

KidSIM

Annual Report

2025 - 2026

*kid*SIM

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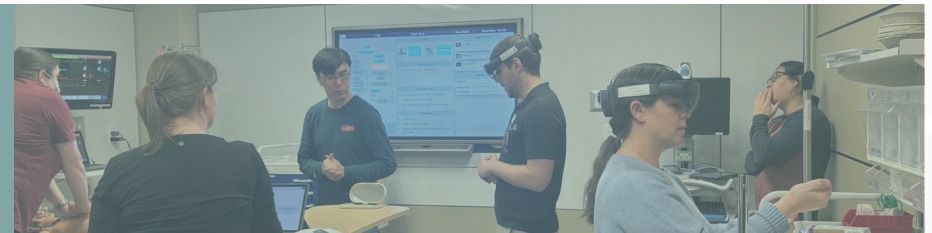
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KIDSIM PEDIATRIC SIMULATION PROGRAM



The KidSIM Pediatric Simulation Program, based out of the Alberta Children's Hospital, delivers realistic clinical learning experiences using high-fidelity mannequins and simulation environments designed to mirror the healthcare settings in which providers care for children every day. Since its founding at the Alberta Children's Hospital in 2005 by Dr. Vince Grant, the KidSIM Pediatric Simulation Program has grown from an innovative idea into an internationally recognized leader in pediatric simulation education and research. Over the past two decades, KidSIM has educated more than 80,000 learners, providing immersive experiences that strengthen clinical expertise, teamwork, communication, and patient safety.

Through interprofessional, team-based education, KidSIM supports a diverse range of learners, including physicians, nurses, paramedics, allied health professionals, families, and school personnel. Beyond education, our work contributes to broader healthcare improvement by informing hospital design, optimizing clinical processes and workflows, supporting family-centred care for children with medical complexity, and strengthening pediatric care in rural communities. By extending simulation beyond the walls of the hospital, KidSIM continues to improve the care children and families receive across Alberta.



Thanks to the generous support of the Alberta Children's Hospital Foundation and numerous fundraising initiatives, the \$2.4 million, 3,600 square foot KidSIM Simulation Centre opened in January 2014. Located on the fourth floor of the Alberta Children's Hospital, this purpose-built facility represented a significant investment in advancing pediatric simulation education, research, and innovation.

The Centre is equipped with 31 mannequins, 28 task trainers, four simulation suites with dedicated control rooms, two debriefing rooms, secure storage space, and offices for program staff. Advanced audiovisual technology throughout the facility enhances the learner experience and supports video capture for education, research, quality improvement, and quality assurance activities.

Designed for flexibility, the Centre can accommodate multiple simulations simultaneously, expanding access to training opportunities and supporting large interprofessional teams. This capacity enables KidSIM to meet a wide range of needs across the organization, including clinical education and training, faculty development, simulation-based research, systems improvement initiatives, and family-centred care.

MISSION

Promote and measure high quality interprofessional pediatric education by:

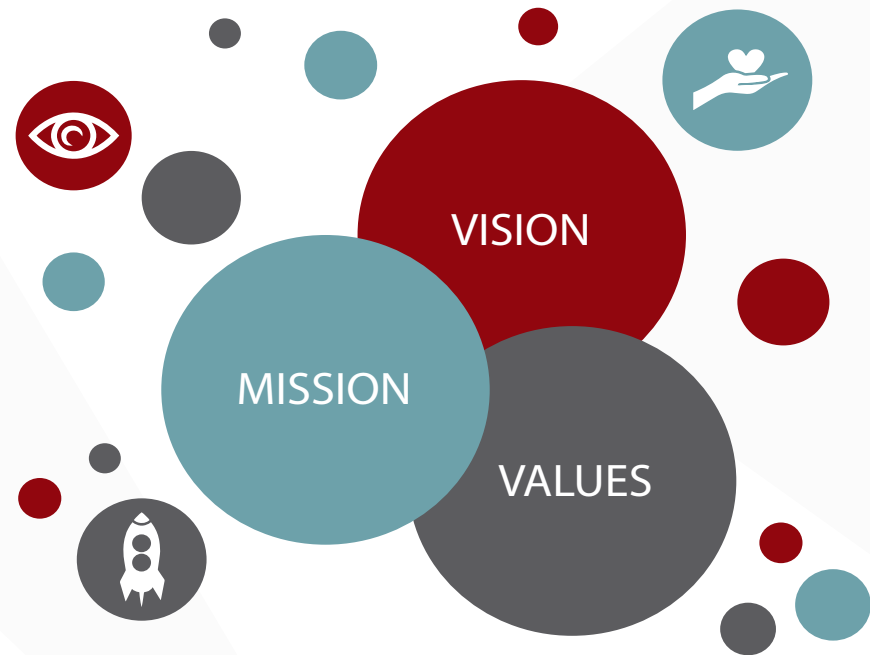
- Providing leadership and excellence in academic delivery and evaluation of simulation-based education
- Ensuring optimal accessibility to this education tool
- Developing and mentoring high quality simulation educators
- Innovating and disseminating best practice
- Supporting quality and patient safety initiatives
- Conducting high quality simulation-based research

VISION

High quality healthcare for all children and families

VALUES

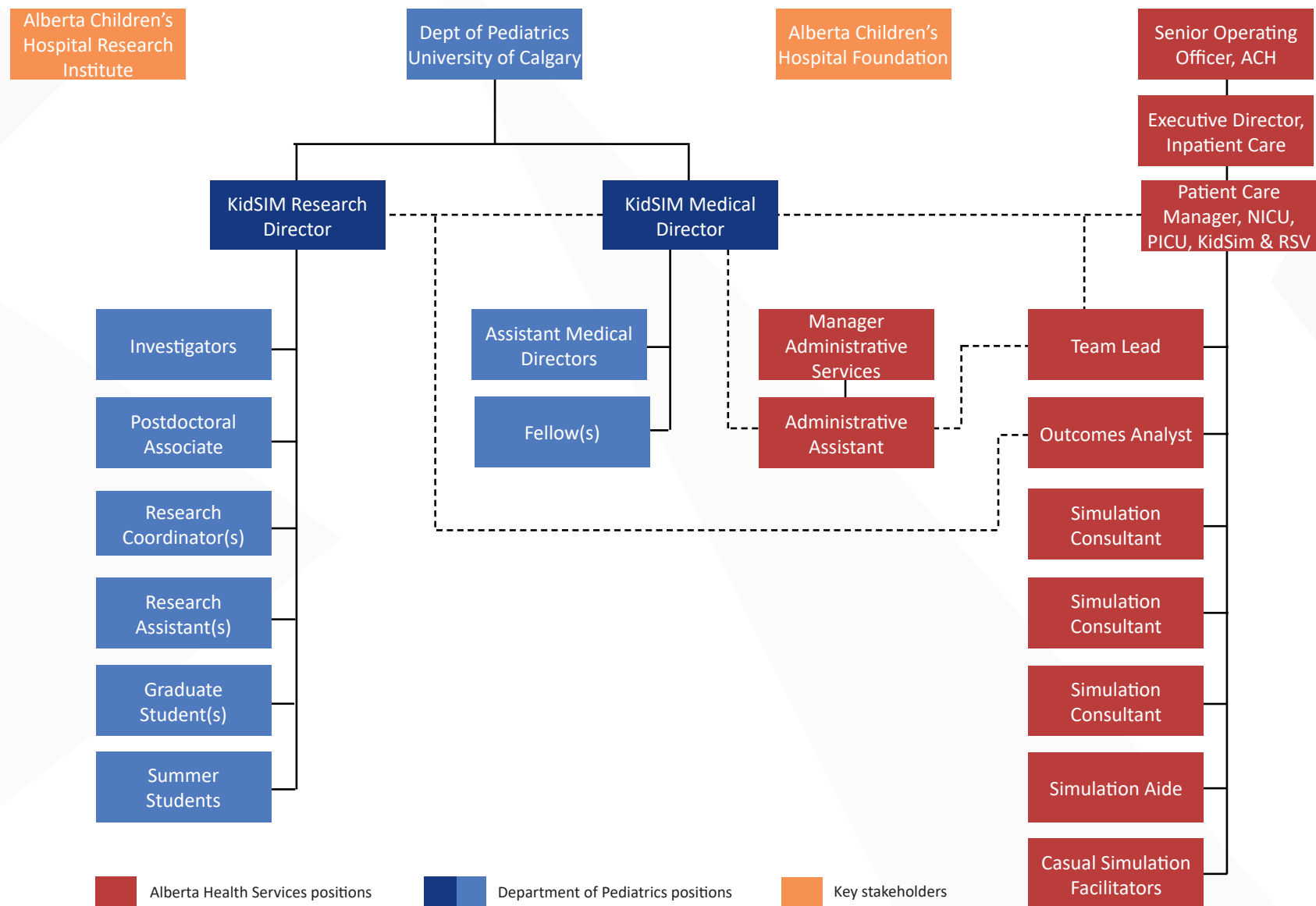
Inclusive, Respect, Supportive, Honesty, Integrity, Collaborative, Innovative



