The work is an important contribution to the field of mindfulness. The work specific to wellbeing is necessary to deepen a balanced outcome in physician practice, improved physician-client/patient outcomes, and improved trust and rapport.

There is question about appropriate use and implementation of APA7 structure:
Some inconsistencies are noted in APA7 structure in the references section set up. The following points reflect APA7 corrections:

1. Journal titles are not consistently set up to be full title, italics, and title-case.
2. Journal volume number should be in italics, followed by the edition (not italicized) but in brackets.
3. Article titles are in sentence case. Where a colon is present in the title, follow the colon with a capitalized first letter of the following word.
4. Authors names are presented, then the bracketed year comes before the article title.
5. Correct the insertion of the DOI. There are several ways it has been presented inconsistently in the references provided. If using a weblink, stick with https://... However, if you are using the DOI alone without a weblink then offer as doi:... Do not repeat doi: https://doi...
6. Please update names of authors as follows: Author, I. M., Author, I. B, & Author, I. C. (2020). Title. See that the author names are set off with periods for first and second name initials, then set off with commas, and the ampersand is used to set off the last author.
7. Book titles are to be in sentence case and italics.
8. Book titles in references are listed with Author, I. B., (Year).<i></i>Book titles are in italics and sentence case<i></i>.Publisher.

When offer a book publisher, it is not consistent with APA7 to list the city of publication. Use only the publisher.

Thank you for these comments regarding our reference list. Please see below a note from CMAJ Open’s Editor-in-Chief. Based on this note, we have gone through to check consistency across our reference list per Vancouver Style guidelines.

The objective of this qualitative study was to examine the impact of a 5-week mindfulness training program for physicians. Interviews were conducted with a subsample of 28 physicians from across different specialties (total program participants = 45). The protocol for this study was previously published. Three primary themes emerged from the data: mindfulness encourages behavioural change that facilitates wellbeing, mindfulness enhances interactions with patients, and mindfulness increases effective communication with colleagues. The authors also describe a number of subthemes and discuss how the program was well-received by participants who were able to incorporate mindfulness aspects in their daily lives.

This study is highly relevant to physician wellness as it incorporates a relatively simple and feasible intervention in a population that is vulnerable to overwork and burnout. The qualitative nature of the collected data allowed for an in-depth examination of program implementation and key outcomes from the perspective of participating physicians. However, there are a number of issues with the paper in its current form that take away from its overall quality. I have enumerated my concerns below to justify this
perspective. My main concerns involve a lack of clarity surrounding recruitment and selection/participation in this study, ambiguity surrounding the protocol and design, as well as the lack of support for theme 3 and for conclusions made in the discussion section.

The page numbers below refer to those appearing in the top right-hand corner of the PDF, as there are errors in the page numbers towards the end of the manuscript.

General

Page 5 of 39. The study objectives are awkwardly worded. The second “focus” is a program of research, which is embedded in the qualitative study. Wouldn't the qualitative study be part of the program of research? It is unclear whether the program of research also included other components not described in this paper (e.g., quantitative data collection such as surveys or physiological measures). While this may be described in the full study protocol, it should be mentioned here. The authors could consider describing the broader objective of the project as two-fold: 1) implementation of the program, and 2) a program of research that includes the focal qualitative study (focus of this paper).

Thank you, we have updated the description of the “study objectives” section per your suggestion.

Excerpt: Study objectives subsection

Informed by this body of literature, and real life clinical experience, we had two main foci: 1) deliver an innovative mindfulness program tailored specifically to the needs/interests of physicians; and 2) conduct a qualitative study with program participants. This paper reports the findings from our qualitative study.

With respect to the methods:

In my opinion, this section requires a more organized structure, and there is a lack of clarity surrounding how the data were triangulated. The order in which the data collection steps are presented (and interposed with analysis details) is confusing. In particular, I did not see a description of how the field notes and focus groups were analyzed and considered in this analysis. Which part(s) was/were sent to the "expert" in qualitative analysis?

