that CPE online education is possible as long as we have strong standards that keep educators and students accountable to high quality education and educators are well trained and capable to use LMS [learning management systems] and other online tools. (P196) If anything, the pandemic has pushed all of us in ACPE to pay attention to what our competitors have been doing before Covid. Everybody out there and their cousins have been offering other types of unaccredited CPE products online for quite some time. This is, perhaps, an opportunity for all of us in ACPE to get into that market and reclaim our customers! (P7) I would like to see strategic leadership from ACPE around how to consider Certified Educator training in a virtual or hybrid format. (P42) I'd love to see a greater sharing of best practices in on-line CPE. I'd also like to consider how we work as colleagues within CPE now that so many programs have an on-line component. Meaning, how do we respect geographical boundaries of centers and students with on-line programs accepting students from across the country? (P178) I would encourage ACPE to acquire licenses to remote learning Platforms as not all ACPE Centers can afford or qualify [for] online platform licenses (P154) It would be great to have specific training on these learning platforms during our ACPE annual conference or available weekly and continuously. (P74)

Note: Participant ID numbers are included in parenthesis after each exemplary quote. When necessary, the word "continue" was included to provide context to quotes that were written in response to the second open-ended question about things participants would like to see continue in Clinical Pastoral Education (CPE) post pandemic.

both positively and negatively: "[It is] easy to 'hide' behind a computer screen" (P7); and, "One advantage is that we can see each other's faces (without masks) and I can see my own face and how I appear to my students" (P31). The use of technology for remote groups was recognized as enabling and perhaps fostering distraction and multitasking. It also contributed to hesitancy to move into conflict, a lower sense of presence and interpersonal energy, and challenges for students for whom English is a second language. Some participants highlighted advantages in addition to the disadvantages, such as the benefit of seeing the gallery of faces and tracking nonverbal cues in a remote classroom. However, benefits were expressed more rarely and respondents were far more likely to report that nonverbal cues are difficult to read online.

Remote Clinical Practice and Supervision. There was a sense among respondents that students' remote clinical practice and supervision were not as beneficial for learning as the face-to-face experience. Respondents were concerned that the pandemic impeded their ability to be physically present with their students, for instance, for joint visits and immediate feedback: "I felt less able to monitor and manage my students' clinical work" (P119). They noted that clinical supervision and mentoring from a distance was a challenge as the quality and timeliness of supervision suffered,

particularly when students were at a location different from their educator's. Many educators felt that virtual clinical practice of spiritual care was less conducive and stimulating for student learning than in-person care: "The most challenging remote learning is the telechaplaincy model for clinical visiting" (P172). "Bedside care in flesh is by far the most stimulating context for learning!!" (P112). A participant underscored that both educators and students need comprehensive training in telechaplaincy for it to work as clinical practice learning, in addition to others remarking that students struggled with practicing spiritual care via telechaplaincy.

Despite these challenges to learning, there was a strong consensus among respondents to embrace telechaplaincy as an integral and valid form of spiritual care: "Virtual visitation will become the norm for the delivery of spiritual care" (P202). Participants highlighted the strong potential of telechaplaincy to reach caregivers not at the bedside, isolated persons, and others who would not typically receive spiritual care and to support population health efforts, not just during but also beyond the pandemic. Therefore, "training in telechaplaincy is also very valuable" (P29) so that care providers can develop competencies to utilize this modality of care effectively.

Benefits and Opportunities of Remote CPE. Although the pivot to remote CPE delivery was a challenge, it was common for educators to identify current and future benefits and opportunities in remote CPE. Participants' resounding opinion was that the increased flexibility of remote CPE delivery was highly valuable and worth continuing beyond the pandemic. There was a strong desire to continue "the ability to be nimble and flexible while maintaining curricular integrity" (P132). Respondents noted that remote instruction offered flexibility in combining learning methods (e.g., online, in-person, synchronous, and asynchronous), including diverse voices of speakers, working from home, and implementing practical solutions for student participation, logistics, cost savings, and scheduling. Moreover, educators expressed appreciation for fostering new and renewed professional connections with colleagues during the pandemic, often using remote means to connect: "I enjoyed the ACPE wide networking, learning and peer support throughout the pandemic. I felt we grew closer across the miles" (P68). Respondents noted that they developed closer relationships and more intentionally supported, networked, consulted, and collaborated with each other from a distance.

A desire to continue integrating certain remote elements in CPE beyond the pandemic was commonly shared among participants: "I will likely always use some tools of remote learning in future CPE groups" (P185). Furthermore, respondents highlighted the benefit of remote modalities to expand CPE offerings and reach persons and places without access to in-person CPE: "There is great potential to get CPE into areas that were previously underserved" (P152). For instance, it was noted that remote CPE makes it possible for pastors and others in rural areas to take CPE. At the same time, respondents raised the need for "better methods and resources to create and maintain clinical site placements" (P152) and "[respecting] geographical boundaries of centers and students with online programs accepting students from across the country" (P178).

