

Evaluating iQ: An IPS-Reviewed, CPD-Accredited Micro-e-Learning Platform for Infection-Prevention Education on Demand

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Background

Healthcare-associated infections (HAIs) continue to affect patient outcomes and drive antimicrobial resistance worldwide, occurring in roughly 7% of hospitalised patients in high-income countries and up to 15% in low and middle-income settings.^{1, 2} Continuous, high-quality staff education is a cornerstone of infection prevention, yet delivering it is often hampered by shift patterns and workforce pressures.³

iQ is a GAMA Healthcare micro-learning platform with CPD-accredited modules and the masterclass videos have been peer-reviewed by the Infection Prevention Society (IPS), offering flexible, on-demand training that can stand alone or complement face-to-face sessions.

Aim

To evaluate participant perceptions of four Infection Prevention Society (IPS)-endorsed, CPD-accredited micro-learning infection-prevention sessions delivered via iQ, an online platform that complements face-to-face training.

Methods

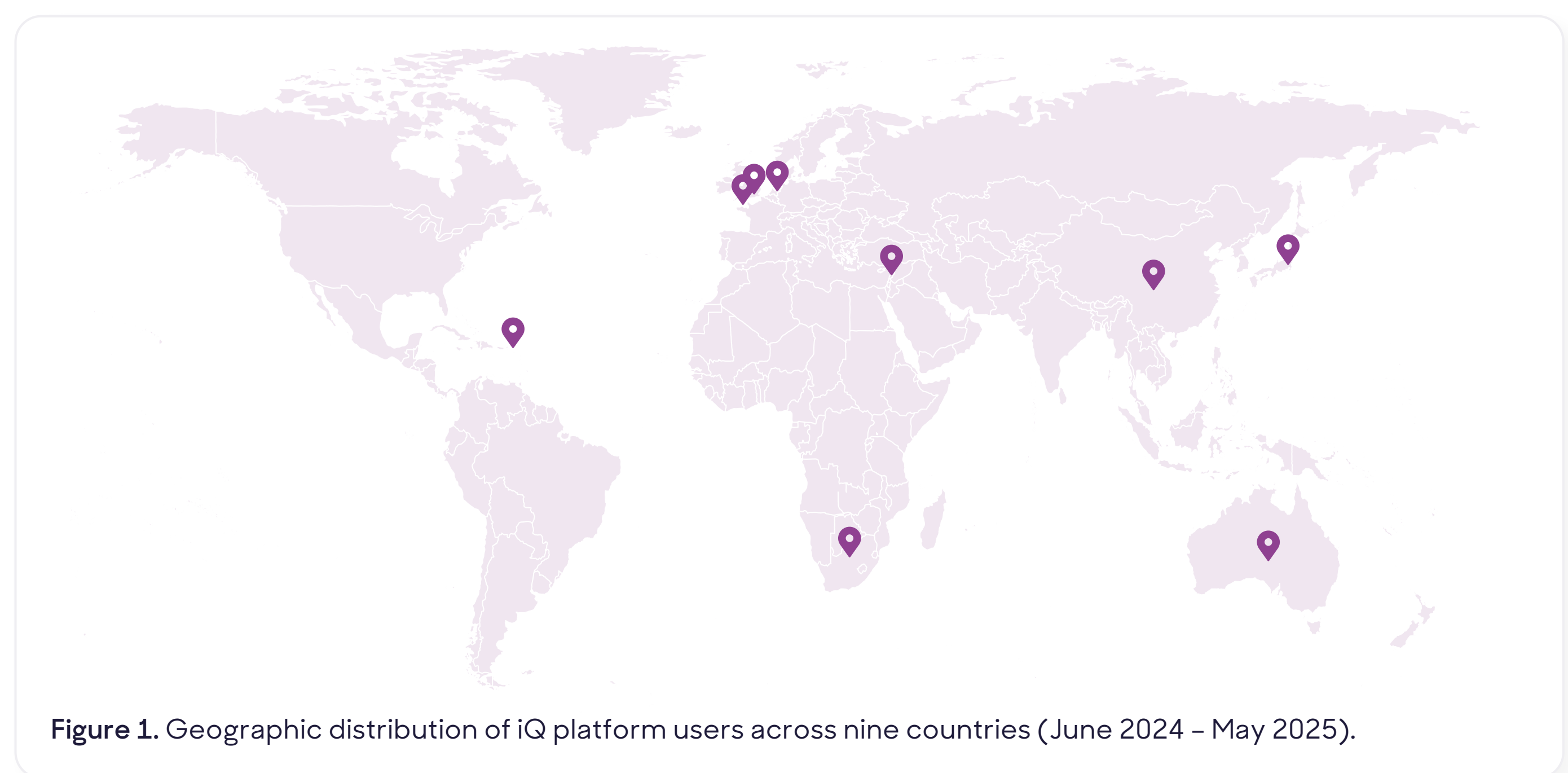
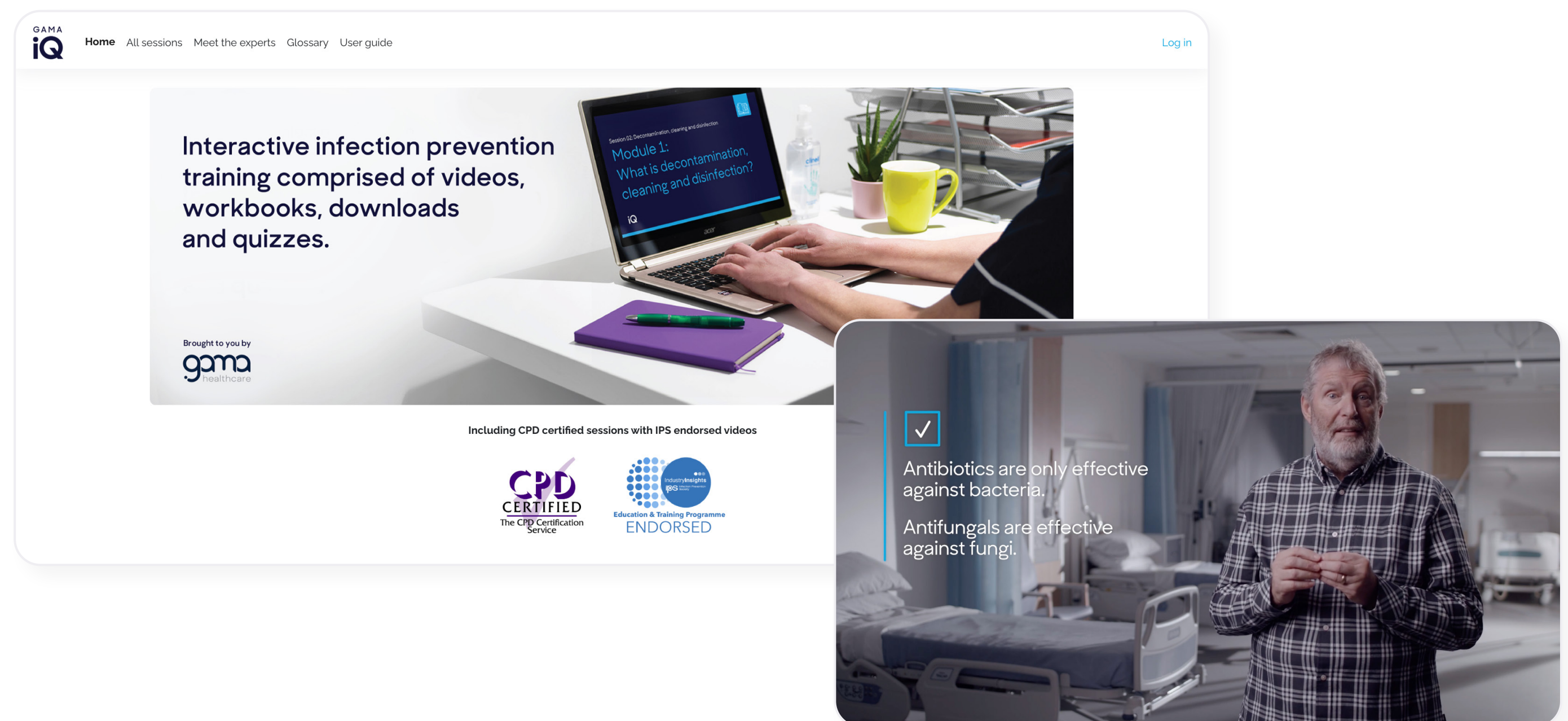
Setting – Users in Anguilla, Australia, China, Japan, Jersey, Lebanon, the Netherlands, South Africa and the United Kingdom who completed any session (June 2024 – May 2025) (Figure 1).