The KidSIM Program will honor our vision, mission & values by:

- Using medical simulation technology to enhance and assist with the ongoing professional development of front-line providers in our health care communities.
- Improving efficiency, availability and integration of simulation technology and scenarios into the educational programs of all pediatric stakeholders.
- Using medical simulation technologies to provide pediatric-focused acute care education and training to clinical areas within the ACH, as well as facilities that perform pediatric care in the Calgary Health Region, and rural and regional centers in Southern Alberta, Central Alberta and Southeastern British Columbia.
- Recruitment and facilitation of the training and development of future simulation educators providing a respectful, supportive and non-threatening learning environment for learners.
- Promoting excellence in simulation-based research by securing grant funding, mentoring novice researchers, collaborating with global experts, and engaging community partners to ensure broad dissemination of evidence.
- Creating an environment for improved patient safety and quality of care through uncovering and addressing patient safety threats.

GOVERNANCE



KIDSIM TEAM



Dr. Kerri Landry, Medical Director

Dr. Kerri Landry is originally from Montreal, Quebec where she attended McGill University and completed her MD/MBA, her Pediatrics' Residency and finally her Pediatric Emergency Medicine Fellowship. During her time at McGill, her interest in simulation education was sparked when they opened the Steinberg Centre for Simulation and Interactive Learning in 2006. She quickly fell in love with sim and became an active participant and educator in their emergency program. In 2009, she left the east, excited to join the Emergency Medicine Group at the Alberta Children's Hospital. Once in Alberta, Kerri became an active instructor with the KidSIM program, teaching at the undergraduate, resident, fellowship and staff levels as well as helping out with the Mobile Outreach Education program and various conferences and workshops. Delighted by the chance to take on a more formal role with the KidSIM program, in the spring of 2016, Kerri jumped at the chance to become an Assistant Medical Director overseeing the Mobile Outreach Education program. While she loved her role as the lead for Mobile Education, Kerri is now the Medical Director of the KidSIM Program. So far, she has worked with the team to navigate the Covid-19 pandemic and the program's Royal College Accreditation and is excited to explore how KidSIM can contribute its simulation expertise to help further the Quality Improvement work being done at the Alberta Children's Hospital.



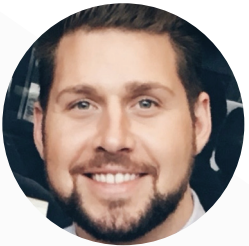
Dr. Adam Cheng, Research and Development

Dr. Adam Cheng is a Professor with the Department of Pediatrics and Emergency Medicine at the University of Calgary. As a scientist and researcher at the Alberta Children's Hospital Research Institute, he oversees a program of simulation-based research focused on improving outcomes from cardiac arrest. Currently, he is leading the simulation research program (KidSIM-ASPIRE) at ACH and is also the Co-Director of the KidSIM Fellowship Program. Adam is internationally known for his work in simulation-based education and research. He has developed numerous simulation-based curricula, both at the local and national levels. His research in cardiac arrest, cardiopulmonary resuscitation and debriefing, includes a number of highly cited, simulation-based randomized controlled trials that have informed changes in international resuscitation courses. In 2018, he was lead author on the American Heart Association's Scientific Statement on Resuscitation Education that was published in the journal Circulation. He has edited several textbooks and is lead author of the Education Science of the 2020 American Heart Association Cardiopulmonary Resuscitation guidelines. Adam has been an active international leader. He is past-chair of the International Network for Simulation-based Pediatric Innovation, Research and Education (INSPIRE), which is the largest simulation research network in the world, comprised of over 250 pediatric hospitals and simulation programs. In 2025, Adam received the prestigious King Charles III's Coronation Medal in recognition of his outstanding contributions to Heart & Stroke and unwavering commitment to heart and brain health in Canada.



Dr. Christine Kennedy, Assistant Medical Director

Dr. Christine Kennedy is originally from Winnipeg and attended medical school at the University of Manitoba prior to moving to Calgary for her Pediatrics residency and Emergency Medicine fellowship. Throughout her fellowship she developed a passion for medical education and completed the Teaching Scholars in Medicine Certificate Program at the University of Calgary. She has been working as an Emergency Physician at the Alberta Children's Hospital since 2011 and has a very active role in teaching medical students, residents, and fellows. Christine took on a formal role with KidSIM in 2021 as an Assistant Medical Director and oversees the Mobile Outreach Education Program. She is excited to be involved in helping to develop and grow other educational programs within KidSIM.



Dr. Donovan Duncan, Assistant Medical Director

Dr. Donovan Duncan completed his pediatric residency at the University of Calgary in 2019, followed by a fellowship in Pediatric Critical Care Medicine at the Montreal Children's Hospital. In 2021, he returned to Alberta Children's Hospital, where he completed an advanced fellowship in simulation through the KidSIM program and is currently completing a Master of Health Professions Education (MHPE) from Maastricht University in The Netherlands. Dr. Duncan is currently a Pediatric Critical Care Attending Physician, the Director of Pediatric Critical Care Education at Alberta Children's Hospital, and he serves as the Assistant Medical Director of Quality Improvement and Patient Safety with KidSIM. In his role with KidSIM, Dr. Duncan leads initiatives that leverage simulation as a systems-based tool for healthcare improvement. In this role, he is actively involved in using simulation to surface latent safety threats, stress-test workflows, and co-design innovative solutions to persistent clinical challenges. His work focuses on applying simulation as a proactive strategy to improve system functioning, enhance patient safety, and drive meaningful change in healthcare delivery.



