Article

Report on Digital Literacy in Academic Meetings during the 2020 COVID-19 Lockdown

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Abstract: COVID-19, a novel coronavirus, was deemed a pandemic during mid-March 2020. In response, lockdowns were imposed for an indefinite period world-wide. Academic institutions were no exception. Continuing meetings of academic groups consequently necessitated online communication. Various platforms were available from which to choose to encourage digital literacy. Despite alternatives, the almost overnight closure of all non-essential services at one post-secondary institution resulted in the selection of Zoom as the preferred platform for meetings until social distancing ended. In contrast, the facilitator of a unique, health-related, narrative research group at the institution—a group tailored to critical thought, communication, cooperation and creativity—considered a hybrid format private Facebook group likely to provide a more appropriate and satisfying group experience than possible with synchronous Zoom meetings. Pros and cons of both online platforms are presented along with the conditions under which each one is preferable. Positive results were evident in promoting digital literacy for this particular academic group using the hybrid format of a private Facebook group. As such, private Facebook groups hold promise in supporting digital literacy for collaborative online health-related group meetings. Unique in examining and evaluating private Facebook groups, this report holds significance for digital literacy regarding academic meetings.

Keywords: COVID-19; digital literacy; private Facebook group; Zoom; health-related group; narrative research

1. Introduction

Online platforms are a common feature of academic meetings; their use has been increasingly adopted as a tool supporting teaching during the early 21st century [1]. Nevertheless, the importance of employing online platforms alone for academic meetings had not been considered until the COVID-19 crisis in early 2020 [2]. What remained clear, even with the speed at which online academic meetings became the only alternative, is that the platform for these meetings match the intention of the learning experience in promoting digital literacy and it was the role of those initiating these meetings to make reasoned, informed and effective decisions regarding the choice of online platforms [3].

1.1. COVID-19

COVID-19 is the ongoing global pandemic first identified in 2019 as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) [4]. The World Health Organization declared it a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March [5]. As of 3 September 2020, over 26 million cases had been reported across 188 countries and territories, resulting in an excess of 863,000 deaths with more than 17.2 million people having recovered [6].
The virus is spread primarily through close contact, most often via small droplets produced by coughing, sneezing and talking. Spread is possible before symptoms appear, and from people who do not show symptoms [7–9].

Common symptoms include fever, cough, fatigue, shortness of breath and loss of sense of smell [10–12]. Complications may include pneumonia and acute respiratory distress syndrome [13]. There is no vaccine or specific antiviral treatment [14]. Rather than a respiratory disease, recent clinical data increasingly views COVID-19 as a vascular disease that results when the body stops effectively breaking down a chemical called bradykinin, which normally helps to regulate blood pressure [15,16].

Recommended preventive measures include hand washing, covering one’s mouth when coughing, distancing from other people, wearing a face mask in public settings, disinfecting surfaces, increasing ventilation and air filtration indoors [17] and self-isolation for people who suspect they are infected [18,19]. Authorities worldwide have responded by, among other measures, implementing lockdowns [20].

1.2. Response to COVID-19 Regarding Academic Meetings

In response to the universal alarm regarding the COVID-19 pandemic, post-secondary institutions across the world either postponed or canceled all campus events such as workshops, conferences, sports and other activities [21]. One major university ended all non-essential in-person meetings on 12 March 2020, creating a lockdown.

The first communication at that one university to end all non-essential meetings associated with the university’s hospitals was sent at 12:33 p.m., 12 March [22]. It came to the facilitator of a particular non-essential health-related academic meeting engaged in narrative research as a point of information, along with the question of whether the activities of the group (among other gatherings associated with that particular academic program) could be moved offsite. By 12:39 p.m., the same day, the question of “moving offsite” had been further refined by email to query whether Zoom could be used for the purposes of the group [23]. It was thus within these few minutes, in between the first email and the second, that the Zoom online platform was deemed to be the preferred method of continuing online activities for all academic meetings within the academic program of this university hospital.

The response of the health-related group’s facilitator to this request was that the group currently made use of a private Facebook group for its off-site work and would prefer to continue with this online platform. Although Zoom was the recommended platform, the director of the academic program considered the facilitator’s continued use of this private Facebook group as an acceptable response to COVID-19 [24].

The group then continued meeting weekly through the private Facebook group until its completion at the end of the 2019/20 academic year on 29 April 2020.

In relation to this university program’s decision to recommend Zoom and the facilitator of the health-related narrative research group choosing instead to continue to employ a private Facebook group, the following will be examined: (1) the criteria in determining an effective use of online platforms in academic meetings, (2) information on the particular health-related group and its requirements for an online platform, (3) the results of choosing between a private Facebook group and Zoom meeting for the one health-related group and (4) a general discussion comparing the features of both private Facebook groups and Zoom meetings. The purpose of the examination will be to determine when each online platform is appropriate with regards to accepted standards for online meetings—especially those with characteristics similar to the health-related narrative research group to be discussed.

1.3. Digital Literacy and Academic Meetings

As a process of coming together, academic meetings involve sharing information where success is defined by the quality of information shared, participant satisfaction with the process, participant confidence in the outcomes and with respect to the process time [25]. Within higher education, successful academic meetings result in academic engagement, which has been defined as
the student devoting physical and psychological energy to the academic experience [26]. More recently, academic engagement has been recognized as the time and effort students dedicate to educational activities empirically linked to desired academic outcomes, including what institutions do to induce students to participate in these activities [27].

Based on this understanding, the number of meeting-members who speak or intervene during a session is not necessarily a defining factor of success at academic meetings. This differs from social media—internet-based applications that build on the ideological and technological foundations of Web 2.0, allowing the creation and exchange of user generated content [28]—where academic engagement depends on the students’ prior experience with computers and smartphones (handheld computers) [29] and comments and engagements from as many participants as possible are considered an integral component to the success of the information sharing, although what exactly constitutes engagements remains contentious [30].

Yet, it is by supporting social interaction that social networking sites as the platform for holding academic meetings have been found to increase meeting success [31]. They do so by facilitating learning in at least three ways: through presenting multiple perspectives, situated learning and transfer from instruction to real-world settings [32]. Also, the use of this digital media in academic meetings enhances digital literacy through development of the 4Cs of 21st century learning [33].

Pioneered and championed by the Partnership for 21st Century Learning [34], the 4Cs are as follows:

1. Critical thought: Objective analysis to form a judgement. With the freedom to study many points of view available through digital media, participants in academic meetings have the opportunity to develop well-informed judgements.
2. Communication: Exchange of information. Communication has become immediate and open through digital media, creating expectations for instant information and regarding what is able to be shared at academic meetings.
3. Cooperation: Process of people working or acting together as opposed to working in competition. With expanded growth of online communities intended to share knowledge and participate in common activities, there is an increasing trend to collaborate in academic meetings.
4. Creativity: Activity of originating something considered valuable. The various opportunities available through digital media are influential in developing and supporting creative outcomes as part of academic meetings.