Finally, comments underscored that it is crucial for ACPE and the professional community to (a) embrace and support remote CPE: "Permission to continue using remote learning as a valid approach to the provision of CPE" (P46); (b) set high standards for remote CPE: "CPE online education is possible as long as we have strong standards that keep educators and students accountable to high quality education" (P196); and (c) remain responsive and competitive in a changing marketplace of spiritual care education: "This is, perhaps, an opportunity for all of us in ACPE to get into that market and reclaim our customers!" (P7). Multiple respondents also expressed a desire for ACPE to play a role in helping educators and centers acquire licenses to quality online learning management systems (LMSs), especially those who cannot afford a solo license, in addition to ensuring proper training on such LMSs. Overall, participants wanted to continue to embrace flexibility, enhanced connections, integration of remote modalities, and responsiveness to a shifting educational landscape beyond the pandemic.

Discussion

The aim of our study was to explore educators' preparedness, self-efficacy, and views regarding remote CPE. Quantitative results indicated that, while comparatively few educators felt fully prepared to make the pivot to remote delivery of CPE, educators' confidence in their ability to facilitate remote CPE and achieve learning outcomes for their students was generally high. We observed a strong endorsement among participants that students in remote CPE can achieve learning outcomes that are at least equivalent to in-person CPE. Six major themes with multiple supporting sub-themes emerged from the qualitative analysis of free-text responses: educator development; educator challenges; efficacy and utility of remote CPE; interpersonal and group dynamics; remote clinical practice and supervision; and benefits and opportunities of remote CPE. Both quantitative and qualitative study findings highlight the ability of educators to adapt and grow amidst the COVID-19 pandemic. CPE educators adapted to the disruption by learning to utilize new tools and creatively implement new methods of program delivery.

This sudden shift to predominantly remote delivery has the potential for long-term impact on the field of spiritual care education. The "flexibility and freedom" of remote methodology, practical program improvements, and access to a wider range of educational resources were specifically identified as advantages emerging from the pandemic.

Experiencing the efficacy of remote learning not only "surprised" educators but also positively impacted their attitudes toward remote CPE. It has the potential to change the future direction of CPE as educators consider what elements of remote learning to retain post-pandemic. Findings indicate that the use of hybrid methods to deliver CPE has strong support moving forward. Consistent with the shift in higher education faculty's positive perceptions of online education as an effective method of instruction (Fox et al., 2020), many CPE educators have shifted attitudes and committed to new possibilities for future programming and the delivery of virtual spiritual care. These findings reflect the generally positive impressions of the collection of educator voices on distance CPE (Keese, 2007; Rutland, 2011: Sartain, 2011; Nysse, 2011).

The responses to remote CPE were neither universally positive nor without challenges. Consistent with the reports from higher education faculty, quantitative and qualitative results noted the varying degrees of educator readiness and ability to meet the needs of students (Ramlo, 2021; Cutri et al., 2020), as well as the availability of adequate technology resources (Govindarajan & Srivastava, 2020; Marinoni et al., 2020). The findings also parallel those of Adedoyin & Soykan (2020) who identified challenges experienced by educators from the sudden transition including lack of compatibility with remote teaching and learning for some disciplines and insufficiency of adequate technology, as well as readiness of faculty to deliver high-quality remote instruction.

Educators in our study identified interpersonal group processes—a central aspect of the CPE learning model—as most impacted by the pivot to remote delivery. It was more challenging to engage interpersonal dynamics and foster group formation than in face-to-face student groups. Relative to other tasks, participants also reported lower self-efficacy to help students identify and articulate interpersonal group dynamics and help students use confrontation and critical feedback and manage conflict effectively in remote CPE groups. Similar findings were reported by Ramshaw (2011) who identified monitoring of group process as a key challenge in teaching pastoral care online.

These challenges may have influenced the mixed opinions about the efficacy and utility of remote CPE in our study sample. The diversity of qualitative responses ranged from viewing remote CPE as inadequate and not suitable for the CPE learning model to seeing it as a sufficient, effective, and even beneficial modality for CPE. Despite this lack of consensus, respondents highlighted the practical benefits of the virtual methods that allowed students to continue to learn together, deliver spiritual care, and complete program requirements. Our quantitative results showed that the majority of participants believed students in remote CPE can achieve learning outcomes equivalent to in-person units, which reflected a considerably higher proportion than higher-education faculty comparing outcomes of online and in-person courses (Jaschik & Leaderman, 2019). Furthermore, correlations among our key variables may suggest that educators' self-efficacy to skillfully facilitate remote learning may be key to feeling prepared to pivot and viewing remote CPE as equally effective to produce learning outcomes. This warrants further attention to developing educators' competencies and confidence with remote instruction and supervision and examining the interconnections between these factors.