Dr. Alexandra St-Onge-St-Hilaire, KidSIM Fellowship Co-Director

Dr. Alexandra St-Onge-St-Hilaire is a Pediatric Emergency Medicine physician originally from Montréal. She completed her medical degree at McGill University and pediatric residency at the Montreal Children's Hospital (MCH) before moving west to pursue her Pediatric Emergency Medicine fellowship at the Alberta Children's Hospital. Early in her training, Alexandra developed a strong interest in medical simulation, contributing to the development of a simulation curriculum for residents at the MCH. During her fellowship, she completed an elective with the KidSIM program, which solidified her passion for simulation-based education. Following her PEM training, she completed a Simulation Fellowship with STORK, a state-wide outreach simulation program based at the Queensland Children's Hospital in Australia. She has since returned to Alberta and enthusiastically joined the KidSIM team, where she took on the role of Assistant Director of the simulation fellowship program. Alex is passionate about teaching and is grateful for the opportunity to share the knowledge and experience gained through her fellowship. She is proud to be part of the vibrant simulation community at KidSIM.



Dr. Vincent Grant, KidSIM Fellowship Co-Director

Dr. Vince Grant is the Co-Director of the KidSIM Fellowship Program and has been the Provincial Medical Director of the eSIM Program for Alberta Health Services since 2019. He is an Emergency Physician at ACH and a Professor of Pediatrics and Emergency Medicine at the Cumming School of Medicine at the University of Calgary. Vince was the Founding Medical Director for the KidSIM Program from 2005-2020, as well as the Founding Medical Director for the ATSSL at the University of Calgary. He has been an integral part of the growth of simulation-based education locally and has developed a national and international reputation for his work in this area. His main academic interests include simulation faculty development, debriefing and feedback methods, interprofessional simulation education, rural mobile outreach simulation, and innovation in medical education technologies.



Dr. Jaime Blackwood, Assistant Medical Director

Dr. Jaime Blackwood is originally from Ontario and completed her medical degree at the University of Western Ontario. She moved to Calgary to pursue her pediatric residency and later completed a fellowship in Pediatric Intensive Care at the Stollery Children's Hospital in Edmonton. Although Dr. Blackwood officially joined KidSim in 2025, she has been heavily involved in medical simulation since beginning her role as a staff pediatric critical care physician at the Alberta Children's Hospital in 2009. Throughout her career, she has played an active role in teaching residents and fellows, integrating extensive simulation-based education into her work. She was the Medical Lead in charge of developing and establishing the Rescue ECS program, where simulation served as a cornerstone of training and skill maintenance. Dr. Blackwood currently serves as the Assistant Medical Director of Quality Improvement and Patient Safety with KidSIM, where she continues to advance simulation-based education and improve clinical systems to enhance patient care.



Dr. Winnie Nagesh, Assistant Medical Director

Dr. Winnie Nagesh completed her medical degree at the Cumming School of Medicine, University of Calgary, followed by her General Pediatrics residency at the Stollery Children's Hospital, University of Alberta. She returned to Calgary in 2022 to join the Pediatric Hospital Medicine section at Alberta Children's Hospital, where her clinical work spans both hospital pediatrics and the hospital's inaugural inpatient eating disorders program. Winnie completed the KidSIM Education and Research Fellowship (2024-2025) and earned a Master's of Healthcare Quality, Safety and Clinical Informatics from Harvard Medical School (2024-2026). She served as Interim Assistant Medical Director of Quality Improvement and Patient Safety with KidSIM, where she led a revamp of the in-situ mock code blue program, introducing structured data collection and formal QI methodology, alongside her work leading an ongoing Pediatric DKA quality improvement initiative. During this time, she has also continued research into the use of generative AI in simulation debriefing.



Nicola Peiris, Team Lead

Nicola earned her BSc from the University of Calgary and has been with the Alberta Children's Hospital since 2008. She has managed numerous large-scale research projects, collaborating closely with research teams in the Pediatric Intensive Care Unit (PICU) and the KidSIM-ASPIRE Program. From 2011 to 2020, she served as Network Manager for the International Network for Simulation-based Pediatric Innovation, Research and Education (INSPIRE), the world's largest pediatric simulation research network. She joined the KidSIM-ASPIRE team in 2011 and, after assuming the role of Team Lead for KidSIM in 2016, works alongside the Medical Director, Research Director, and Patient Care Manager to oversee the program's day-to-day operations and research activities.



Helen Catena, Simulation Education Consultant

Helen graduated from Oxford UK with a pediatric nursing degree and after working in the UK for 2 years moved to work at The Hospital for Sick Children in Toronto. Two years later Helen relocated to the Alberta Children's Hospital in Calgary, working in the Intensive Care Unit since 2004. She became interested in simulation in 2006 when she started teaching in the KidSIM Program. Helen helped lead the development of the Undergraduate Interprofessional Education program as well as the Inpatient Hospital Pediatrics program. Helen formally joined the KidSIM Program part-time in 2011 as the KidSIM Simulation Education Consultant helping to coordinate all aspects of education that occurs in the program.



Amy Cripps, Simulation Education Consultant

Amy has a wide range of knowledge from her acute care experience in PICU and as a 2-person pediatric transport team as a RRT. This helps her be able to teach any level of learner from any discipline. She has been involved in simulation since 2008 and was essential for the success of the Just-In-Time inpatient program. Amy has helped this unique delivery of simulation spread into other areas including PICU, NICU and Oncology/Hematology unit, making it a huge success. Amy assumed the role of Simulation Education Consultant in 2016. She works to organize and assist in all aspects of the program, particularly mentoring and faculty development.



Deborah Tamura, Simulation Education Consultant

Deborah's background is in pediatric nursing, calling ACH "Home" since the beginning for her nursing career. She has clinical experience in both inpatient and critical care as well as being part of ACH Nursing Education Team in various roles. She has been facilitating with the KidSIM program since 2016 and was thrilled to step into the position of Simulation Education Consultant in 2024. Deborah has participated in various KidSIM programs including the Undergraduate Interprofessional Education program, Mobile Education, PALS/PEARS courses, Family Centered Care Program and facilitating simulation in outpatient and community settings. She is excited to help co-ordinate the educational programming here at KidSIM but most inspired at the breadth of ways simulation contributes to excellence in pediatric care!



Dr. Jeffrey Lin, Senior Analyst

Dr. Yiqun Lin (aka Jeffrey Lin) obtained his medical degree and completed his pediatrics residency training in China. While he was practicing at the Children's Hospital of Fudan University in Shanghai, he was granted a budget to establish a simulation lab within the Emergency Department, which represents the first pediatric simulation center equipped with high fidelity simulators in mainland China. He moved to Vancouver in 2011 and completed a master's degree on clinical epidemiology. In addition to a simulation research fellowship with the KidSIM Research Program, Dr. Lin completed his PhD and postdoctoral research project, examining the efficacy and cost-effectiveness of distributed practice and appropriate feedback on CPR quality, at the University of Calgary. In 2022, Jeffrey accepted a role at KidSIM as Senior Analyst, evaluating return on investment and cost-effectiveness for programs in the KidSIM Center. In 2025, Jeffrey received the prestigious King Charles III's Coronation Medal in recognition of his exceptional contributions and commitment to advancing resuscitation and research in Canada.



Kerianne Craig, Simulation Aide

Kerianne has been at AHS Supply since 2003 and moved in 2009 to work in Supply management, specifically for Alberta Children's Hospital. Kerianne assumed the role of KidSIM Simulation Aide in 2016. Her previous experience has been essential in how she has been able to help ensure all the labs are constantly organized and restocked for both the facilitators and the learners. She has helped organize and tidy the center and provides technical support and equipment training. Kerianne is relied on by all of KidSIM. Kerianne's other interest is learning to run the wide range of mannequins used for all levels of sessions so that she can be more involved in the scenarios themselves.