Thank you for these suggestions regarding the structure of our methods section. Several updates have been made based on this comment.

We have added further description to the paragraph describing the triangulation of data.

Further description of the use of field notes has been added to the manuscript.

Please see our response to editorial comment #7 above in relation to focus groups and member reflections.

We have added clarification in the Data collection subsection describing the external qualitative expert.

In my view the description of the intervention would be better placed at the start of the methods section given it is the focal point of this paper. It isn't until page 7 (8 of 39) that we get a sense of what the
program looks like, and even here, the description of intervention is very lean. Though the authors mention the foundation, there is no allusion to some of the key mindfulness practices (evidence-based) that were taught. At minimum, a listing of a few central aspects from the table could be introduced in the main text, including a justification for the order of sessions, etc. If this is described in Table 1, reference to this table should be clearer for the reader. Referring to the published protocol might help. Moreover, it is important for the authors to describe what made the program ‘integrated and practical’ such that these elements can be linked to the themes and replicated (or at least incorporated) in future studies.

Thank you. We have moved the placement of the intervention description closer to the start of the methods section. We have more clearly referred to Table 1 and the published protocol. We added a few sentences to illustrate the format of the intervention.

There is no description of how the interviews were conducted, such as how the questions were developed and how long each interview lasted. I didn’t see any mention of an interview guide in the body of the text, although the final page of the submission includes the “semi-structure interview guide”. Is this an appendix? At the very least, the readers should be informed of the semi-structured nature, the duration, and interview style. The authors refer to a grounded approach for the analysis, it is not clear how this was applied to the collected data.

We have addressed this in the response question #6 in the editorial comments section above.

For reference below is a copy of our response to the editorial team from comment #6 above:

*We have added further description of our approach to developing the interview guide, the specific length of interviews and noted that the full interview guide is included in the appendices.*

Subsample: As the interviews and analysis were conducted with only 28 of the 45 participants, the sample description should be for those 28 individuals (i.e., the participants who provided data in this study). In addition, there are very few details of the social characteristics of the participants (despite the administration of a short survey to this effect). For example, what is the breakdown of men to women?

Thank you for this suggestion, we have updated Table 2 to describe only the 28 individuals who participated in this study’s interviews. While it would have been interesting to have information on gender, we did not collect this information. Our study’s academic Program Advisory Committee suggested not to include this information in this particular study. We acknowledge that the intersection of gender in the experience of mindfulness could be an interesting avenue for research.

As for the Results and Discussion

The description of each of the themes is not evenly presented: Consider having just two major themes since the description for the third theme is very short and lacking in depth and support. In this case, the second theme could be relabeled as “improving communication with patients and colleagues.”

We thank the reviewer for their suggestion. After discussing with the authoring group, we felt that themes 2 and 3 were complementary and had significant overlap. The team felt comfortable merging both themes without losing the unique findings uncovered by each. As suggested by the reviewer, this may also help clarify our findings and make the interpretation clearer for the readers.
In merging these two themes, several minor iterations have been made across theme 2, including to the theme and sub theme titles (e.g. per the reviewer’s suggestion to include both patients & colleagues in the theme title). The team felt these iterations worked congruently with the analysis and findings.

There are several instances in the discussion where conclusions are made without sufficient data or supporting information from the results section of the paper. Please see my specific comments below in the discussion section.

Thank you for the specific comments on the discussion section, we have addressed them individually below.

Lastly, with respect to the manuscript as a whole:

See comments below regarding formatting errors and issues, omission of appendices, and other minor inconsistencies (e.g., spacing before superscripts, capitalization in subheadings and references, etc.)

Thank you for the specific comments on the overall formatting of the paper, we have addressed them individually below.

In the tables as well as the Supplemental Material, the authors refer to “Datasets” for Themes 1-3, but I’m not sure this language is correct. What does “primary” refer to? The tables seem to provide “supporting quotes” not datasets – the interview transcripts (etc.) would be the larger datasets, in my view. Please revise.