As digital technology increasingly influences society, there is a migration to online relationships resulting in online communities, among them, those in academic settings. Interactions within the online community then aim to establish standards which can be defined with the concept known as digital literacy.

In 2019, the world’s first global standard for digital literacy, skills and readiness was launched by the Coalition for Digital Intelligence. The DQ Global Standards Report 2019 established a set of global standards for digital literacy, skills and readiness, known as the DQ framework [35]. Informed by such standards, Health Education England (HEE) constructed standards for digital literacy specific to health-related education, defining digital literacy as those capabilities that fit someone for living, learning, working, participating and thriving in a digital society [36].

In the estimation of HEE, these broad capabilities extend over six domains in a framework that is intended as a developmental and supportive tool for enhancing digital literacy in health-related education:

1. Digital identity, wellbeing, safety and security
2. Communication, collaboration and participation
3. Teaching, learning and self-development
4. Information, data and content
5. Creation, innovation and research
6. Technical proficiency [37].
In effect, digital literacy in health-related education incorporates all aspects of using, understanding and effectively maneuvering digital environments to perform tasks and has developed and redefined the ability to recall mutually held information available from academic gatherings.

Irrespective of the speed at which online platforms needed to be chosen as a result of the COVID-19 lockdown, the goal of any use of online platforms for health-related academic meetings is to be in keeping with these standards for health-related education in achieving the capabilities associated with digital literacy.

1.4. Contribution of this Research

During the COVID-19 lockdown, it has become increasing clear that online academic meetings will continue at major universities for at least the 2020/21 academic year [38–40]. Consequently, determining the appropriate online platform for these meetings, based on what is the particular aim of the meeting in achieving digital literacy, will continue to be an essential consideration. With respect to COVID-19, there is research on the rapid implementation of Zoom meetings [41] and research on undertaking Facebook advertisement campaigns [42,43]. However, there is no research on private Facebook groups, including with respect to the pandemic. Also, as the only research to date that compares the efficacy of Zoom with private Facebook groups, this report fills an important gap in this regard.

2. Materials and Methods

2.1. Range of Available Online Platforms

In considering the range of online platforms available for promoting digital literacy, the relative recentness of such platforms is notable. The World Wide Web permitting these platforms originated almost unnoticeably on 6 August 1991 [44]. Although conferencing online platforms were created soon after, they gained slow acceptance in academic settings in the 1990s [45]. Since then, the range of platforms available has been ever evolving.

Ten years ago, popular online platforms included GoToMeeting, Marratech, FlashMeeting and Elluminate [46]. Of these, only GoToMeeting exists today [47]. Nevertheless, although still in use, other online platforms have overtaken GoToMeeting in popularity. These include Skype, Zoom, Cisco Webex, Google Hangouts, Microsoft Teams, BlueJeans and Slack [48–52].

Among these variously utilized online platforms, Zoom has become the video conferencing tool most often selected for academic meetings, as it has been recognized to have a number of unique features considered to enhance qualitative and mixed-method research [53]. These unique features are three. First, unlike Skype, for example, Zoom does not require participants to have an account. Second, Zoom has screen-sharing abilities related to both the researcher and the participants, with the researcher having the capability to display images, video clips and other materials. Third, Zoom includes password protection for confidentiality and the option to record the session to the researcher’s computer or Zoom cloud storage [54].

If Zoom is set up properly, it has been found entirely safe with respect to privacy [55]. However, if the user does not know to adjust the settings, “Zoombombing” can occur where pranksters join a Zoom meeting to broadcast pornography, shock videos or ads. Of additional concern is that Zoom is currently facing lawsuits that allege the company is illegally disclosing personal information to third parties obtained from less wary users. Depending on the outcome of these proceedings, in the coming months Zoom may be required to modify the ease of use that makes it so appealing for academic meetings [56].

Consequently, since precautions can be taken by users regarding privacy settings, it is reasonable that Zoom was chosen as the online-platform most suitable for health-related academic programs at one university hospital in contrast to all other available options, even taking into consideration the short time that was available for making the choice.
2.2. Asynchronous, Synchronous, and Hybrid Online Learning Formats

There are three online platform formats: asynchronous, synchronous and hybrid. Each has a role in supporting digital literacy.

Asynchronous online learning is the oldest of the three formats. It began with the advent of the internet and developed with various platforms: email, electronic mailing lists, threaded conference systems, online discussion boards, wikis and blogs [57]. Asynchronous communities developed from these platforms share at least three common attributes: (1) an active facilitator who monitors and supports the discourse, (2) the facilitator recognizes and supports knowledge developed through interaction with group members and (3) successful asynchronous communities evolve based on the discussions that take place. When there is no room for such a response, participants tend to decrease their involvement and are inclined to leave the group [58]. These platforms are seen to support collaborative learning, favor critical thinking and promote the social construction of knowledge [59].

Synchronous video online learning formats are much newer and required high-speed internet to be technologically feasible, practical and inexpensive [60]. This form of online learning originated in tandem with the introduction of smartphones in 2007 [61]. Synchronous online learning refers to all types of learning in which the learners and instructor are together online at the same time in order for a meeting to take place. Video conferencing has become popular as a result of COVID-19 [62]; however, synchronous online learning can also take place through text messaging and Voice-over-IP (VoIP) services (such as Discord [63]) which offer increased capabilities in voice calls and have become progressively popular [64]. In synchronous learning, students usually go through a proscribed learning path together, accompanied by their instructor who provides support while students are expected to complete tasks and activities either at the time of the synchronous conference or once the online meeting is over. They are completed for the purpose of further discussion and/or evaluation, usually at a later online meeting [65].

Online academic meetings are often assumed to be either asynchronous or synchronous, however, with expanding access to high-bandwidth computer-mediated communication technologies, new ways of thinking about the use of online platforms have originated, including blended/hybrid approaches. In the hybrid format, academic meetings may combine different forms of media (e.g., text, audio, video) and different timescales (e.g., asynchronous, synchronous) within the same academic meeting [66]. For any particular academic meeting, a blended/hybrid approach should be chosen to match the demands and limitations of technology, pedagogy and content to the specific needs of the participants and the aim of the meeting [67].

In this context, hybrid formats potentially result in effective, efficient and engaging learning. Blended approaches have been seen to hold much promise as alternatives that offer the “best of both worlds” [68]. The mixing of technologies can be used to facilitate efficient discussion and content exchange, support geographically distant collaborations and maximize interconnectivity [69,70].