Keely Piscopo, Administrative Assistant

Keely has a Medical Office Administration Diploma which she obtained from CDI College. Her career with AHS started in 2012 where she worked for the Regional Scheduling Offices. Keely came to the Alberta Children's Hospital in June of 2015 where she worked for the Department of Pediatrics, Section of Emergency Medicine as administrative support for three emergency physicians. Keely assumed the role of KidSIM Administrative Assistant in 2016. She has a wide array of experience with computer software, and technology troubleshooting. She brings with her talent, organizational experience, and in depth knowledge and she has been a real asset since joining the team.



Michelle Chow, Administrative Assistant

Chui Ting (Michelle) Chow joined Alberta Health Services (AHS) in July 2025. She holds a Project Management Professional (PMP) certification and brings a strong background in project management, with experience in optimizing workflows. Michelle is currently pursuing a Medical Office Assistant (MOA) Certificate at Bow Valley College to further develop her knowledge and skills in healthcare administration. She contributes her expertise to the KidSIM program by supporting scheduling processes and enhancing operational efficiency. Her technical knowledge, attention to detail, and organizational skills make her a valuable addition to the team.

SIMULATION SUPPORT

KIDSIM TEAM

Alexandra St-Onge-St-Hilaire
Amy Cripps
Christine Kennedy
Deborah Tamura
Donovan Duncan
Helen Catena
Jaime Blackwood
Jeffrey Lin
Keely Piscopo
Kerianne Craig
Kerri Landry
Michelle Chow
Nicola Peiris
Winnie Nagesh

RESEARCH

Adam Cheng
Jennifer Davidson

KIDSIM FELLOW

Vinnie Lam

BIOMED SUPPORT

Dan Duperron

EMERGENCY MEDICINE

Andrea Boone
Antonia Stang
Caitlin Fernley
Cassidy Wyntjes
Christie Li Pi Shan
Connie Abrey

Dana Stewart
Dana Stys
Deborah Tamura
Ellen Morrison
Fiona Stewart
Gavin Burgess
Gloria Yoo
Gord McNeil
Jennifer Thull-Freedman
Joleen Lidberg
Julie Wallin
Kaitlyn Mousseau
Katelyn Maki
Kelly Millar
Keon Ma
Kida Stevens
Kristen Johnson
Lorraine Mabon
Lundy Day
Mary Tong
Megan Karmann
Melanie Willimann
Michael Pierse
Michel Schlegelmilch
Michelle Fric
Naminder Sandhu
Pamela Vandenbergelaar
Paula Espinoza
Patricia Lee
Peggy Thomson-Gibson
Rami Ableman
Robyn Buna
Russell Lam

Sean Burke
Shabnam Minoosepahr
Sherry Wilson
Shirmee Doshi
Tammy Nelson
TJ Kodeeswaran
William MacDougall

TRAUMA SERVICES

Karl Philips
Sherry MacGillivray

PEDIATRIC TRANSPORT

Caitlin Brooke Moran
Jenna Camphaug
Neil Baribeau
Troy Carmichael

PICU

Andrea Jesney
Jon Gilleland
Joy Handley
Meagan Mahoney
Rachel Lajoie
Tais Da Costa Sao Pedro

ECLS

Pat Yee
Steve Menzies

NICU

Amelie Strizke
Blair Becker

Claire Wattleworth
Jan Lind
Lori Stephen
Martin Perlsteyn
Norma Oliver

RESPIRATORY THERAPY

Andres Morin Mosquera
Hibah Hijair
Jennifer Oliverio
Laura Bird
Leo Chen
Lisa Liland-Macdonald
Michelle Vizard
Mikaila Nederveen
Salvatore Cimino
Welsey Li

STEP

Keri Price

INPATIENT PEDIATRICS

Andrea Grotemeyer
Angie Arcuri
Chantel Jolivel
Chantelle Barnard
Chris Novak
Danielle Maubert
Deanna Cook
Jenna Wiseman
Jennifer Walker
Kirby Bell
Laura Davies

Lily Ragan
Lindsay Long
Marsha Bucsis
Maribeth Faustino Hill
Matthew Jansen
Megan Allison
Michael Friesen
Michelle Jackman
Preet Sandhu
Renee Jackson
Sharon Spicer
Suzette Cooke
Tobi Reisig

SURGERY

Corey Dowler
Mary Brindle
Shantel Cunningham
Steve Lopushinsky

OPERATING ROOM

Adam Spencer
David Lardner
Elisabeth Dobereiner
Jamin Mulvey
Jeremy Luntley
Karthik Sabapathi
Lindsay Schwartz
Mark Gale
Megan Hayter
Meggie Livingstone
Michael Letal
Sam Beck

PACU

Karen Bibaud
Noemi Ly

HOME CARE

Amber Deus
Heather Breault
Jennifer Shehata
Kayla Schaab
Lee Carson

ROTARY FLAMES HOUSE

Meredith Luipasco

AMBULATORY CLINICS

Leslie Ramos-Charlton
Rebecca Perry
Wendy Schwarz

CASUAL

Ashley Holloway
Louise Simonot
Rob Catena
Wendy Bissett

EDUCATION COMMITTEE

The KidSIM Program is accredited by the Royal College of Physicians and Surgeons of Canada, enabling all eligible activities developed and delivered by the program to be recognized within the Maintenance of Certification (MOC) Program. This accreditation reflects our commitment to delivering high-quality, evidence-informed simulation-based education that aligns with current best practices and advances safe, effective patient care.

The Pediatric Simulation Education Oversight Committee (PSEOC) provides leadership, expertise and guidance in relation to the dissemination of pediatric simulation education, simulation curriculum, scenario design, evaluation, and simulation research. These objectives include:

- To assist in the development, review and dissemination of peer-reviewed scenarios for use within the simulation program.
- To evaluate needs assessments from various user groups and help them design curriculum and scenarios to support these needs.
- To critically evaluate education provided by the KidSIM Program and its affiliates and ensure the objectives are tied to the needs of the group
- To review summative evaluations of user groups.
- To advise the Medical Director of the KidSIM Program as to resource needs from various user groups.
- To provide guidance to programs in the use of simulation for competency-based assessment.
- To ensure Patient Safety Competencies are integrated into simulation activities.

Dr. Kerri Landry (chair)- Medical Director, KidSIM

Nicola Peiris - Team Lead, KidSIM

Dr. Adam Cheng - Research & Development Director, KidSIM-ASPIRE

Dr. Christine Kennedy - Assistant Medical Director, KidSIM

Dr. Donovan Duncan - Assistant Medical Director, KidSIM

Helen Catena - Simulation Consultant, KidSIM

Amy Cripps - Simulation Consultant, KidSIM

Deborah Tamura - Simulation Consultant, KidSIM

Jeffrey Lin - ROI Outcomes Analyst, KidSIM

Jennifer Davidson - Research Coordinator, KidSIM-ASPIRE

KidSIM Fellow(s)

Sherry MacGillivray - Coordinator, ACH Trauma Program

David Neufeld - Clinical Educator, Respiratory Therapy

Karen Bibaud - Clinical Nurse Educator, PACU

Connie Abrey - Clinical Nurse Educator, Emergency Department

Pam Vandenbiggelaar - Clinical Nurse Educator, Emergency Department

Danielle Maubert - Clinical Nurse Educator, Unit 4

Dr. Martin Perlsteyn - Neonatal Intensive Care Unit

Dr. Amonpreet Sandhu - Pediatrics

Dr. Renee Jackson - Pediatrics

Dr. Winnie Nagesh - Pediatrics

Kirby Bell - Clinical Nurse Educator, Nursing Support Team

Leslie Pihlstrom - Instructor, Ambulatory

Meredith Luipasco - Clinical Nurse Educator, Rotary Flames House

Neil Baribeau - Coordinator, Pediatric Critical Care Transport Program

FUNDING

The KidSIM Program is grateful to have received financial support for infrastructure, equipment and operations from various sources since 2004. The KidSIM Program is extremely proud of its long-standing relationship with the Alberta Children's Hospital Foundation, without whose support the pediatric simulation program would likely not exist.

