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COVID-19 Virus-Contaminated Surfaces during Online Teaching Sessions: From Phone to Home

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ABSTRACT

Online medical teaching and learning during the COVID-19 pandemic are feasible yet challenging tasks to accomplish, especially when lecturers have clinical duties at the same time. Even though multiple gadgets can make it easier to reach students, an important challenge is that while doing ward work, clinical teachers may resort to using the same gadgets that they use for teaching purposes, which are their mobile phones. This imposes an extra health threat if the hand hygiene standard operating procedure is overlooked. This threat is made worse when contaminated mobile phone surfaces are brought home.

Keywords: COVID-19, Mobile phone, Surface, Online, Teaching and learning

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INTRODUCTION

We read with great interest the article titled “Online clinical teaching and learning for medical undergraduates during the COVID-19 pandemic: The Universiti Sains Malaysia (USM) experience”, which was published in the *Education in Medicine Journal* 12(2), 2020 (1). As part of the comprehensive strategies of the COVID-19 pandemic movement control order, the

conventional face-to-face teaching sessions by medical lecturers have also been directly affected. Despite many sectors allowing employees to work from home to avoid viral chain spread through gathering either in public transport or office facilities, medical lecturers are excluded. Most have had to be in hospitals for service and at the same time continue with teaching sessions online. Under the Ministry of Higher Education directive, teaching online has taken place in

most higher education institutions. USM successfully started it on 5th April 2020 and participation was tremendous (2).

MOBILE PHONES FOR TEACHING AND LEARNING

We are also aware of an article published in the sister journal of USM, the Malaysian Journal of Medical Sciences (MJMS), which illustrated the health threat of a mobile phone in an article titled “Mobile phones: a possible vehicle of bacterial transmission in a higher learning institution in Malaysia” (3). Interestingly, the short communication authored by Shakeel et al. in the same MJMS issue describes the replicative consequences from a real-time perspective (4).

The use of mobile phones in teaching and learning has become integral over the past decade and is increasing with the COVID-19 pandemic. Mobile phones have taken on the function of computers, whereby they have expanded beyond social purposes to embrace educational functionalities. Current technology promotes mobile phones as the leading technology helping educators to access pertinent information, conduct synchronous and asynchronous learning, view images and download references (5). Reviews have further supported mobile phones’ capabilities in transmitting all the domains of Bloom’s taxonomy: cognitive, psychomotor and affective. On top of providing a less judgemental learning environment, studies have also shown improvement in students’ clinical competencies, theoretical knowledge and attitudes through mobile learning (6). Thus, it is not surprising that local studies have reported that as many as 66% of students and 94% of consultants use mobile phones in classroom and daily practice (5, 7).

VIRUS TRANSMISSION

The primary mode of COVID-19 virus transmission is by air. Little blobs of fluid in coughs, sneezes and speech produce droplets, which can travel as far as metres in the air or land on a surface (8). The viruses are viable for up to 72 hours and are more stable on plastic (9). Most mobile phones and their covers are made of plastic; thus, a mobile phone can be a significant vehicle of transmission from the owner to people in the surroundings. Ribonucleic acid (RNA) virus was detected in 38.5% of health care workers’ mobile phones and as many as 50% of students’ phones (10). However, research has proved that hand washing using water or adding disinfectant effectively removes the virus contained in droplets (11).

Before navigating various sites and platforms on mobile phones, strict hand hygiene steps in the standard operating procedure must be adhered to, especially when medical lecturers have just finished seeing patients. Do not pick up the mobile phone right away, or, worse still, during contact with any potentially asymptomatic patients.

CONCLUSION

It is true that teaching online can break the chain of transmission to students but somehow assemble multiple new chains to wherever the mobile phones navigate on earth. Do not let the virus travel on your phone to your home.

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