One possible hybrid online format is the private Facebook group. Along with the Messenger texting feature—an instant messaging app that is owned by and works in conjunction with Facebook [71]—the private Facebook group combines the ability to send messages to the facilitator either during the online meeting or at any time outside the appointed time to meet. In this regard, it is similar (though less formal) to asynchronous meetings conducted through email (which, unlike Facebook postings, retain politeness standards of letter writing in native speakers [72]). Furthermore, as participants can meet together online within the private Facebook group at a designated time, adding their ideas through typing, or by posting pictures, videos, documents or links, there is also the synchronous feature of private Facebook groups.

It is because of the variety of options available for participation both during the online meeting, and before or after, that Facebook groups have been found engaging as a hybrid model [73]. Facebook itself simplifies the process of managing a large number of connections related to an online academic meeting. Users of Facebook are presented with multiple communication channels, including private messages, public “Wall” postings, status updates, instant messaging, groups (both private and public),
and applications. Furthermore, Facebook may facilitate collaboration because of its popularity [74]. In supporting this type of collaboration, Facebook, and most specifically the private Facebook groups feature, has the ability to enhance digital literacy.

Although privacy with Facebook use can be an issue with inexperienced users of the platform [75,76], another important feature with respect to privacy is that a Facebook account can be created that protects the identity of the user [77,78]. Furthermore, privacy can be maintained through adjusting the privacy settings on Facebook in various ways [79]. Yet, like Zoom, Facebook has a history of causing concerns related to data protection and privacy. To combat these problems, in 2018, Facebook released a set of privacy principles that explain to users how to take more control of their data. This release came after Facebook was ordered to stop collecting the private information of European users. However, subsequent to that release, it was revealed Facebook had known about a massive data theft and at the time did nothing. Changes have subsequently been made to Facebook providing additional protection to users as a result of the court cases that have ensued [80]. It is to maintain privacy and reduce anxiety with respect to the use of this hybrid format that, in creating a Facebook group for an academic meeting, it should be private as opposed to public [81].

2.3. A Tailored Academic Meeting

With respect to academic meetings in the health sector, the process of initiating digital literacy begins with building a rapport [82] with participants through a dialogue, as knowledge is distributed among participants and located within the context of activity [83]. Awareness about barriers to behavior change in health [84] has produced a shift in professional thinking with respect to digital literacy away from using pre-packaged educational approaches that focus on individual behavior change and towards collective action [85].

Theories on collective action and organizational change, inter-sectoral action and the development of healthy public policy now provide opportunities for community empowerment and addressing health inequalities [86,87]. The lessons learnt from a range of interventions have raised professional awareness to look for a more balanced approach that increases the chances for effectiveness and sustainability [88]. What is clear is that using a combination of ‘tailored’ interventions can be a more effective option than using singular main-stream approaches [89].

The meetings of one collaborative health-related group provide an example of such a tailored academic meeting seeking to empower the group members and address inequalities regarding health-related research. The health-related narrative research group is one that epitomizes support of the 4Cs of critical thought, communication, cooperation and creativity. It is a weekly, two-hour opportunity for university researchers ranging from undergraduates to full professors to take the personally relevant stories that initiated their commitment to health care and develop them into narratives with a particular point of view. The process includes both personal reflection and the willingness to share one’s story and gain additional insights from the rest of the group. Although the level of experience differs among the researchers, for the purposes of the health-related group, members are asked to treat each other as equals. This is a continuing, voluntary, non-credit group that meets throughout the academic year and is open to any member of the university community interested in health care. Diversity of membership is sought and encouraged.

The group is facilitated by a philosopher of education who initially tailored this process for developing narrative in collaboration with a medical historian. The facilitator’s role is similar to that of a health coach [90] or health trainer [91] for university researchers experiencing depression and/or anxiety with respect to their research careers. The group has been supported by a particular academic program since 2015, permitting the group to meet weekly at a university hospital over the academic year. For the 2019/20 year, the year of the COVID-19 pandemic, there were 19 participants in the group ranging from across the university at various stages of their academic careers. The disciplines represented by these researchers included the following: Marketing, Social Work, History of Medicine,
Developmental Psychology, Economics, Socially Engaged Art, Environmental Health, Education, Psychotherapy, Neuroscience, Immunology and English. Among these disciplines, there were six undergraduate students, two graduate students, nine full-time researchers and two professors.

The philosophy of the group is unique and depends on a particular interpretation of truth developed by the philosopher of education who facilitates the group. With the foundational philosophy for the group (reflected with empirical research [92]) there are two avenues to truth through research. These may be analogized to two methods of approaching a landscape with barriers.

One avenue is disciplinary [93] and sees obstacles in the landscape as barriers to eliminate by climbing higher. In disciplinary research, higher views supersede lower ones because this type of research is necessarily hierarchical. In this analogy, the purpose of discipline-based research is to create the most accurate aerial view of the landscape by overcoming and rising above the obstacles in the landscape.

In contrast, narrative research [94] is the term used to describe the second method of traversing the landscape of truth. This type of research views obstacles in the landscape as landmarks to use in developing routes around these features. In narrative research, each person’s point of view is considered equal and the routes created from one point of view to another are added together to complete the map of the landscape. The reason for deeming them equal is all points of view are considered necessary to view the landscape in its entirety. The purpose of narrative research in the group then is to create as many routes as possible from one point of view to another, which is why diversity is encouraged in group membership. This can be visualized as similar to how a “street view” is constructed in something like Google Maps [95].

From a philosophical standpoint, disciplinary research is concerned with the propositional aspect of the landscape of truth and narrative research with the ontic form of this landscape [96]. It is the collective cross-fertilization that comes from the concentration on narrative research that has been particularly fruitful for this group.

As a narrative research group based on a non-hierarchical structure, the group is also non-competitive. Before the lockdown, when the group met at the hospital, at the beginning of each meeting the facilitator provided a pre-planned prompt for members of the group to write in response to for five minutes, without stopping or lifting their pen from the paper. The initial prompt provided at the first meeting of the academic year asks each person to describe themselves with respect to their research related to health. In the weeks to follow, the prompts ask group members to first consider what is most objective with respect to their research related to health, then, as the weeks progress, the prompt questions elicit answers that are increasingly subjective. Although the individual prompt questions change each year, the order of the type of questions asked remains the same: when, where, who, what, how, why. More than one session is devoted to each type of question—four weeks for the more objective questions (when, where, who and what questions) and six weeks for those questions evoking more subjective answers (how and why questions).

This structure of question asking has been developed specifically for the group by the facilitator to help participants take the initial story of how they describe themselves related to their research and develop this story through a non-threatening and ever psychologically deepening way into a larger narrative with a particular point of view that will help to sustain their research throughout their career. In using this method, the meetings support critical thought.