ALBERTA CHILDREN'S HOSPITAL FOUNDATION (ACHF)

2004	\$262,898	School-Aged Mannequin (METI) and AV equipment
2005	\$7,400	Multimedia Equipment
2006	\$60,000	Infant Mannequin (METI)
2007	\$203,740	Portable Infant (Laerdal), School-Aged (METI) and Adolescent Mannequins (Laerdal)
2007	\$20,000	Physiological Monitor for Simulation Laboratory
2007	\$20,700	Funding for Simulation Facilitators
2008	\$76,000	Outreach equipment and portability solutions
2008	\$21,000	Funding for Simulation Facilitators
2008	\$2,394,500	Construction and Outfitting of the KidSIM Centre (2012-2013)
2009	\$150,000	Three year funding commitment for Simulation Facilitators (2010-2013)
2014	\$100,000	Funding for Simulation Facilitators
2015-2019	\$1,582,000	Funding for Infrastructure Support and Simulation Facilitators
2018-2019	\$181,000	Support for KidSIM Innovation: ACH 3D Printing Challenge
2019	\$93,685	Radiothon Support for purchase of new mannequins
2019	\$90,000	Radiothon Support for KidSIM Innovation: Virtual and Augmented Reality at ACH
2019-2022	\$1,350,000	Funding Extension for Infrastructure and Operations Support
2019-2020	\$67,204	Baby Sim Doll, 4 Little Junior CPR Trainers, 4 Resusci Juniors CPR Trainers, Radiothon 2019
2019-2020	\$26,480	Additional Funding, Radiothon 2019
2019-2020	\$490,000	Virtual & AR Technology, Radiothon 2019
2022-2027	\$3,457,368	Funding for Infrastructure Support and Simulation Facilitators
2023	\$15,000	CMAC blades, Rhythm Generators, AEDs Radiothon 2023
2024	\$56,000	Laerdal Vitals Bridge, Trauma Child
2025	\$95,616	Mobile Education Vehicle

FAMILY CENTERED CARE AND TECHNOLOGY PROGRAM (FUNDED BY ACHF)

2011	\$30,000	Toddler-Aged Mannequin (Gaumard)
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PGME PROGRAM - DEPARTMENT OF PEDIATRICS

2010	\$30,000	School-Aged Mannequin (Gaumard)
2010	\$30,000	Toddler-Aged Mannequin (Gaumard)
2013	\$25,000	School-Aged Mannequin (Laerdal)
2015	\$30,000	Toddler-Aged Mannequin (Gaumard)
2021	\$26,200	School-Aged Mannequin (Laerdal)
2023	\$3,161	AirSim Child Tracheostomy Trainer

DEPARTMENT OF PEDIATRICS

2005-present	0.2 FTE	Medical Director, KidSIM
2005-present	0.3 FTE	Simulation Consultant, KidSIM
2005-2013	\$129,372	KidSIM Operations Supplies, Minor Equipment, Warranties
2006-present		MD Facilitation Hours
2011-present	0.75 FTE	Research & Development Director, KidSIM-ASPIRE
2011-present	0.5 FTE	Administrative Assistant, KidSIM
2021	\$60,000	KidSIM Fellow

eSIM PROVINCIAL SIMULATION PROGRAM

2008-present	0.2 FTE	Simulation Consultant, KidSIM
2011-present	0.4 FTE	Simulation Consultant, KidSIM
2018-present	0.2 FTE	Simulation Consultant, KidSIM
2010	\$30,000	Infant Mannequin (Gaumard)
2012	\$30,000	Infant Mannequin (Gaumard)

OTHER PROGRAMS

2017	\$20,000	Premie-Aged Mannequin (Gaumard) - NICU Program, Family Donor
2017	\$3,000	Premature Anne Task Trainer (Laerdal) - NICU Program, Family Donor

PROGRAMS



KidSIM provides simulation-based education and training to up to 6,000 learners each year. These learners represent the full continuum of care and professional development, ranging from undergraduate students and residents to practicing healthcare professionals across multiple disciplines. KidSIM also extends its educational reach beyond the healthcare setting to include parents, caregivers, school personnel, and other community supports responsible for caring for children in homes and schools. The breadth of programs offered reflects our commitment to delivering accessible, comprehensive, integrated, and coordinated education that equips both healthcare providers and families with the knowledge, skills, and confidence to provide safe, high-quality care.

By delivering simulation-based education to individuals and interprofessional teams throughout the Alberta Children's Hospital, while expanding training opportunities to families and community partners, KidSIM advances the shared vision of excellence in family-centered care. Our work also aligns closely with broader health system priorities by strengthening the capabilities of healthcare teams, extending education to the communities that support local populations, promoting safer and more efficient systems of care, and ultimately contributing to improved health outcomes for children and families.

KidSIM Program Outcomes:

- Improved performance of skills of ACH staff and emergency staff in hospitals across the catchment area.
- Improved adherence to established clinical guidelines and protocols of ACH staff and emergency staff in hospitals across the catchment area.
- Improved teamwork and collaboration of ACH staff and emergency staff in hospitals across the catchment area.
- Improved performance of skills of family/caregivers providing in-home care to children with acute illness.
- Improved patient safety and quality of care through uncovering and addressing patient safety threats.
- Conduct innovative, high-quality, simulation-based research to inform healthcare providers, administrators and families of best practices, which will optimize pediatric patient outcomes from illness.

PEDIATRIC EMERGENCY MEDICINE

Emergency Department inSITU Simulation

The Emergency Department In Situ Simulation program was launched as a pilot in 2023 and has since become a regular component of education in the Pediatric Emergency Department at the Alberta Children's Hospital. Sessions are now delivered biweekly to support ongoing team training and system improvement. These brief, high-yield simulations focus on high-acuity, low-frequency presentations encountered in the ED. Interprofessional trauma team members participate during their clinical shifts, including registered nurses (RNs), respiratory therapists (RRTs), licensed practical nurses (LPNs), emergency physicians, and ED pharmacists. Sessions are facilitated by Clinical Nurse Educators and a Pediatric Emergency Physician. Each simulation and debrief is designed to be efficient and practical, lasting approximately 30 minutes. Scenarios are aligned with departmental priorities and focus on key patient care themes, including new protocols, medications, and evolving clinical processes. Importantly, simulations also provide an opportunity to identify latent safety threats and system issues in the real clinical environment. These findings are reviewed by ED leadership and brought forward to site operational meetings to inform system improvements.