Design – Post-session online survey (8 five-point Likert items; 2 free-text prompts).

Participants – 186/245 users (76 %) who completed any session.

Sessions evaluated – Introduction to IPC Part 1 (n = 76), Introduction to IPC Part 2 (n = 44), Decontamination, Cleaning & Disinfection (n = 39), Disinfectants (n = 27).

Analysis – Descriptive statistics for Likert data; inductive thematic analysis (dual-coded) for comments.



Results

A total of 1,488 Likert votes were analysed. Figure 2 displays the overall distribution: 46 % Strongly agree, 44 % Agree, 9 % Neutral and < 1 % negative. Figure 3 shows that positive responses (Strongly agree + Agree) averaged 91 % across the eight survey statements (range 83 – 98 %). Flexibility scored highest at 98 %, followed by enjoyment at 93 %. For the five education-focused statements – knowledge gain, workbook usefulness, added resources, motivation and practice relevance ≥ 88 % of responses were positive (Strongly agree and Agree), ≤ 12 % neutral and ≤ 5 % negative (Disagree and Strongly Disagree) (Figure 4).

Figure 2. Overall Distribution of 1,488 Five-Point Likert Responses

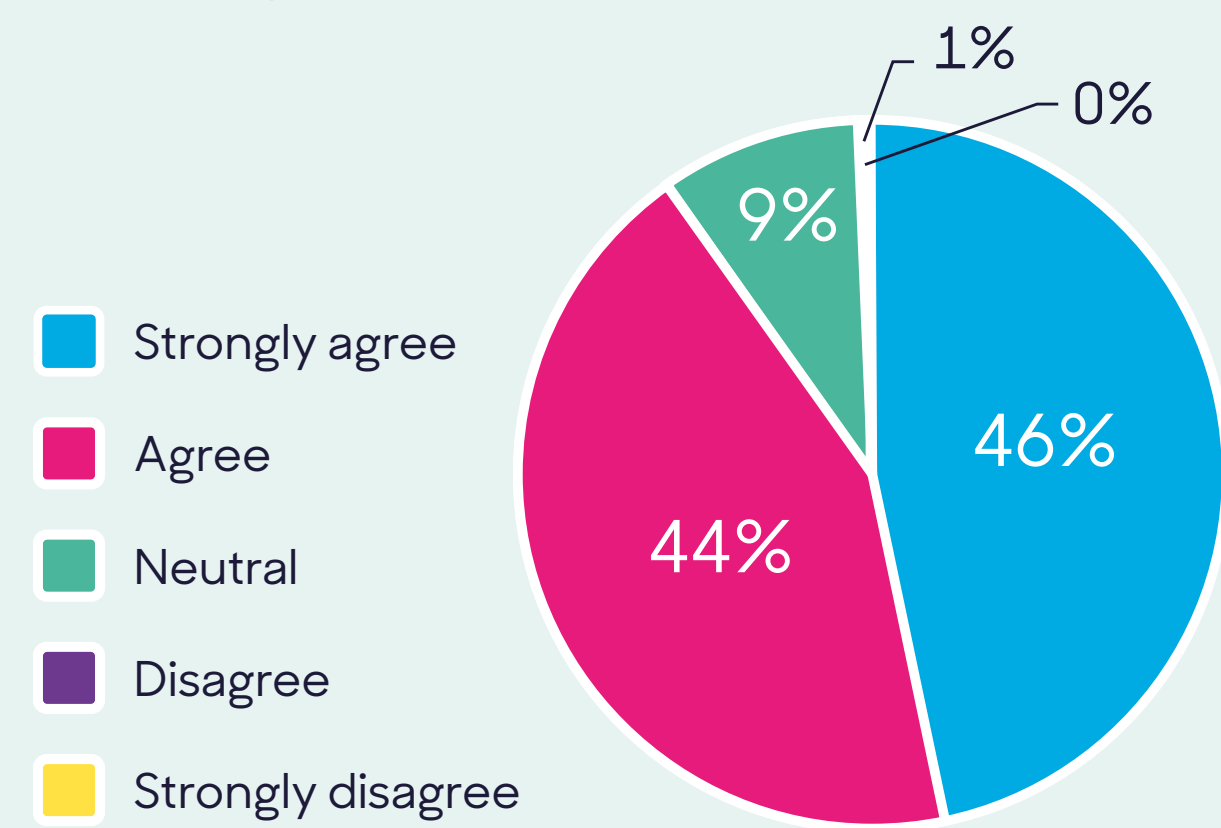


Figure 3. Positive (Strongly Agree + Agree) Rate for Eight Survey Statements

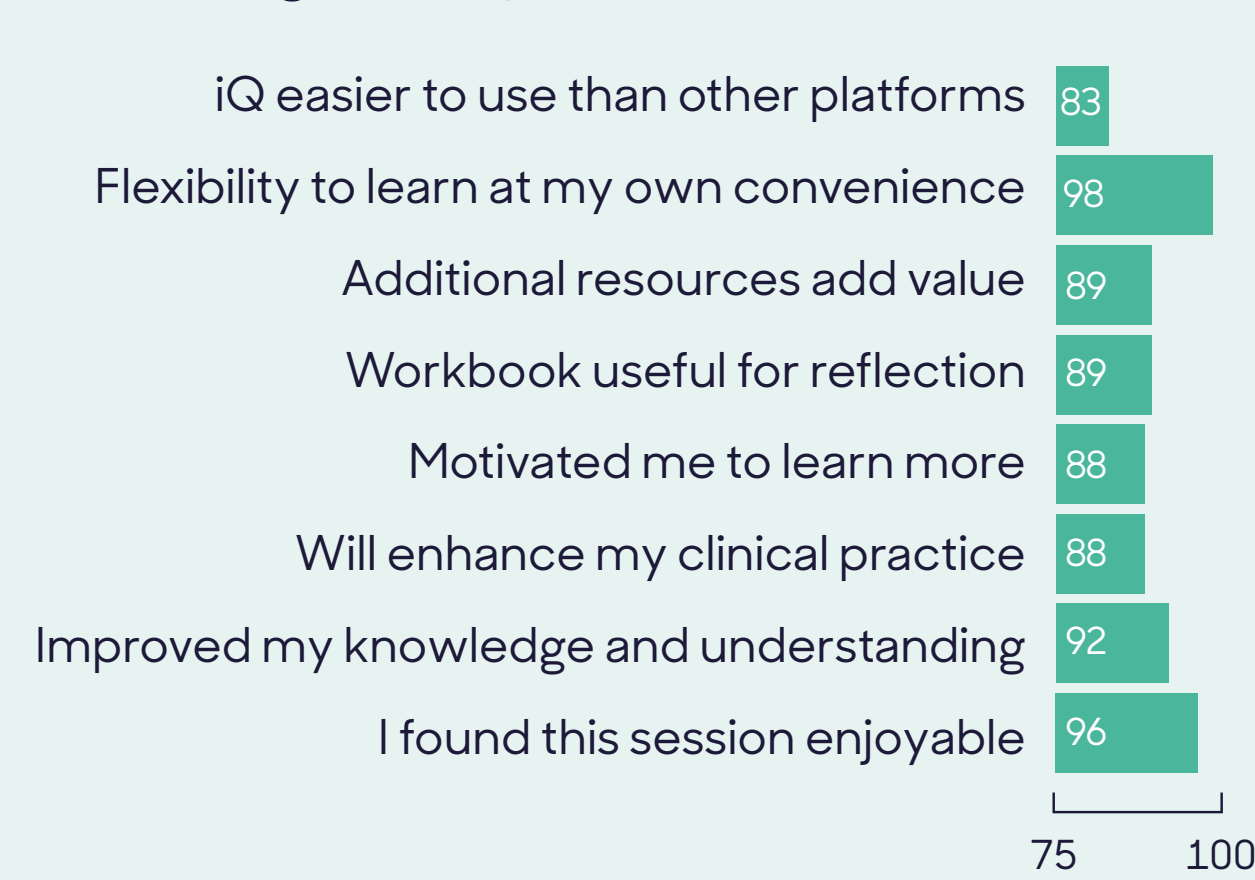
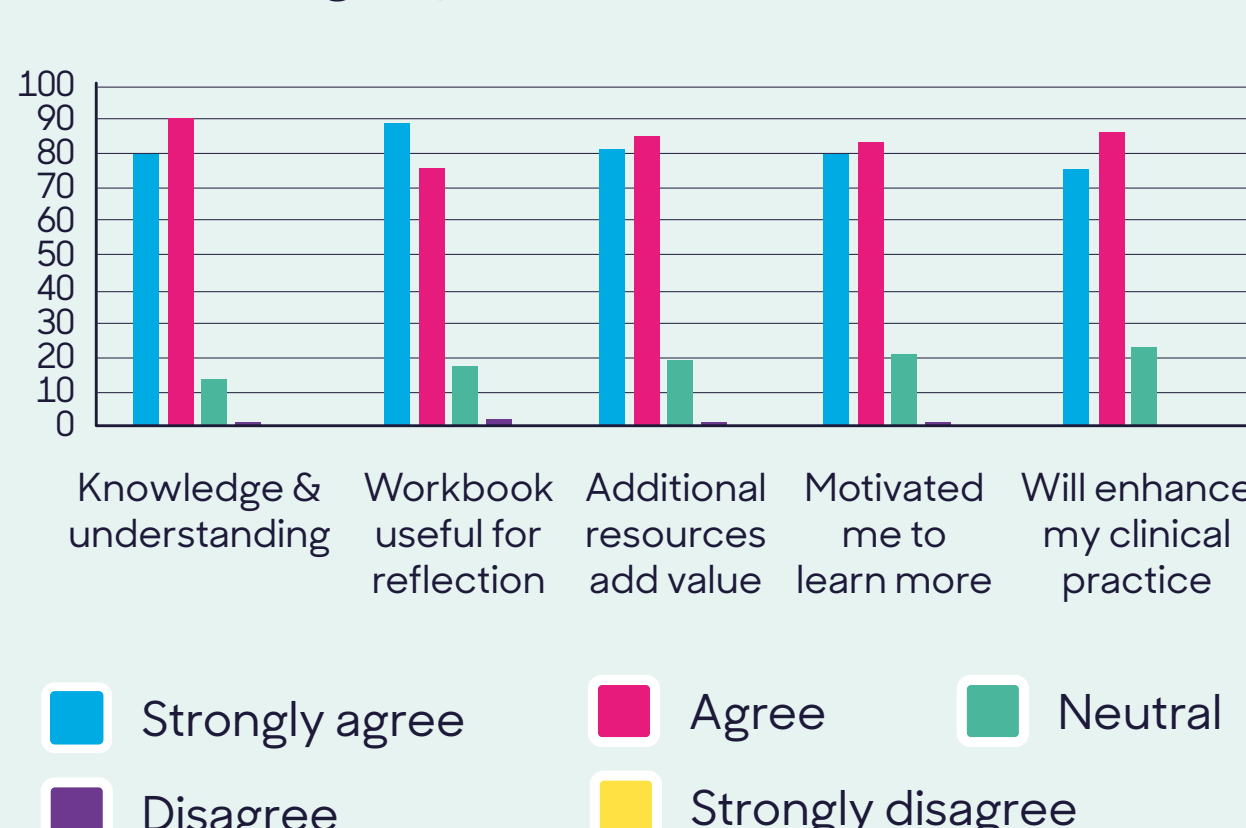