Several educators reported remote students' ability to connect intimately with one another and develop group cohesion successfully. Although a minority opinion, their views were consistent with earlier reports on the efficacy of teaching pastoral care online. Ramshaw (2011) reported that conversational participation among students was equalized and that students had more time to listen and hear one another as well as reflect before responding. McGarrah Sharp and Morris (2014) reported that online delivery provided a new lens to view group dynamics and provided more meaningful and coherent group discussions. Doehring (2018) similarly found that students were more interactive and self-reflective in responses using online discussion boards.

Nysse (2011) found that the virtual classroom created a "power disruption" requiring students to assume more responsibility and thus further promoting adult learning. While it was not a recurring theme, one participant referred to empowering students for participatory decision-making about in-person and virtual elements of CPE. Another spoke of receiving help from students to navigate the early implementation of remote learning. These comments also reflect an equalizing of power dynamics between educator and students.

With students often removed from the clinical setting and prohibited from direct patient and family contact, educators were challenged to find spiritual care opportunities for students. Students had to shift to telechaplaincy for their clinical practice, much as professional chaplains were forced to work remotely, most often utilizing the telephone (Vandenhoeck et al., 2021). This shift to telechaplaincy for training was not unlike the transition to telehealth found in the health professions (Diaz & Walsh, 2021; Hoffman et al., 2020; Keegan & Bannister, 2021; Chandra et al., 2020; Sunavala-Dossabhoy & Spielman, 2022). As such, both educators and students need to develop strong telechaplaincy competencies to utilize this modality for learning. Even though participants viewed telechaplaincy as challenging, even frustrating, and less effective to foster clinical learning for students, educators agreed on the importance of preparing future spiritual care providers for telechaplaincy as a valid and often necessary mode of care delivery.

Educator views critical of remote delivery of CPE included the inability to perform joint visits with students, thus limiting a key component of clinical supervision. ACPE educators may well benefit from what has been found in related disciplines such as clinical psychology on

guidelines to effectively provide remote supervision. Martin et al. (2017) provided such recommendations pre-pandemic including establishment of clear expectations for supervision; training to maximize supervisor and supervisee technical competence; formulation of a plan to manage technical problems and distractions; and maintaining continuity of connection which may include increased availability of the supervisor. In response to the pandemic, Watters & Northey (2020) reinforced the importance of communication and the responsibility of the supervisor to establish and maintain relational connections while providing online supervision. CPE educators would likewise benefit from the findings of studies such as Inman et al. (2019) and Tarlow et al. (2020) who suggested telesupervision to be an acceptable alternative to in-person supervision. ACPE educator Fleenor (2021) has recently initiated an invitation to further the conversation on the perception and efficacy of remote supervision in a comprehensive review of studies that compared technology-assisted supervision to in-person supervision. His overall conclusion from the investigation of these studies, consistent with the findings of He et al. (2020) with health sciences students, was that remote and in-person supervision are similarly effective. Fleenor also noted that the use of hybrid methodology was identified as a student preference, especially in the early phase as the supervisory alliance was developing. While our study did not examine student preferences, a few respondents opined that the face-to-face interaction pre-pandemic established a strong backdrop for the pivot to remote learning.

Congruent with our previous quantitative findings (Szilagyi, Tartaglia et al., 2022), the qualitative data identified consultation from ACPE member Communities of Practice (CoP) as a key resource for educators. Many viewed this as such an important source of support that they planned to maintain newly formed connections with their CoP post-pandemic. This is consistent with the findings of Ulla & Perales (2021) who identified the role of teachers' online CoPs as not only a support group but as learning communities and a place to explore shared solutions to online teaching issues.

Our data parallel the findings and recommendations from a systematic review of remote delivery in higher education (Talib et al., 2021). Common challenges found in both our study and the systematic review included technical difficulties and limited technological literacy as well as student anxiety. Consistent with our findings, peer support was a major factor in coping with the pandemic and transition to remote learning in the academic setting. Recommendations offered by this comprehensive review also apply to the remote delivery of CPE: the need to further investigate the efficacy of remote learning, development of policies and guidelines for distance learning, and the need for ongoing training for students and educators.