Over the past year, 130 learners participated in ED in situ simulation sessions. The program has strengthened staff confidence with new processes, enhanced interdisciplinary teamwork and engagement, and supported the early identification and mitigation of potential patient safety risks. This initiative continues to play an important role in advancing patient safety, team readiness, and continuous quality improvement within the Pediatric Emergency Department.

Undergraduate Interprofessional Education

The Undergraduate Interprofessional Education Program was one of the first of its kind in the entire world. This program allows undergraduate learners from different health professions in their final year of training to work together to manage common pediatric illnesses and injury. These sessions have included nursing students from the University of Calgary and Mount

Royal University, respiratory therapy students from SAIT, licensed practical nurse students from Bow Valley College, Emergency Medical Services from SAIT, pharmacy students from University of Alberta and medical students from the University of Calgary. These sessions focus primarily on teamwork skills such as communication, roles and leadership while also learning to manage common pediatric acute care presentations (such as shock, respiratory distress, seizures and anaphylaxis). This program runs weekly year-round.

Pediatric Emergency Medicine Fellowship Simulation Education

The curriculum for pediatric emergency medicine fellowship training focuses on the medical management of the patient, as well as developing and improving teamwork and communication skills by ensuring that all sessions are interprofessional. Nursing and Respiratory Therapists from the emergency department are a vital component in these monthly sessions. The national curriculum adopted by the Royal College of Physicians and Surgeons of Canada has 16 required subjects embedded into it over the 2 years, to create a total of 24 scenarios.

Pediatric Emergency Medicine Senior Resident and Fellow Team Training

The Emergency Medicine team training program links senior residents (typically PGY3 and above) who are performing their rotation in Pediatric Emergency Medicine with Pediatric Emergency Medicine Fellows. This session runs monthly and incorporates cases related to complex emergency department patients. The program focuses on allowing senior residents and fellows the opportunity to lead resuscitation teams from the pediatric emergency department and focuses on their teamwork skills as well as management of complex pediatric acute care patients.

Pediatric Emergency Medicine Junior Resident Simulation Education

This program runs twice per month and is aimed at junior residents (PGY1-2) during their Pediatric Emergency Medicine rotation. These residents come from various postgraduate programs and this program is intended to teach them various aspects of the care of common pediatric acute care scenarios, including respiratory distress, shock, seizures, anaphylaxis and trauma care.

Managing Pediatric Emergencies for Adult Emergency Department Nurses

This program provides valuable experience and teaches basic management of pediatric emergencies to adult emergency department nurses during their orientation period. The learners are new nurses from all Calgary Emergency Departments and Urgent Care Centers. Objectives of this program are based on management and identification of common pediatric emergency presentations.

Pediatric Emergency Medicine Attending Physician Interprofessional Simulation Education

Recognizing the importance of team training and continuing competence, the emergency department has implemented monthly simulation sessions involving attending physicians, staff nurses and respiratory therapists. Whenever possible, the training occurs in the Trauma room of the Alberta Children's Hospital Emergency Department to enhance the realism of the scenario and evaluate current systems. These sessions focus primarily on the management of acutely ill pediatric patients.



Pediatric Trauma Services Simulation Program

The Pediatric Trauma Program delivers comprehensive simulation-based education to healthcare providers involved in the care of injured pediatric patients, with an emphasis on interprofessional teamwork and evidence-based clinical management. Trauma simulation activities serve as a structured mechanism to identify system gaps, inform process and policy refinement, and address targeted educational needs.

Participants represent a broad range of clinical disciplines across the trauma care continuum, including pre-hospital Emergency Medical Services, the Emergency Department, Diagnostic Imaging, Transfusion Medicine, the Intensive Care Unit, the Operating Room, and the inpatient Trauma Unit (Unit 4). Engaging multiple services promotes effective communication, coordinated decision-making, and optimized care delivery—critical components in the management of pediatric patients with complex, multi-system injuries. Simulation is regarded as the most effective and authentic modality for achieving these objectives.

In addition, the Pediatric Trauma Program collaborates with KidSIM through the Mobile Education Program to extend simulation-based trauma education to regional referral centres. As a Level 1 Pediatric Trauma Centre, the program holds a mandate to provide ongoing trauma education to Alberta Children's Hospital referral sites. Simulation scenarios are developed based on formal needs assessments from these centres, as well as the analysis of real clinical cases identified as high-risk or operationally challenging. Interprofessional teams participate in simulations within their own resuscitation or trauma environments, facilitating the identification of equipment, resource, logistical, and educational gaps within local systems. This outreach model has demonstrated significant value in strengthening trauma readiness and system performance across referral centres.

Notably, the Accreditation Canada survey for Provincial Trauma Distinction in September 2019 identified this program as a clear exemplar of the organization's commitment to delivering high-quality pediatric trauma care throughout Southern Alberta.



PEDIATRIC INTENSIVE CARE UNIT (PICU)

Mock Code Program

This program provides the interprofessional code blue team and the corresponding 'host' unit staff with the opportunity to practice resuscitation skills through semi-monthly in-situ simulation. Various areas throughout the hospital are selected to host mock code blues, with scenarios built specifically for that clinical environment, reflecting the types of patient deterioration most likely to occur in that area. To maintain a safe learning and debriefing environment, a hospital pediatrician and intensivist are always present as facilitators. A structured debrief focused on system integration follows each mock code to consolidate learning points, identify latent safety threats, and address process concerns. This program has evolved into a formal site-level quality improvement initiative with engagement from hospital leadership. Simulation data collected from each mock code is reviewed to identify system-level trends and inform change at the institutional level. Findings have been presented at the ACH Quality Council, and a formal QI committee has been established to ensure that gaps identified through simulation are translated into meaningful, hospital-wide improvements in our response to deteriorating patients on the ward. This collaborative approach ensures that the mock code program extends beyond education to drive sustainable patient safety change across the organization.

PICU Nursing Orientation

Nurses hired for the PICU are provided an orientation which prepares them to work in this challenging environment. KidSIM offers a space for educators to engage these staff in simulation-based skill development opportunities which augments the didactic content.

PICU Interprofessional Team Training

This program focuses on critical care medicine and team training in the Intensive Care Unit. The participants are PICU Nurses, Respiratory Therapists, Advanced Practice Providers, Residents and Attending PICU physicians. The objectives focus primarily on teamwork skills and medical management of the most critically ill and complex children cared for in the PICU. They have used simulation to change systems and introduce new equipment to staff, ensuring that they are well trained and prepared for any situation.

PICU Continuous Renal Replacement Therapy (CRRT) and Therapeutic Plasma Exchange (TPE) Programs

This PICU-based team of 30 Specialists receives initial training sessions of 2-3 days, and then annual re-certifications of 4 hours. All these sessions incorporate simulation approaches to create optimal learning for the participants. A challenge for the team has been maintaining skills for these low volume/high acuity therapies, and simulation helps the team feel confident providing excellent care for critically ill pediatric patients.

STEP Team Training

The STEP team is a pediatric critical care response team that provides early assessment, education, and management of unstable pediatric patients across inpatient units, outpatient clinics, and during transitions from the PICU/NICU to inpatient care. The team also uses interprofessional simulation sessions to educate healthcare teams, orient new members, maintain skills, and practice management of deteriorating pediatric patients. The team is involved in many different educational courses that simulate the need for the healthcare team to activate the STEP team. If the STEP team is available and not busy with a real patient, they will respond to this call and take part as a participant in the simulation.