Once participants have completed their written response to the weekly prompt, each person is asked to read their response, one by one. After a participant has read their response to the prompt, each other member is given the opportunity to provide one question to the person who has read their response to further clarify what has been read. The only requirement of the question asked is that it must begin with the same word of the week, i.e., if a “who” question is asked, each person then asks a clarifying “who” question of the reader. If a group member does not have a question, that person may pass. If a group member cannot think of a question right away, after each of the other members one at a time has provided a question, then the person who passed is given an additional opportunity
to pose a question. The purpose of this is to permit those who ask the questions to see the landscape from the point of view of the reader. For the reader, the objective is to get them to revisit their point of view to picture it in greater detail. In each exchange, the development of communication is promoted.

Keeping with the non-competitive nature of the group, people participating in-person wait their turn to speak and do not put up their hands. Members aim to make their questions as short as possible so everyone has the chance to speak. After each question is asked, the person who has read their reply to the prompt answers the question of the reader. When each person has asked a question of the reader, the person who has read gives a summary of how these questions may have helped them clarify their research. The facilitator notes down all the questions that people ask, and the replies, after which it is the next person’s turn to read who is sitting to the left of the previous reader (that is, unless the group decides at the beginning of the meeting to go around counterclockwise that particular session). Who is to be the first person to read to start this process is chosen by the facilitator. This person who starts is generally someone who has not been able to attend the previous meeting or a member who has indicated that they cannot stay for the entire meeting. Sometimes members ask to go first as well. Depending on each member to wait their turn and listen carefully to others requires the cooperation of all.

To help put members at ease, the facilitator provides the group with artists materials and paper, encouraging participants to draw or doodle during the meeting, offering an additional outlet to express their creativity. Sometimes drawing prompts are provided alongside the writing prompts. Unlike the writing prompts, which are to be completed in five minutes, participants can respond to drawing prompts over the entire two-hour meeting, or choose not respond to them at all. No one is required to draw. When there is no drawing prompt, members are encouraged to doodle instead. At the end of the meeting, members describe their drawings or doodles one at a time going around the circle. The facilitator then notes down all the descriptions. After this, whatever is drawn and the written responses to the writing prompt are collected by the facilitator to be posted to the private Facebook group to which all group members belong from the first meeting onwards. The purpose of encouraging group members to draw or doodle is it has been found within the group to reduce the anxiety and/or depression of those who find this situation to be a novel experience in an academic setting, helping them to concentrate more deeply on questions to ask the current reader [97].

One important aspect to this health-related group is that the facilitator participates in the process as an equal member [98]. As such, the facilitator both responds to the five-minute writing prompt and doodles when not recording the questions and answers of other members. In effect, those who are part of the group see the facilitator as an additional, and equal, participant in the landscape of truth rather than as an instructor. The aim is to decrease barriers to behavioral change by having these barriers reconsidered as features in the landscape defining a path to reduce anxiety and depression (known to cooccur [99,100]) in the group members as much as possible.

2.4. Two Online Platforms Considered

The group has a history of offering the option of online meeting. To increase accessibility of the group and provide different opportunities for participation, it has always been important—pre COVID-19—to have an online presence so that those who are unable to attend a particular meeting can see each of the question prompts of the week, people’s answers and the questions others have asked those participants, as well as the posted drawings. Furthermore, the online presence provides the opportunity for those unable to make the meeting to respond to prompts themselves (both in writing and drawing) as well as have questions asked of them and to ask them of others. The method to communicate online has been contributing to a private Facebook group developed specifically each academic year. Private groups are commonly chosen for health research, as only group members can view the content [101]. Zoom, however, became the recommended alternative in response to the COVID-19 lockdown. Though not selected for the health-related group’s online presence, it has its own particular strengths that are relevant to other forms of academic meeting.
2.4.1. Features of the Private Facebook Group

Facebook defines their group feature as “a space to communicate about shared interests with certain people” [102]. A private Facebook group is a community of Facebook users who are “friends” with at least the person who has created the private Facebook group. Only those who are part of the community can see what is posted to the group and can add to the discussion. The private Facebook group belongs neither to the educational institution nor the participants. According to Facebook, participants are “neutral”. However, this also means that the content of the private Facebook group belongs to the facilitator rather than the academic institution [103]. To become part of the private Facebook group in any particular year, each member of the group is asked to “friend” the facilitator, who then adds them to the private Facebook group. Group members at that point have the choice of whether to friend any of the other participants additionally. Once the private Facebook group is set up, the facilitator records the following information weekly: all the responses to the prompts, questions asked and answered, the drawings and their descriptions for each member.

In addition to the private Facebook group, the accompanying Messenger app permits messages to be sent to people who are Facebook friends. Neither Messenger nor Facebook set a time limit for use in online communication. As a result of the ability of these two platforms to work in combination, members who are unable to be at the meeting in person can participate in the weekly meeting by replying via Messenger to the writing prompt the facilitator gives to each member weekly through Messenger a day before the meeting. Their replies are then read by the facilitator at the meeting and questions to the physically absent member are noted by the facilitator who later posts them to the private Facebook group after the meeting, permitting the absent member to read them online.

Members are encouraged to read the posts on the private Facebook group and respond to questions that they receive from other members if they have not been present at the meeting. Members are also encouraged to post relevant links to the private Facebook group. This was useful—pre COVID-19—when, during the in-person meeting, one of the members cited a reference and others wanted the relevant information to locate it. With the private Facebook group, it is not only simple for members to post a link with the reference cited but also visually attractive, as an accompanying picture normally is included with the link.

An additional aspect of the private Facebook group is it gives members the ability to access the private Facebook group when they have time. This may be right after the meeting, sometime during the week before the next meeting, or any time after that. Members have the ability to scroll through the postings of the entire academic year using the private Facebook group. As such, there are instances when members find things posted that they want to respond to months after the posting was originally made.

The in-person aspects of the meetings ended with the COVID-19 lockdown. The private Facebook group for the year continued. With respect to the asynchronous aspect of using the private Facebook group, accessing the group remained similar to before the lockdown was imposed.

2.4.2. Zoom for Academic Meetings

The alternative to the private Facebook group used by the health-related group since 2015 is the online-platform suggested by the university as a result of the COVID-19 lockdown—adopted by other health-related academic meetings in the academic program—Zoom.

As a result of the COVID-19 pandemic, in April 2020, the Wall Street Journal observed that “the hottest video-chat app right now is Zoom” [104]. Thousands of institutions of higher learning switched to using Zoom as a result [105]. Among the academic programs that felt it important to use Zoom, the one to which this unique health-related narrative research group belongs encouraged all non-essential academic meetings to use Zoom.