Thank you for suggesting that the term “primary” could be confusing. The titles of the tables included in the results section have been revised to remove the term “primary”. Within our qualitative study, we view the “supporting quotes” as our data and have used the term “data set” to refer to the tables that provide “supporting quotes” for each theme and subtheme. Below is an excerpt from a seminal article on Thematic Analysis by Braun and Clarke that informs our use of the term “data set”.

“Data corpus refers to all data collected for a particular research project, while data set refers to all the data from the corpus that are being used for a particular analysis.” Braun V, Clarke V. Using thematic analysis in psychology. Qualitative research in psychology. 2006;3(2):77-101

Abstract:

Awkward wording to label an outcome as a “thematic analysis” - This is the analytical approach.

Thank you, this wording has been updated.

The sample description in the abstract and in the methods section of the paper are inconsistent. The abstract mentions that interviews were conducted with 45 physicians, while Figure 1 (and text) mention only 28 participated in the interviews.

Thank you for pointing out this error in the abstract, consistent with the rest of the manuscript, the abstract has been revised to state that there were a total of 28 participants in the study/interviews.
Introduction:

I think it's good of the authors to cite reviews in their justification/background section. However, in some instances (reviews and individual references), are there any more recent studies that can be cited here?

We have included a few more recent citations to the introduction section.

Page 5 of 39, line 32: Typo (develops) Thank you for spotting this typo, it has been corrected.

Page 5 of 39, line 38: What is meant by “bring together”?

Thank you for this comment, we have replaced “bring together” with “combine”.

Updated sentence: “However, only a small number of initial empirical studies have been conducted that combine physician wellness and mindfulness-based interventions/trainings (MBIs).”

Page 5 of 39, line 40: “Positively” and “benefit” seem redundant.

We have removed “positively” from this sentence to reduce redundancy.

Generally, I wasn’t sure what gap this study/paper is filling. The authors demonstrate how/why a mindfulness program for physicians might show promise, but what is the unique aspect of this particular study and what will you be adding?

Sentences have been added to the introduction section to clarify the gaps that this study addresses.

Excerpts: Introduction

These studies have been primarily quantitative, leaving a gap in understanding the lived experience and practical application of mindfulness in the context of physicians’ daily lives. Our study’s qualitative design aims to address this gap.

We delivered an innovative MBI, the “Applied Mindfulness Program for Medical Personnel” (AMP-MP), which is based on the teachings of scholar and Zen Master Thích Nhất Hạnh. While his work is considered seminal in the field, to date, no MBIs have been explicitly/primarily based on his teachings.

Methods

Study design, setting and participants

Page 6 of 39: Could the authors expand on the participants in this study? Were they hospital physicians and/or working in the community/family practice? Were resident physicians excluded? Etc.

Thank you for these questions. While it would have been interesting to have further social demographic information on participants (e.g. whether they worked in a hospital or community setting), we did not collect this information. We have added the clarification that one resident participated in the study. We have focused our description of the participants on the factors included in our purposive sampling approach: 1) years of medical experience; and 2) experience with mindfulness.

Page 6 of 39: There is a need to clarify the recruitment for this study and whether this section refers to the full sample or the subsample who participated in the interviews. Was there a larger sample that
participated in other components of this study?

Thank you for this comment, it is in-line with comment #4 above from the editors. We have added clarification to the recruitment process and more clearly differentiated between those that participated in the intervention vs. those that participated in the study interviews.

Page 6 of 39, line 46: Perspectives? Views? I’m not sure expertise is the correct word here.

Thank you for this suggestion, the sentence has been revised to remove the word “expertise”.

Page 6 of 39, line 54: It is unclear to me what this report refers to. Was this an analysis of the transcripts, simply a summary of who participated in the interviews, or was it more detailed? More information on this is required, including the purpose of sharing this with an “expert in critical qualitative healthcare methodology”? Ultimately, to what extent was the latter involved in the overall analysis of the data? More transparency is needed.