Figure 4. Full Response Profile for Five Learning-Impact Statements



Qualitative analysis (n = 178 comments) echoed three consistent benefits:

- Easy, shift-friendly access – learners can dip in whenever their rota allows.
- Bite-sized multimedia that keeps attention – short videos and quizzes maintain focus.
- Immediate relevance to frontline infection-control practice – content can be applied straight away.

Suggested enhancements centred on adding more scenario-based videos and printable check-lists.

Discussion

High, consistent positivity across nine countries confirms iQ's value as on-demand IPC education. Flexibility aligns with micro-learning theory, and qualitative data suggests behavioural intent. Limitations include self-selection bias, lack of objective behaviour change metrics and the fact that the evaluation was conducted by the platform developer. Future work should incorporate objective outcomes (e.g., knowledge retention, HAI rates).

Conclusions

IPS-endorsed, CPD-accredited digital micro-learning via iQ is highly acceptable and perceived to enhance both knowledge and day-to-day infection-control clinical practice across nine countries. Strong multi-cohort feedback supports expanding the session library and integrating richer scenario content. These findings support broader adoption of micro-learning platforms like iQ to meet the evolving educational needs of infection prevention professionals worldwide.

References

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Declaration of Interest

iQ is an industry-supported platform developed by GAMA Healthcare. IPS peer-reviewed all video content; no financial support was received from IPS.

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