Zoom is a collaborative, cloud-based videoconferencing service offering features including online meetings, group messaging services and secure recording of sessions [106]. At the basic level, it is free to download and is relatively straightforward to use by group members once a Zoom is downloaded and set up by each participant.
The host of the meeting sends an email to each of the potential participants indicating the time
when the meeting will take place and how the meeting should be accessed. Although in some cases
participants must call in to join the meeting, most users need to only click on the link at the appointed
time to access Zoom once they have downloaded the app. Often, before access can be granted to the
Zoom meeting, there is an update to install. The updating is relatively quick, but, until the update is
complete, the potential member of the group meeting has no idea if or when they will be admitted to
the meeting. These updates have been designed to deal with a number of Zoom issues [107]. After the
host admits them to the meeting, the group member will then see the other meeting participants,
normally in a grid pattern (although the view can be changed to a linear formation, though, in this
case, not all members can be seen at once if the group is larger than around five).

Positive features of Zoom include the ability to quickly clarify problems, help decrease social isolation
and improve the connection of the academic meeting’s community of members. Some constraints are
that meetings encourage some members to (1) talk longer than they intend to, (2) multitask or become
otherwise distracted and (3) become frustrated and fatigued [108].

The most important aspect of Zoom is that all members of a group have the ability to see each
other and participate in real time. As such, the duration of the online meeting can be the same as
the previous in-person meeting. It can also take place at the same time of day and on the same
date as would the in-person meeting. An additional feature of Zoom is that participants have the
option of sending a written chat message either to an individual group member or to all the members.
It is possible to record the entire meeting and to share the screen with another participant so that,
for example, a Powerpoint presentation can be given by a participant. However, storage and access
of these meetings is not automatic for participants. Each member would have to select, on their end,
that they want the meeting recorded and have paid for this option. Consequently, if the meetings are
stored at all, they are stored by the instructor or individually by users who have paid for this feature
rather than being available in one place, automatically accessible to all [109].

Zoom depends on a reliable and stable internet connection. Without this type of connection what
can, and often does, happen is that participants “freeze”. While they are talking, the picture, rather
than seen as a video, becomes a still and the group members can no longer hear what the frozen
participant is contributing. Furthermore, if the connection is lost all together, then the participant
disappears from the grid. Normally, these problems last only for a few seconds [110].

However, if the participant freezes, they have to repeat what they have said while frozen when
they come back on board; in the meantime, they have missed what others have had to say. Also, if they
have actually disappeared from the meeting, when they do reappear, they come back in at some other
location on the grid, rearranging other participants to different positions as a result. Another way that
the grid is rearranged is if the participant decides not to use video and only uses the audio feature for
Zoom. In this case, if a user turns off the video, this participant goes to the end of the line [111].

If this problem occurs with only one participant, it is relatively easy to detect the location in which
the person has reappeared. On the other hand, if the meeting includes numerous people and more
than one person loses their connection or turns off their video, it is very difficult to keep track of where
people are coming into and going out of the grid. Users of Zoom also must be cognizant of not sitting
in a location with a light source behind them. In this case, the meeting participant will be in shadow,
unable to be seen by the other participants [112] contributing to “Zoom fatigue” [113]. These are the
most serious problems that have been recognized to occur with Zoom [114].

As of the time of the lockdown, 12 March 2020, Zoom was appraised to be the preferred technology
for academic meetings at one university program. The benefits of using Zoom have been found
by many academic institutions to significantly outweigh the challenges encountered and the use of
Zoom may complement or extend research related to most academic meetings [115]. It is because
of these benefits of a relatively easy, real-time video connection that permits the sharing of screens
and annotations by all members to information presented [116] that it makes good sense for academic
programs delivering educational content at academic meetings to consider Zoom as their preferred online platform if precautions are taken in making use of the privacy settings.

3. Results

Brought on by the lockdown in response to the COVID-19 pandemic, for one health-related academic meeting the question became: What is the best online platform to communicate, given the impossibility of physically meeting?

3.1. Choice of Online Discussion Platform

A private Facebook group was selected for conducting the online, health-related narrative research meeting tailored to its unique expectations when other academic meetings associated with the broader institutional program were using Zoom as their meeting platform. What informed this choice is that the health-related group is grounded in support for each person’s perspective and in equality [117] in demonstrating the 4Cs of critical thinking, communication, cooperation and creativity. Nevertheless, Zoom also appears at first glance to be both perspective-supporting and equal. With Zoom, every participant shares the same amount of screen space and participates concurrently during the actual time the in-person meeting would take place. Thus, it seems Zoom would be a reasonable choice for continuing narrative research meetings if the concern is around support for each person’s perspective and equality. This may be one reason why Zoom was suggested by the program director for this health-related group. However, on closer examination, this apparent perspective-supporting nature and equality provided by Zoom is found to be lacking.

As mentioned in the previous section, limited by the modem connectivity of those who participate in meetings, meeting members using Zoom encountering a poor connection often drop out of and reappear on the screen grid in different locations. Changing locations on the grid also occurs if the participant turns off their video and only uses the audio feature. When this occurs, it is unclear who is to speak at any time since there is no consistent order to where people are organized on the screen. As a result, participants compete to speak and may talk at the same time to be heard [118]. Although the facilitator of the health-related group can keep track of the order in which people speak, this changes the role of the facilitator to be chairing a meeting rather than acting as an equal participant. As a non-competitive group, once the health-related group was moved entirely online, a method was needed so that everyone knew when people were to speak at the meeting without having to raise their hands. This had been solved at the in-person meeting by people sitting in a circle. Members would answer questions one at a time, going around the circle. Each person knew when they would be asked to speak in order. In contrast, organizing in a visually consistent manner to reduce competition to speak is not possible with Zoom.

Maintaining support of individual perspectives with the health-related group means that information related to the meeting need be reliable and accessible. So, it is an additional problem in this regard that, with a Zoom meeting, there is no permanent place to store what is recorded at the meeting for all members to access on their own. Furthermore, there is no obvious way to store either the written replies to prompts or the drawings that participants might do—important features of the group [119]. One role of the facilitator of the group is to write down what is said at the meeting to be posted later to the private Facebook group. With respect to drawing, because people become competitive about wanting to speak when using Zoom, relaxing is difficult. With this stress to make sure one is heard as well as avoiding distractions from their surroundings when using Zoom, there is little time or mental energy for drawing or doodling as well as writing [120].

The limitations of Zoom, in how it is structured, its method of information storage and its dependence on a clear and consistent internet signal means that Zoom was evaluated by the facilitator as a less than ideal method of online communication with group members during the COVID-19 pandemic for the collaborative health-related narrative research group. An additional limitation of the free version of Zoom is that the time limit for meetings is 40 min—something that would not fit
with the two-hour health-related group meeting. Although there is a chat feature with Zoom, this is supplementary to the video and is stored only if recorded by the account holder or someone who has been given administrative privileges. Furthermore, this feature does not come with the free version of Zoom [121]. However, beyond the limitations of Zoom, there were positive points about the private Facebook group that made it especially fitting for the health-related group once it was classified as a non-essential service and was required to move entirely online.