Sentences have been added to clarify what was included in the report and the purpose of the report.

Expert from manuscript: Data collection subsection

During the interview process, EW generated a weekly report on all interviews conducted to date, which was reviewed by the external expert in qualitative methodology described above. This report included a summary of the participants, iterations to the interview guide, and observations on initial themes emerging from the interviews.

Page 7 of 39, line 5: Why is “Qualitative Rigour and Data Collection” capitalized and underlined? The capitalization of the subheadings in this section is not consistent. See also first subheading in the discussion, etc.

Thank you for pointing this out, we have gone through the manuscript to check for consistency across the formatting of the headings and subheadings.

● Formatting of headings and subheadings has been made congruent across the paper - specifically in relation to capitalization.

Page 7 of 39, line 15: Unclear. Are they reflecting on the interviews findings or on their experience?

The member reflection paragraph has been updated to clarify that participants were invited to give input on the research team’s analysis of the interviews.

Page 7 of 39, line 22: What are “strategies and analytic devices”? I’ve never heard of devices being used in this context before. Updates made to this section based on earlier comments have removed the terms “strategies and analytic devices”.

As a clarification, the terms “strategies and analytic devices” are used within qualitative methodology courses at the Centre for Critical Qualitative Healthcare Research in the Dalla Lana School of Public Health, University of Toronto to describe specific approaches to analyzing data with the aim to develop rigorous or high-quality qualitative research.

Page 7 of 39, lines 35-38: Could the authors be more specific regarding the application of theory? “Interpretive paradigm” is quite vague. Why was it used and why is it relevant to use for this particular study? Similarly, what is a “middle range theory”? In what capacity was this theory was applied (e.g.,
develop the program, study design, interview guide/question development, analysis of data?) While I understand the desire to ground this paper in theory, how this was carried out and for what purpose requires clarification. Linking this back into the discussion is also needed.

Thank you for this comment, it aligns with the editorial teams comment #3 above regarding the need for further clarification of the study’s methodology. We have added more details on the Interpretive paradigm to the Application of theory subsection. We have also added clarification regarding the use of a middle range theory.

Page 7 of 39, line 41: Please describe what they were reviewing and for what purpose? How were the focus group findings triangulated and incorporated in the analysis?
This seems out of place here – it might be more suited for the end of the methods.

The Triangulation of data subsection has been updated to add clarification. Please also see our response to the editor’s comment #7 above regarding focus groups.

● The subsection on the triangulation of data has been moved closer to the end of the methods section.
Page 8 of 39, lines 8-9: Repetitive; is it mentioned earlier in this section.

Thank you for this comment, this sentence was removed to avoid repetition.

Results

Page 8 of 39: How were participants recruited for the program, and from there, how were they selected to participated, and then recruited/selected for the interviews? Why weren’t all participants interviewed? Were some participants involved in any other components of a larger program of research not reported here? I believe this is mentioned elsewhere in the paper, but I’m finding I have to search for this information.

Thank you for these comments regarding the need to clarify recruitment. We have updated our methods section in response to a similar comment from editors above (comment #4) to better describe recruitment and differentiate between intervention participants and participants in this study. Thank you for pointing out that our use of the phrase “program of research” under the study objectives could be confusing, we have removed it and added clarification to the study objective section about the focus of this paper.

Page 8: With respect to theme 1, not all of the sub- themes described refer to behaviours (behaviour change) – some notions reflect changes in perceptions and attitudes, cognitive processes, etc. The wording may need to be adapted here and elsewhere to reflect this.

Thank you for this comment regarding the nuance of the term “behaviour change,” considering this, we have added the term “cognitive” to the title of theme 1 – which now reads as “Mindfulness encourages behavioural and cognitive change that facilitates wellbeing”.

The authorship team feels the addition of the word “cognitive” works congruently with the sub-themes and supporting quotes, so no further adjustments are needed within this theme. The abstract has also been updated to reflect this wording.