Educator comments in our study provided a basis for future recommendations with the potential to benefit CPE as a learning experience and ACPE as an organization. The use of a hybrid delivery format expands educational resources accessible to educators providing more readily available content expertise from outside of one's organization. The flexibility that hybrid delivery provides contributes to convenience and potential efficiencies. It would expand access for potential learners and increase market reach for ACPE. Programs lacking in sufficient technological infrastructure or expertise would benefit from ACPE's leadership in developing resources and educator training to support the ongoing utilization of remote delivery. Accreditation Standards would require additional attention and could benefit from what has been developed in other health care and counseling programs.

This study parallels some of the same findings and recommendations described in publications stemming from the special international project that investigated the impact of the early wave of COVID-19 on health care chaplaincy. As the course of the current pandemic has extended well beyond an immediate crisis, the recommendations of Flynn et al. (2021) regarding the ongoing education of chaplains in technology and advocacy with administration become ever more pressing. Chaplains will need to be taught explicitly how to use technology to deliver care to patients, families, and staff, necessitating increased educator competency in this area. Educators in our study identified the importance of developing shared online resources. They also identified the need to prepare educators for engaging in and teaching professional advocacy. The emphasis on learning advocacy and perhaps even more fundamental the ability to articulate the chaplain role emerged from the findings of the international study on the early impact of COVID-19 on chaplaincy, as noted by several authors who produced articles based on that study (Snowden, 2021; Best et al., 2021; Flynn et al., 2021; Vandenhoeck et al., 2021), and from an international expert panel on chaplain leadership during the pandemic (Szilagyi, Vandenhoeck et al., 2022). Consistent with reports of ACPE educators, chaplains found themselves voicing the need to be considered essential employees in need of personal protective equipment and technology to safely and effectively provide support not only to patients and families but staff.

While the onset of COVID-19 presented a widespread impact on CPE programs, disruptions to individual centers are neither new nor uncommon. Educator illness, as well as loss of sufficient peer group numbers, are among those situations that challenge the completion of units and even residency programs in progress. Tips from what has been learned from the COVID-19 pandemic offer insights into the preparation and delivery of CPE for less formidable but more common scenarios. At the individual program level, CPE centers can include in their contingency plans a technology infrastructure to maintain program continuation in the form of both remote delivery of education and spiritual care. The benefits of collaboration with colleagues

identified by numerous educators can assist in building communities to support those efforts. Additionally, ACPE could consider the development of programming and educational resources through technology training and a database of curriculum content including the use of telephone-based chaplaincy which has some demonstrated feasibility (Sprik et al., 2021).

This study is not without limitations. As a cross-sectional study, it captures the views of ACPE educators at one point in time and in the relatively early phases of the COVID-19 pandemic. While the pivot to remote learning was mainly viewed as positive and many educators expressed interest in retaining many of its elements, the long-term commitment to do so is yet to be tested. In addition, the data from the study are self-reported and subject to social desirability bias. It is possible that some of the reported views are influenced by preconceived notions of the efficacy of remote CPE delivery to promote that point of view and by participants' desire to portray themselves in a good light or in anticipation of what the researchers hoped to find.

ACPE and educators would benefit from the future study to identify which components of remote delivery have been sustained post-pandemic. Further investigation of the efficacy of remote delivery of various elements of CPE is also warranted. It is noteworthy that the perspectives collected for this study are from educators only. Gathering the perspective of students who participated in remote or hybrid CPE would provide a more balanced picture of the feasibility, efficacy, and experience of remote learning, supervision, and clinical practice.

Conclusion

The findings of this study capture to date the most robust collection of CPE educator views on the delivery of remote CPE. While the shift to remote delivery during the early phase of the COVID-19 pandemic was largely seen as a necessity, it resulted in educators discovering new benefits and opportunities for incorporating remote modalities in CPE. Our findings have implications beyond the immediate crisis with key insights for future CPE programming in more "normal times." Educators came to value many elements of remote CPE and spiritual care delivery and expressed a desire to see remote and hybrid methodologies continue in the future, regardless of whether the pandemic abates or additional disruptions arise. Our results provide substantial data for ACPE to explore the integration of remote methodologies in CPE delivery and develop educational resources and accreditation guidelines to strengthen alternative methodologies while maintaining program quality and accountability. These efforts would be bolstered by dialogue with, and learning from, the experiences of higher education, health care programs, and related fields such as counseling psychology, all of which have found some success in similar challenges and transitions. Further investigation will allow CPE educators to assess the inclusion of remote methods into their programs and consider which elements, if any, are best retained in person. ACPE may also benefit from collaborating with other disciplines in research opportunities that evaluate comparative student learning outcomes between remote and face-to-face training and supervision.

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Note

1. ACPE: The Standard for Spiritual Care & Education (formerly known as the Association for Clinical Pastoral Education) is the premier, U.S. Department of Education recognized organization that provides a rigorous accreditation and certification process for centers and educators that provide CPE.

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