3.2. Move to the Private Facebook Group

Some members of the health-related group had never attended the group’s in-person meetings and had relied on having the facilitator send the weekly writing prompt to them by Messenger. They would then reply to the weekly prompt and send their response back to the facilitator. Once their response was read by the facilitator at the meeting and they received questions from the other participants, the information was written down by the facilitator, who posted it to the private Facebook Group. For these participants, the change imposed by COVID-19 of only using the private Facebook group was seamless, even with the addition of the synchronous function. The group appeared exactly the same for participants who did not attend the synchronous meeting both before and after. The people for whom moving online made a difference were those who regularly came to the weekly two-hour meetings at the hospital. Thus, the private Facebook group helped in maintaining connectivity for the group but the experience of the participants in the move to online differed depending on prior attendance at the in-person meetings.

For regular, in-person attendees who were now required to attend meetings online, there were changes to the meetings. The facilitator would go online to the private Facebook group at the same time as the in-person meeting had been held pre-COVID-19, each week for two hours, and begin typing in all the responses received by Messenger to the weekly five-minute writing prompt. The responses would be organized in the private Facebook group by the name of the person along with their response. What differed most substantially from the in-person meeting was that, rather than questions being provided from all group members for each person, initially the only question posed would be from the facilitator because it was the facilitator who was typing in the responses to the prompt on the private Facebook group. If other group members signed on to the private Facebook group at the same time as the facilitator, they might choose to type a question concurrently or they might not. Unlike the in-person meetings, those who did participate online were not sitting in a circle. That means people responded as they chose. Sometimes they responded simultaneously. Yet, it was non-competitive because one person’s response did not drown out a response from another person. Every response was recorded and able to be accessed by all group members as part of the running dialog of the private Facebook group.

It was hypothesized by the facilitator that the move to the hybrid format of using the private Facebook group, in contrast to its asynchronous use before the lockdown when the group was able to meet at the hospital, would do little to disrupt the group meetings. This was the expectation even though during March and April of 2020, the final meetings of the group for the academic year, the level of apprehension related to the novel COVID-19 by participants was high. The reason for this prediction by the facilitator was that the group was seen by participants (based on their year-end evaluations of the group) to serve a vital function to the participants that was enjoyable, personally revealing, social and intellectually stimulating. As well, given that the group followed a particular structure (of which the participants were aware) that worked best if the group was attended to the end, very few of the group members were willing to stop their participation before the final meeting date of 29 April. In this way, the health-related narrative research group represents a successful academic meeting resulting in academic engagement.

As anticipated, the group participation continued to a similar degree in comparison with when the meetings had taken place at the hospital. Table 1 presents the attendance at the online group meeting during the time the group used the hybrid format of the private Facebook group. The total number of
participants in the group over the year was 19 at the time of the lockdown. Two members decided that, because of their responsibilities related to COVID-19, they could no longer participate once the lockdown began. That left 17 potential participants during any particular meeting.

Table 1. Participation of Members of the Health-Related Narrative Research Group on the Private Facebook Group Following the COVID-19 Lockdown on 12 March 2020.

<table>
<thead>
<tr>
<th>Private Facebook Group Meeting Date</th>
<th>Total Participants</th>
<th>Synchronous Participation</th>
<th>Asynchronous Participation</th>
<th>Drawings Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 March 2020</td>
<td>12</td>
<td>5</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>25 March 2020</td>
<td>17</td>
<td>6</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>1 April 2020</td>
<td>13</td>
<td>4</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>8 April 2020</td>
<td>13</td>
<td>4</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>15 April 2020</td>
<td>12</td>
<td>4</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>22 April 2020</td>
<td>11</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>29 April 2020</td>
<td>12</td>
<td>4</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 1 shows that total participation in the online meeting ranged between 11 and 17 members—65–100% of the membership. Given the uncertainties of the pandemic during the time period of these meetings, it is noteworthy that a voluntary academic group would continue to have such a high participation rate. A greater number of participants chose to use only asynchronous participation than would have been the case during the time the group met at the hospital. However, the difference is minimal, as the largest number of people who ever met at the hospital per week was eight and most frequently there were five people who met in person.

Unexpected differences were that, unlike at the in-person meetings, most participants who used the private Facebook group synchronously did not provide questions to all those at the meeting as they would have if the meeting were held in person. Instead, they selected only a few people to whom they would pose questions. As well, it had been expected that those who were part of the synchronous format would each provide their doodles or drawings at the end of the meeting. Although these creations were never demanded at the in-person meeting, almost everyone who met at the hospital would draw or doodle. The range of providing drawings once the group moved entirely online as a result of the lockdown was between 40–100% of those participating synchronously. A 50% participation rate was the norm. It was unclear whether the change in drawing and doodle participation was because the group members did not see others creating, as they would have at the meeting, or because of the uncertain times (some of the drawings that were provided had COVID-19 themes). It may have been for both reasons, or others entirely.

3.3. Group Evaluation of the Move Online

At the end of each term, members of the health-related narrative research group are given the opportunity to provide feedback on the group’s process using a form that has been standardized with respect to groups associated with the larger university program. As a result of the COVID-19 lockdown, for the last term of the 2019/20 academic year, participants were asked additionally if they had any thoughts or comments on their experience participating in the group especially as a result of COVID-19. Of the 17 members who participated during the lockdown, 13 answered this final question on the feedback form. These are their replies,

“I think the [the group] operates as it was intended with people meeting personally. However, when we had to move online, given that we had a private Facebook group in operation already, the change to Facebook wasn’t as dramatic as it might have been.”
“The transition to the online platform was extremely smooth. I think that sticking to research, especially when things around you are shifting, is extremely valuable, and this group was extremely helpful.”

“None at this time. Thank you for giving me the opportunity to express myself in a non-judgmental environment!”

“One of my favorite parts of [the group] is the amazing people that it brings together, I really enjoyed hearing about people’s stories and learning about all the different ways that others go about conducting their research. Thank you [facilitator]!”

“I’m glad that I was invited to join this health narratives research group. The group is easily accessible for those who may have obligations or scheduling problems.”

“Thank you for all of your patience and support!”

“Nope. I think the online meeting is great.”

“Participation was already remote for me so COVID-19 didn’t affect that. I like this year’s doodling element even though I don’t usually do it because I wasn’t physically there, I got to see people’s doodles online! Thanks [facilitator] for organizing another successful year!!!”

