

Flipping the Script: Engaging PCT Learners Through Simulation During System Clinical Orientation

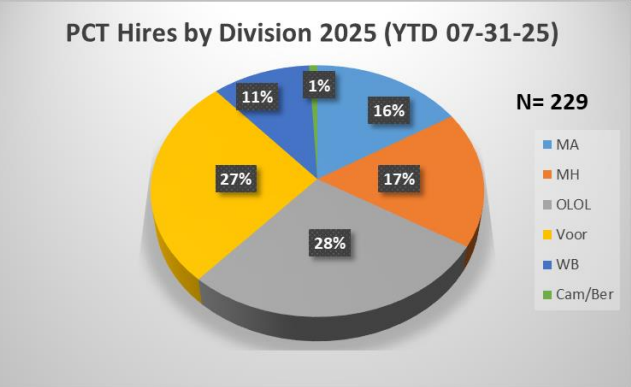


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INTRODUCTION

Background

- Newly hired Patient Care Technicians (PCTs) at Virtua Health begin their onboarding with system-clinical orientation. Virtua Health has onboarded 229 PCTs YTD (as of 7/31/2025).



- System clinical orientation for PCTs includes a virtual Clinical Regulatory Orientation session, Web-based training assignments and a four-hour, in-person PCT Orientation Skills simulation.
- Prior to this quality improvement (QI) initiative, the PCT Orientation Skills session followed a traditional instructional model—consisting of lectures, discussions, and hands-on demonstrations—offering limited opportunities for active engagement or peer collaboration.

Purpose

- This QI initiative aimed to improve participant engagement, information retention, and peer collaboration by introducing a flipped classroom model to the PCT Orientation Skills session.
- Recent evidence suggests the flipped classroom provides a statistically significant improvement for health professional learners related to their performance when compared with traditional methods (HEW and LO, 2018).

Framework:

- The initiative followed the Plan-Do-Study-Act (PDSA) cycle for quality improvement.

Objectives of Poster:

- Describe the strategy of a flipped classroom approach to PCT Orientation Skills session.
- Identify the benefits of the flipped classroom teaching approach compared to traditional teaching approaches.

METHODS

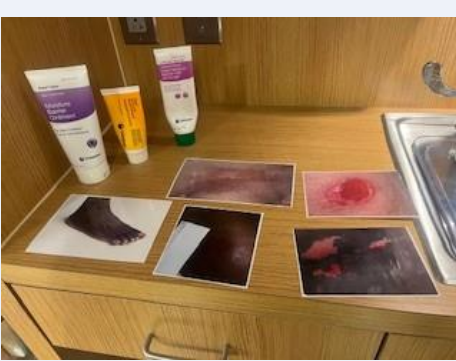
Setting and Participants:

- The PCT Orientation Skills session is held in the Virtua Voorhees Learning Lab, which is a dedicated simulation space with a medical-surgical inpatient room that is utilized for the flipped classroom.



Intervention/Process:

- The flipped classroom model was first piloted in early 2024 using a simulated “room sweep” activity.
- Following positive feedback, and observation of enhanced critical thinking skill application, the approach was expanded in January 2025 to include additional skills, such as Hospital-Acquired Pressure Injury (HAPI) prevention and electrocardiogram (EKG) performance.
- With the flipped classroom approach, participants were tasked with completing skills collaboratively, without facilitator-led instruction. After the allotted time, facilitators re-entered the room to facilitate debriefs, validate correct actions, and address knowledge gaps.
- This approach emphasized self-direction, critical thinking, teamwork, and experiential learning.



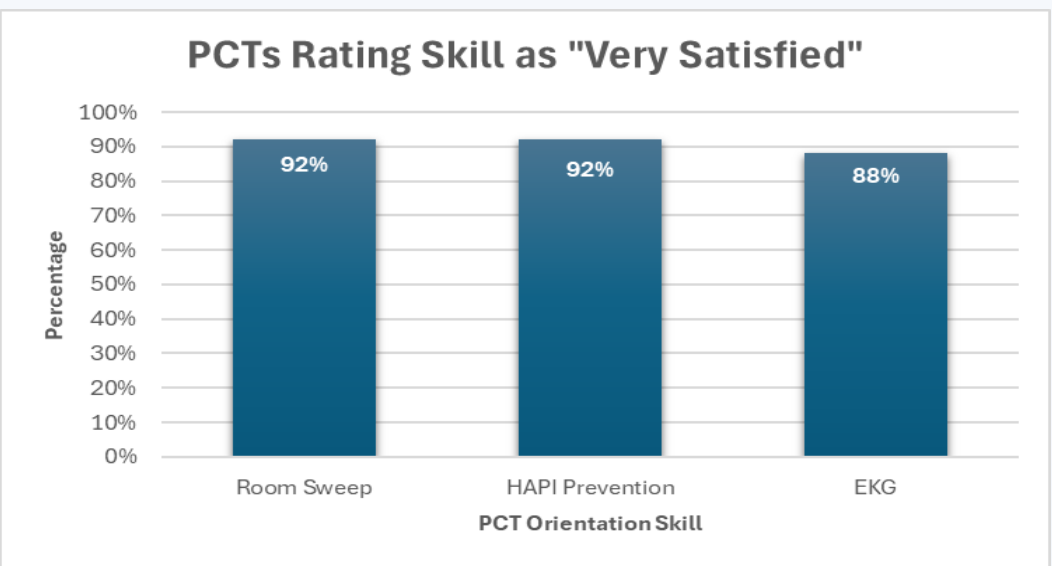
Data Collection and Analysis:

- The PCT participants are provided with an anonymous end of program evaluation, which captures valuable feedback from our new PCT colleagues. Surveys are electronic, which allows for easy data collection and analysis.

RESULTS

Key Findings:

- Feedback from PCT Evaluations:



- Comments from PCT evaluations:

“I had a wonderful experience, I have worked at different hospitals, and this has been the most enjoyable “

“Amazing!!!! My instructors were very hands on, pleasant and made the clinical onboarding experience amazing!”

“Instructor(s) are absolutely amazing!!!! I learned so much and wasn’t afraid to ask questions! “

“You guys were very friendly and attentive and made the class very easy to pay attention to and learn as well”



- Facilitators observed and reported greater camaraderie among PCTs, enhanced engagement, and active peer collaboration.
- At the conclusion of the session, **97%** of the PCTs reported feeling confident in performing the skills reviewed.



CONCLUSIONS

Interpretation:

- As one of the first points of contact for new PCTs, orientation experience is critical in shaping perceptions of our organizational culture and learning environment. The flipped classroom model has proven to be an effective, engaging, and enjoyable approach that fosters teamwork, engagement, and critical thinking,
- The dynamic nature of this session benefits both learners and facilitators, enriching the overall onboarding experience to foster PCT readiness for patient centered care.

Limitations and Future Directions:

- A limitation identified is the number of participants who complete the end of program evaluation. Moving forward, the session will have built in time for completion.



REFERENCES

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ACKNOWLEDGEMENTS

We would like to thank Maggie Lynch, DNP, RN, NPD-BC, Director of Academic Affiliations, for her support and guidance with our QI project.