Page 8 of 39, line 52: What is a “robust” level of attendance?
Thank you for this question pointing out that our use of the term “robust” could be confusing. The sentences describing attendance have been updated to clarify our intended meaning.
Expert from manuscript: Results

The average number of sessions attended was 3.71 out of 5. Compared to similar studies, this was seen as a sufficient level of attendance.\textsuperscript{16, 44}

Page 8 of 39, line 54: This is incorrect (“representative”), and not entirely appropriate for a qualitative study. If the interviews were only conducted with those program participants who were available, and willing, this is not a representative subsample. Moreover, in a previous section the authors describe the use of purposive sampling. Was this employed in the context of the larger mindfulness program or with respect to the interviews specifically?

Thank you for this comment, in response to a similar comment from the editorial team above (comment #4), asking us to clarify the use of purposive sampling, the term “representative subsample” has been replaced across the manuscript with “study sample”.

Page 9 of 39, line 8: “No significant differences” is more consistent with a positivist research paradigm. What is meant by “significant” and how was this determined? Perhaps the language can be adjusted here.

Page 9 of 39, line 13: Would “received” be a more suitable descriptor? What do you mean by tolerated? How did you assess this?

Thank you for this comment, we agree this language could be adjusted. In response to the editorial comment #9 above, the discussion of comparative analysis has been removed.

Thank you for this suggestion, we have replaced “tolerated” with “received”. Supporting data/quotes for this assessment are included in Table 3.

Excerpt: Results of thematic analysis subsection

“Analysis of the data shows the AMP-MP program to be well received by participants.”

Page 9 of 39, line 15: Consider “within which” or “through which” instead of “which led to”. Thank you for this suggestion, we iterated the sentence as follows:

Excerpt: Results of thematic analysis

“Further examination of the data showed that mindfulness became a “way of life”, within which two key themes were identified…”

General: The formatting in this section (italics, underlining, multiple colours) is distracting and unnecessary, and makes it difficult to follow the narrative. The findings should speak for themselves if they are properly structured and described.

Formatting of this section has been updated (e.g. removal of italics, underlining, and multiple colours).

Page 9 of 39, line 42 (missing space before comma) and line 48 (missing comma after “pause”?)

Thank you for catching this, a space has been added before the comma.

Page 10 of 39, line 15: I’m not sure I understand sub- them 1 – what exactly is self-care during challenging interactions? How does one do this? It’s unclear from the description how this applies to self-care (a behaviour). Have the authors considered how this might be better represented by other concepts such as self-compassion and self-acceptance? Self-forgiveness?

Thank you for this consideration/suggestion. Theme 2 Sub- theme 1 has been iterated from self-care to self-awareness. We feel this better reflects the analysis put forth in this subtheme.

Page 10 of 39, line 27: need to provide examples of the mindfulness practices and concepts. This relates to an earlier comment about how a description of concrete mindfulness components is missing
We have updated the description of Theme 2, sub-theme

Sub-theme 2. We have also made updates to the Intervention subsection based on your earlier comment.

Page 10 of 39, line 44: “ability to reduce personal biases”. Similar to one of my earlier comments, I’m not sure, based on the data presented and sample of quotes, how exactly the mindfulness program enabled this. The link being made with patient-centered care could be clarified.

Thank you for this comment. We have added clarification regarding the link to patient-centered care.

Page 10 of 39, line 55: physicians’

Thank you for noting this typo, as we have taken your earlier suggestion to merge Themes 2 & 3 this sentence has been removed.

Discussion

Page 11 of 39, lines 11-24: The authors consistently refer to aspects not adequately described in the results section. For example, they refer to competency whereas the results mostly pertain to awareness and the use of mindfulness, rather than competency as a construct.

Similarly, on line 14 they mention administrators seemingly for the first time. Again on line 21, there is a mention of “specialty-specific contexts” which was not elaborated in the results section (if implied from tables/appendices, this should be clarified).