“Maybe next term we could video chat to replace the in-person meetings. I think it would personally make participating in the [group] while staying at home much more useful to me and possibly also to others. I don’t see why it wouldn’t work when it’s even less trouble to video chat than it is to meet in person and it’s more engaging than writing all of our responses on Facebook.”

“It is good to have online facilitation.”

“The permission and encouragement to draw during the sharing reminded me of how much pleasure drawing gives me. I find myself more likely to draw during meetings and even today during a webinar I drew something to help me attend and process the thoughts presented.”

“While having the designated meeting in person forced me to sit down once a week in reflection of the topic, if I could not go to the weekly meeting, having the question sent enabled me to have a prompt for self-reflection regarding my research process even if I did not always have enough time to respond in time to receive feedback from the group It’s too bad that the [group] ended up going all virtual as a result of COVID-19, though at least there was more personal interaction until the latter part of the term.”

“The Group was an interesting and worthwhile exercise although I had expected it to be more of a creative writing group. However, I was able to shift focus toward research on a current health concern that was important to me.”

What is interesting to note about these replies to the question is that only one person brought up the idea of video chatting in the future. This was from the artist participant who was not normally a Facebook user and preferred visuals to typing. Participants generally felt it was a smooth transition to the online format after the lockdown, although, if mentioned, the member recognized that something was lost in not having access to face-to-face communication.

3.4. Reasons Behind the Choice of the Private Facebook Group

The salient feature is that a private Facebook group is more accepting of each person’s perspective in being both independent of video—which necessitates a high-quality, continuous internet connection available to participants—and non-competitive. Although meeting with either a private Facebook group or a Zoom meeting permits attendance at the same time, the experience with the private
Facebook group for participants is a very different than that of a Zoom meeting. There is little stress associated with participating online with the private Facebook group because people respond when they want by typing without drowning out another participant with their voice as can occur with Zoom meetings. If two people do write at the same time on the private Facebook group, both written responses appear—one does not eliminate the other as happens in Zoom when participants vocalize at the same time—promoting the equality of the members. Additionally, given that it was not particularly stressful participating in an online private Facebook meeting, some members still felt able to post their drawings or doodles to the private Facebook group that they accomplished during the two hours at the end of the meeting.

Perhaps the most important reason why the private Facebook group was chosen over Zoom is that the conversations with the private Facebook group are recorded permanently in writing. This means that, unlike Zoom, participants’ contributions to a private Facebook group can be well thought-out, clearly understood and available for study at a later date, permitting and encouraging critical thinking. Beyond the problem of how written comments are recorded, often with Zoom, what someone is contributing is difficult to understand because of a poor internet connection—voices can be garbled or cut in and out. Furthermore, how the meeting is recorded using Zoom is through each person individually (if they have paid for this feature), rather than a running commentary created of everyone’s response, as is the case with the private Facebook group. Zoom, as such, does not support or encourage critical thinking during the online meeting, meaning communication is hampered and cooperation is very difficult. Given that members of the health-related group often go back over the year’s work, including the drawings that are done, and reread content of the private Facebook group, being able to record the creativity is an important feature, and it is not available with Zoom.

Thus, in supporting the 4Cs of critical thinking, communication, cooperation and creativity, the private Facebook group is the optimal solution to digital literacy for an online community dedicated to health-related narrative research during the COVID-19 lockdown.

4. Discussion

There is no real substitute for in-person meetings when functions of the group are promoting a lack of hierarchy, non-competitiveness and equality among members. However, a private Facebook group—already in use for weekly reporting and for those people unable to make the in-person meeting—was found to have sufficient ability to support cooperation and equality among members that some participants even continued the creative in-person practice of drawing or doodling during the meeting and sending in their results with a description to be posted to the private Facebook group.

Moving the group entirely online had the unexpected result of decreasing the amount of weekly work for the facilitator. As an important group feature is that everything participants say at the meeting be recorded, the facilitator had taken hand-written notes at the in-person meeting to later type out to the private Facebook group. By having participants type their own responses, the facilitator was saved hours’ worth of typing after the meeting to get the responses onto the private Facebook group, as each member typed their own responses from their computer or smartphone.

The concern was with finding an appropriate online platform for a health-related narrative research group that met both the expectations of the academic program to which it was associated and at the same time supported the foundational aspects of this specially tailored group as both accepting of each person’s perspective and concerned with equal participation.

Once the group was confined to online meetings as a result of COVID-19-enacted requirements, it was found that the private Facebook group already in operation was a better option to meet these expectations than a Zoom meeting because it supported the 4Cs of critical thinking, communication, cooperation and creativity, whereas Zoom could not.

It is currently unknown when academic institutions will be able to reestablish in-person meetings as a result of COVID-19. Until then, it will be necessary for academic meetings to take place online.
As a result, it is important for those holding online meetings to determine the best platform for discussion with respect to developing digital literacy.

If the purpose of the meeting is to transmit information to participants by a singular, mainstream approach, then Zoom appears an appropriate choice as its structure is reminiscent of a regular classroom. However, if the meeting is concerned with including and commenting on each person’s point of view in a non-hierarchical, non-competitive and equal manner, supporting critical thinking, communication, cooperation and creativity, then a private Facebook group is the more fitting alternative in supporting digital literacy.

The facilitator of the group perceived that the private Facebook group would be the preferable method to Zoom when in-person meetings were cancelled by the university. However, the facilitator began with a bias against using Zoom. This is because the private Facebook group for that year had already been set up and had been in use for over five months before the COVID-19 pandemic necessitated moving online. It seemed both problematic and needless to set up a new method of online communication when one was already working well. Because of this inherent bias, it could be that the facilitator did not spend sufficient time looking for ways to make the program-recommended Zoom meeting more compatible with the operation of the group. Nevertheless, the current limitations of the free version of Zoom mean that it is not designed to coincide with either the length of time required for the health-related group or with digital literacy supporting critical thought, communication, cooperation and creativity.

Although it may be true that ways could have been found to alleviate some of the issues (especially with respect to the recording aspect if monthly payments were made), comparatively, it appeared evident to the facilitator that Zoom is primarily a forum for members of a group to see each other together at a designated time for an agreed upon period of less than 40 min. These features of Zoom were not the main concerns of the health-related group, designed to focus on what its members respond in writing and drawing in a way that permits everyone to have the opportunity to participate to an equal degree over the two-hour period. As such, it seems reasonable that in supporting digital literacy, a private Facebook group that was already in operation should be chosen for this particular group instead of Zoom when the need to meet online was required as a result of COVID-19. Both platforms have witnessed problems with respect to data protection and privacy in the past, and for unsuspecting users who are unaware of how to protect themselves in using privacy settings, this remains a problem. However, the safety of both platforms continues to improve in response to the needs of users and for users who are cognizant of their privacy, both platforms can be made safe. Given the amount of usage increase both Facebook [122] and Zoom [123] have seen as a result of COVID-19, that their use can be made safe is important to realize for academic meetings.