Pediatric Transport Program

The Pediatric Critical Care Transport Team (PCCTT) is responsible for the safe transfer of critically ill children from across southern Alberta and southeastern British Columbia to the Alberta Children's Hospital for escalating care, and to transfer patients to the Stollery Children's Hospital (Edmonton) for cardiac surgical services. This team currently has 37 RN's and RT's. In 2025 the Transport team took on training of 7 new staff members.

At present all 31 members of the PCCTT are certified to fly transport patients without physician accompaniment (RN/RT team only). In 2025, 259 children were transported by the transport team, and 93% of pediatric transports performed used a two-person (nurse and respiratory therapist) transport team, and a medical control physician consulting via phone and or video conference calling.

Simulation is a key component to the educational curriculum, including a formalized simulation program that runs the team through weekly sessions. Simulation is used for initial training, skill maintenance, process improvement, and equipment familiarizations. The transport team partners with EMS, STARS and Air Ambulance to run simulation sessions incorporating their team members and to utilize their vehicle simulators to run scenarios in the real environment. The program utilizes a simulation exam as a part of the certification process for RNs and RTs.

The transport team has partnered with the mobile education program over the last number of years to have a transport team member trained as a facilitator to participate on every mobile outreach session. In 2024 the pediatric Critical Care Transport Team utilized the KidSONO platform to train our RN's in the use of U/S guided PIV insertion.

The past 10 years have seen the transport team regularly incorporate telehealth during mobile education sessions. This provides an added layer of realism and education to mobile education and is a launching pad for the transport program to widely implement the use of telehealth technology for all calls coming into the team. Simulation provides the opportunity to be one of the most well-trained pediatric transport teams in the country.

Extracorporeal Life Support (ECLS) Team Training

Extracorporeal Life Support (ECLS) is a life-saving therapy that utilizes extracorporeal membrane oxygenation (ECMO) to provide temporary cardiac and/or respiratory support for patients with severe heart or lung failure. ECLS is implemented when maximal conventional intensive care therapies, including cardiopulmonary resuscitation (CPR), are insufficient to sustain adequate circulation or oxygenation.

In October 2011, Dr. Jaime Blackwood championed the establishment of an innovative interdisciplinary ECLS program designed to ensure rapid and coordinated initiation of ECLS for critically ill pediatric patients. The program brings together a highly specialized team including Pediatric Intensive Care (PICU) Registered Nurses, Respiratory Therapists, Pediatric Critical Care Physicians, Pediatric General Surgeons, Operating Room Registered Nurses, Pediatric Cardiologists, Cardiac Perfusionists, and Advanced Practice Providers (Clinical Associates/Assistants and Nurse Practitioners). Through structured training and clearly defined clinical roles, the team maintains a high level of readiness to respond to complex pediatric emergencies requiring ECLS support.

A cornerstone of the program is its robust simulation-based training framework. Interdisciplinary team members participate in high-fidelity simulation scenarios using specialized infant and pediatric mannequins, an ECLS simulator, and a clinical ECMO platform. These simulations replicate a wide range of critical situations, including patient stabilization prior to ECLS initiation, preparation and priming of the ECMO circuit, surgical cannulation during CPR and non-CPR events, circuit connection and stabilization, and management of ECMO-related complications. This immersive training environment supports the development of both technical and non-technical competencies, including communication, team coordination, and rapid clinical decision-making.

Simulation sessions are conducted four to six times a year, typically in the PICU, but may also be held in inpatient units, the emergency department, or the operating room to evaluate and refine clinical workflows across work environments. The sessions are used to test and optimize operational

processes associated with ECLS initiation and resuscitation. For example, the workflow for obtaining a chest radiograph following cannula insertion was streamlined to minimize delays and facilitate rapid ECMO initiation. Simulation exercises have also informed refinements to CPR workflows, including equipment placement, positioning of CPR compressors to maintain access for the surgical team during cannulation, designation of CPR coach to monitor compression quality, and adjustments to accommodate variability in provider height and team positioning.

In partnership with Dr. Shelina Jamal, ECLS Co-Medical Director, the program also incorporates a rigorous case review and continuous quality improvement (QI) process. Comprehensive multidisciplinary reviews of ECLS cases are conducted regularly to identify opportunities for system improvement, optimize clinical practices, and reinforce team learning. Key findings from these reviews are directly integrated into simulation training, ensuring that lessons learned translate into ongoing improvements in patient care and program performance.

The ECLS program at Alberta Children's Hospital (ACH) has emerged as a national leader in delivering ECLS within a non-cardiac pediatric center. The program provides comprehensive ECLS coverage across multiple hospital areas, including the Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU), all inpatient areas, operating rooms, and the emergency department. In addition, the ACH team has contributed to the development and mentorship of emerging non-ECLS programs in centers, supporting the expansion of pediatric ECLS capacity across Canada.

As of February 2026, the ACH ECLS program has supported 94 neonatal and pediatric patients requiring extracorporeal life support. The program's survival to hospital discharge rate is 65%, comparable to the Extracorporeal Life Support Organization (ELSO) Registry international average of 54–64% for similar patient populations. These outcomes reflect the strength of the program's interdisciplinary collaboration, simulation-based training model, and sustained commitment to quality improvement.



NEONATAL INTENSIVE CARE UNIT (NICU)

SANTS (Southern Alberta Neonatal Transport) Outreach

The SANTS transport team working out of Foothills Medical Center has organized several outreach teaching sessions for centers across rural southern Alberta. These sessions provide frontline staff with high fidelity simulation scenarios in order for them to practice their neonatal resuscitation skills. This program is taught primarily by KidSIM ASSET alumni.

Neonatal Resuscitation Program (NRP)

The ACH NICU Education team has incorporated simulation in the Neonatal Resuscitation Program. This is a required course for all nurses, respiratory therapists and physicians. They run monthly courses to ensure all the staff are kept up to date and maintain their skills. This course has been very successful; simulation has added to the realism for the learners.

NICU Interprofessional Team Training

The NICU educational team has worked hard providing regular in situ simulation sessions for the entire medical team working that day. They have created common scenarios that they would see and have managed to engage the staff in taking part in simulation. They are also focusing on medical management, teamwork and communication as well as systems. Simulation has helped them adapt the unit to fit their needs better with simple changes helping the staff become more efficient.

Neonatal Intensive Care Unit (NICU) Just-In-Time Training

The NICU has established a Just-In-Time simulation on real patients that are admitted in the unit. This provides the entire team, novice to expert the skills and knowledge to predict and anticipate potential deterioration of that patient with the hope that the change in condition is able to be prevented.

NICU Proskills Pediatric Resident Training

The NICU Proskills team has provided pediatric residents the opportunity to learn and practice NRP via high fidelity simulation at KidSIM. They also provide residents the chance to learn more focused hands on skills that relate to caring for the most critically ill newborns of southern Alberta.

Allied Health Team

Simulated learning experiences offer allied health teams valuable opportunities to refine their skills in the delicate care of fragile and complex NICU infants. These interprofessional sessions, which bring together Speech-Language Therapists, Physiotherapists, and Occupational Therapists, focus on promoting the safe handling and movement of infants during care. This includes techniques for passing infants to parents, facilitating physiotherapy, and encouraging healthy movement while in the arms or lap instead of a crib. Additionally, the training incorporates feeding techniques, ensuring that allied health professionals are equipped to support families in integrating these tools after discharge. By learning these approaches in a controlled, simulated environment, professionals can build their confidence in supporting both the infants' and parents' needs, ensuring comprehensive care that extends beyond the NICU.