Page 11 of 39. On line 16, does “shown to” refer to the current study or general literature? (This could benefit from supporting sources).

Thank you for these suggestions for how we can have better congruence between the terms used in the results and discussion sections – specifically regarding the terms “competency” and “administrators”. We have updated the discussion section accordingly. We have added a clarification that the data supporting the “specialty specific” application contexts can be found in the appendices.

We have clarified that this sentence is referring to the current study:

Excerpt: Summary of principal findings

Our data shows that pairing “small doses” of mindfulness throughout the day with regular activities, such as breathing, eating, walking, and commuting, is a practical approach for physicians to integrate mindfulness in the context of their busy schedules.

Page 11 of 39 lines 40-46: This section would benefit from paraphrasing and additional analysis/interpretation rather than simply quoting another paper. Links between Beckman et al. (2012) and the findings of the current paper could be made here.

Thank you for this suggestion to paraphrase and add some additional interpretation. The subsection “Comparisons with existing literature” has been revised.

Page 11 of 39 line 47: Physician’s

Thank you for noting this typo, it has been updated.

Page 12 of 39: I couldn’t find much in terms of “significant barriers” in the results; there were no themes involving barriers. Were these mentioned in the focus groups? Interviews? Data is needed to back up this statement.

Thank you for this comment, upon reviewing, we agree that this statement is outside the scope of this discussion section, and it has been removed.

Page 12 lines 33-34: Please clarify the sentence “Self- selection is also seen….” What is meant by the self- selection approach?
Thank you for this question. We have added clarification to our discussion of self-selection:

**Excerpt: Strengths and limitations of this study**

Physicians in this study also self-selected to respond to the recruitment efforts. Self-selection may mean that some participants had a predisposition to accepting mindfulness. However, analysis of the data shows the majority of participants expressed some level of skepticism about mindfulness at the outset of the intervention. Literature on the delivery of MBIs in healthcare settings indicates that self-selection can be considered acceptable and pragmatic.\(^1\)

Page 12 line 39: “limiting the type of knowledge produced” is vague wording and it should be explained why this is a limitation. It may be helpful to include examples of the type of quantitative measures that would be useful, such as self-compassion measures, and scales for depression and anxiety, physiological measures, etc.

Thank you for this comment, it is in alignment with comment #10 from the editors above. The sentence about “limiting the type of knowledge produced” has been revised. Given the qualitative focus of our study, we have chosen not to include recommendations to specific quantitative measurement scales, which we felt was beyond the scope of our paper and preferred to focus on adding clarifications on our methodology and results.

Could the authors comment/discuss whether 5 weeks is generally sufficient for mindfulness to become a way of life? Is this consistent with the behavioural change literature and other mindfulness interventions/programs?

Thank you for this suggestion. We have iterated the opening of the discussion section to comment on sufficiency more clearly. We have also added further sentences to the subsection Comparisons with existing literature relating our findings on intervention length to other studies that combine physician wellness and mindfulness interventions.

**General organization and formatting**

Some reference superscripts have a space before them. Ensure consistency.

In-text citations have been reviewed and updated for consistency

Page 11 of 39 should be numbered sequentially as page 10, but starts back at 1.

Bibliography capitalization (of article titles) is not consistent; similarly, some journal short forms are used and others not.

Apologies for this issue with the page numbers. The online PDF process cut off the top right of the document. We have shifted the location of the page numbers and will check this in the PDF formatting when we next submit. Bibliography formatting reviewed and updated.

Figure 2 is not adding much beyond the main text, consider removing.

Thank you for this consideration. We have chosen to include this figure of a thematic map in our paper, as the development of thematic maps is central to the refinement process of themes during Thematic Analysis (TA). We feel, for some readers, having this more visual “mapped” representation of our thematic results may be expected/useful.

For further discussion of the role of thematic maps in TA see: Braun V, Clarke V. Using thematic analysis in psychology. Qualitative research in psychology. 2006;3(2):77-101