As digital literacy is the aim in choosing an online platform, it is interesting to note that although recently much work has been done to compare Zoom with other online video conference platforms [124–127] for use in academic meetings, there has been no research until this report which investigates the use of private Facebook groups for academic meetings. The only mention of private Facebook groups concerns those set up by medical students to help with patient care rather than academic meetings among those students [128]. This is unexpected, as written work—fundamental to the private Facebook group—is the mainstay of successful academic meetings. It is unknown why research interest has been in relation to video conferencing (as it is a format that produces no comprehensive written record) and why this visual meeting has become the format for online platforms during COVID-19. One possible reason is that because people are unable to meet in person at academic meetings the interest is to focus on connecting people visually, as this most closely resembles meeting in person. In this case, the almost immediate practice of using video conferencing is seen to cluster around three principles—inclusion, copresence and vitality [129]. However, in concentrating on simulating in-person meetings as closely as possible during COVID-19, that these meetings were academic—and thus focused ultimately on written reports rather than social connection—has been neglected.
5. Conclusions

The video conferencing tool Zoom has a number of features that make it ideal for replicating expository academic meetings. However, Zoom, for the reasons presented, does not work well for collaborative, tailored health-related academic meetings. In selecting an online platform for academic meetings, the overriding concern need be establishing digital literacy. As such, using Zoom for meetings is appropriate if the intent is to start the meeting at a particular time for an agreed upon duration of less than 40 min and have the opportunity for everyone appear together in an equal grid-like formation. This type of format lends itself to didactic interactions.

Meetings on private Facebook groups can start at an agreed time and go for a particular duration; in this way, they are similar to Zoom meetings, but they can do so for any length of time. On the other hand, they require that participants be comfortable with typing as there is no video or audio connection, in contrast to Zoom. Nevertheless, this limitation is also the strength of private Facebook group meetings because what is discussed during the meeting requires critical thought which is then recorded for members to see, both during the meeting and to retrieve at a later time.

As of mid-May 2020, a new feature became available for use with Facebook: Messenger Rooms. This is a free new video chat feature by Facebook that permits fifty people to chat at once with no time limit [130]. This means meetings of health-related groups through private Facebook groups will now have the option of also including video chats in addition to written and visual material postings.

In a health-related group meeting that is concerned with what each individual has to say as an equal participant—rather than transmitting information from teacher to learner about the topic being discussed—and with encouraging each member to express their point of view, the private Facebook group has been argued to be the more adaptive alternative to online meetings in comparison with Zoom. As the need for online academic meetings persists as a result of COVID-19, digital literacy in all of its aspects should be the determining factor in deciding the appropriate online platform. Although encouraging multiple perspectives and respecting individual differences is not currently the norm for online academic meetings, there has been a call for some time for more of such online groups to empower groups in a complex world [131,132]. As digital literacy itself is attuned to the 4Cs of critical thinking, communication, cooperation and creativity, the more academic meetings resemble the health-related group sessions that have been the focus of this report, the more often they will be likely to choose a hybrid format private Facebook group in contrast to a synchronous format such as Zoom.

COVID-19 is a continuing pandemic. It is not known when all restrictions will be lifted regarding in-person meetings. Even under best-care assumptions, it has been estimated that screening misses more than half of undetected people [133]. Recognizing these limitations, identification has been found to be more effective and efficient in dense populations under quarantine using the artificial intelligence framework based in smartphones [134]. Current social control measures are seen to be affecting populations, especially increasing the risk of violence among family members in quarantine, calling for new collaborative strategies [135]. Difficulties are attributed to an increase in depression and anxiety so that the use of smartphones—for both detection and the ability to increase personal well-being through engaging in social media groups—is considered the most promising answer to alleviate these mental health concerns [136].

The process developed for the health-related narrative research group reported here, and its online response to COVID-19 in employing a hybrid private Facebook group for continuing academic meetings during the first months of the pandemic, is the type of response called for by such research. As such, its methods may hold relevance for helping to decrease depression and anxiety more broadly moving forward during these uncertain COVID-19 times.

This report offers an initial assessment of the value of private Facebook groups over the immediately popular video conferencing tool, Zoom, during the COVID-19 lockdown. As limitations to in-person academic meetings persist with no end anticipated, the value of hybrid platform private Facebook groups in offering a permanent written record of academic meetings should be recognized and evaluated—especially for academic groups tailored to critical thought, communication, cooperation
and creativity—in comparison with the inclusion, copresence and vitality supported by synchronous video conferencing formats like Zoom. It is only then that the expectation of digital literacy for academic meetings can be achieved.

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**References**


22. Peterkin, A. (University of Toronto, Toronto, ON, Canada). Personal communication, 12:39 p.m. 12 March 2020.

23. Peterkin, A. (University of Toronto, Toronto, ON, Canada). Personal communication, 5:30 p.m. 12 March 2020.

24. Peterkin, A. (University of Toronto, Toronto, ON, Canada). Personal communication, 12:33 p.m. 12 March 2020.


32. Dede, C. Immersive interfaces for engagement and learning. *Science* 2009, 323, 66–69. [CrossRef]

33. Kivunja, C. Exploring the pedagogical meaning and implications of the 4Cs “super skills” for the 21st century through bruner’s 5E lenses of knowledge construction to improve pedagogies of the new learning paradigm. *Creat. Educ.* 2015, 6, 224–239. [CrossRef]


Challenges 2020, 11, 0020


52. Zhang, X.; Meng, Y.; Ordoñez de Pablos, P.; Sun, Y. Learning analytics in collaborative learning supported by Slack: From the perspective of engagement. Comput. Hum. Behav. 2019, 92, 625-633. [CrossRef]


64. Roseth, C.; Akcaoglu, M.; Zellner, A. Blending synchronous face-to-face and computer-supported cooperative learning in a hybrid doctoral seminar. *TechTrends* 2013, 57, 54–59. [CrossRef]


66. Moreau, E. Facebook Messenger: Everything You Want to Know. [CrossRef]


87. Laverack, G. The challenge of behaviour change and health promotion. *Challenges* 2017, 8, 25. [CrossRef]


90. Huffman, M. Advancing the practice of health coaching differentiation from wellness coaching. *Workplace Health Saf.* 2016, 64, 400–403. [CrossRef]


116. Young, I.M. Di Sushan. How to Annotate on Zoom. [CrossRef]


120. Snyder, B. Six tips for organizing Zoom meetings. Non Profit Commun. Rep. 2020, 18, 1–8. [CrossRef]


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