OPERATING ROOMS/DAY SURGERY/POST-ANESTHETIC CARE UNITS

Short Stay Surgical Unit (SSSU)

This program runs quarterly simulation sessions. These sessions are uni-professional focusing on nursing staff of the Short Stay Surgical Unit and occasionally the Nursing Support Team. The objectives focus on managing a variety of routine post-surgical complications, emergency scenarios, addressing past complex cases or safety concerns, expansion of patient population and safest together initiatives. Simulation is also incorporated into new hire orientation and annual education days.

Post-Anesthetic Care Unit (PACU)

Simulation education is built right into existing education time for PACU staff which is currently 45 minutes on Friday mornings, of which simulation sessions are approximately 4-6 times per year for nursing staff. The team is trying to include Anesthesia into the sessions when they are available. Most of the sessions to date have focused on emergency events that may happen in PACU, such as airway management. PACU also includes simulation in annual continuing education skills day, which every staff member must complete. The KidSIM Lab is also used for new hires to teach PACU specific scenarios.

Pediatric Anesthesia Core Sessions

This is a 9-week program offered every two years at ACH. Over 9 Thursday afternoons, all U of C anesthesia residents (from R1-R4) participate in a four-hour session with didactic lectures covering a broad range of pediatric anesthesia subjects. Prior to the lectures this program facilitates simulations which are germane to the proceeding lectures for that particular session.

MEPA (Managing Emergencies in Pediatric Anesthesia)

This is an all-day simulation course focusing on 4 Pediatric Anesthesia Crises. Every resident in the U of C Anesthesia Program has been taught through this internationally recognized program that is offered every 6 months. MEPA is a well-established course in the UK which was brought to the ACH to improve comfort and competence in Pediatric anesthesia management for trainees.

Perioperative Crisis Management Course (POCM)

POCM is a full one-day course at developed to improve crisis management in operating rooms. POCM is a multidisciplinary, inter-professional course involving operating room RNs, post-operative recovery room RNs, Pediatric Anesthesiologists, Pediatric Surgeons, and Respiratory Therapists. This 6-hour course involves 3-4 simulated crises scenarios based on real scenarios that have happened in the peri-operative environment. Cases which have been reviewed at QI/QA rounds are used as a foundation for scenario development, with a goal to optimize patient care. POCM participants receive extensive feedback on their performance.



INPATIENT PEDIATRIC UNITS

Pediatric Interdisciplinary In-patient Simulation Education

The section of Hospital Pediatrics has been running interprofessional training sessions since 2007. This is a truly novel program that includes the attending staff hospital pediatricians. These sessions incorporate specific cases related to the inpatient unit where the participating staff works. The sessions are designed to highlight both medical objectives and teamwork skills. The section of Hospital Pediatrics has made this a mandatory education session for all Pediatric Attending Hospital Pediatricians working at the Alberta Children's Hospital. Simulation sessions have incorporated other departments to highlight new policies and processes, including PICU and the ECMO team, Anesthesia, sub-specialty medical and surgical services, and Child Life.

Pediatric Residents' Academic Half-Day Interprofessional Simulation Team Training

The University of Calgary's pediatric residency program incorporates Proskills and simulation sessions to cultivate exceptional leadership, communication, and clinical skills in a psychologically safe learning environment. Proskills, or procedural skills, training allows residents to practice hands-on techniques on task trainers, crucial for skill mastery before real-life application—especially vital with the transition to competency-based medical education. These half-day sessions enable trainees to complete simulation-eligible entrustable professional activities (EPAs) without risk to patients.

General Nursing Orientation Program

This two-week program is designed to support the onboarding of newly hired Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). The curriculum integrates the Pediatric Emergency Assessment, Recognition, and Stabilization Course (PEARS, Heart & Stroke Foundation) with simulation-based learning to reinforce key concepts introduced during didactic sessions. Through realistic scenarios, participants have the opportunity to apply their knowledge, strengthen critical thinking skills, and build confidence in managing pediatric emergencies within a safe learning

environment. By providing an early introduction to simulation, the program also fosters familiarity with this educational approach, encouraging staff to engage in ongoing simulation-based learning and professional development throughout their careers at the Alberta Children's Hospital.

Neurocritical Resident Simulations

This program provides neurocritical care residents with exposure to infrequently encountered patient conditions, equipping them with the skills and knowledge required to manage these complex situations effectively. KidSIM provided the simulated learning environment, facilitated the sessions, and collaborated in the development of scenarios. Through this training, residents have demonstrated increased engagement and confidence in caring for these patients. The partnership between KidSIM and the neurocritical care fellows has resulted in an effective educational program that enhances both the competence and confidence of neurocritical care residents.

Resident Indigenous Communication Simulation

This Indigenous themed simulation is a collaborative effort between eSIM, KidSIM and the Indigenous Health Program. These sessions serve as platforms for meaningful conversation and sharing, enriched by the involvement of Indigenous Advisors and Hospital Liaisons who act as experts and actors at each session. Traditional practices such as smudging, prayer, and talking circles are also incorporated. Through simulation, the aim is to advance the integration of cultural competence knowledge, encompassing attitudes towards personal bias, communication strategies, and awareness of organizational resources into the practice of healthcare providers. The experiences of learners thus far overwhelmingly underscore the value of this education and highlight the ongoing need for experiential learning to foster culturally competent care.

The "First Five Minutes" Program

The "First Five Minutes" program is a simulation-based training initiative designed for inpatient unit teams, including nurses, respiratory therapists, occupational therapists, and physiotherapists. Through realistic scenarios involving serious clinical events, participants practice recognizing when and

how to call for help, identifying the appropriate response team, assigning roles, and managing the patient using available unit resources until advanced support arrives. These sessions enhance teams' understanding of available resources, clarify team roles, and build confidence in providing effective care during the critical first moments of an emergency.

Nursing Education Programs

Clinical Nurse Educators (CNEs) from across the hospital regularly integrate simulation into a wide range of educational initiatives, including new staff orientation, mandatory annual training, and targeted education days. Simulation is also used to introduce new policies, procedures, and equipment, providing staff with opportunities to apply learning in a safe and supportive environment. Unit-specific scenarios emphasize teamwork and patient management while allowing teams to troubleshoot challenges, build confidence, and strengthen their readiness for clinical practice.

OUTPATIENT SIMULATION PROGRAM

Cardiology Clinic **NEW!**

KidSIM collaborated with the Cardiology Clinic at the Alberta Children's Hospital to deliver targeted simulation-based education focused on the first five minutes of pediatric emergencies in the outpatient setting. Training emphasized early recognition and management of high-risk conditions, including respiratory distress and Tet spells, alongside timely activation of the Code Blue or STEP Team. Interprofessional teams participated in realistic scenarios that reinforced patient assessment, primary survey, role clarity, communication, and effective use of clinic resources, including familiarity with emergency equipment. Co-facilitated sessions and structured debriefings supported reflection on clinical decision-making, team dynamics, and clinic workflows. This initiative provided a safe environment to practice high-acuity, low-frequency events, strengthening staff confidence, improving readiness, and identifying opportunities to enhance emergency response processes within the clinic.

PALLIATIVE CARE

Rotary Flames House **NEW!**

Rotary Flames House continues to advance its use of simulation to support staff orientation, clinical skill development, and the delivery of end-of-life care. As patient complexity has increased, the program has expanded to include care for individuals requiring higher acuity interventions, such as ventilated tracheostomies and complex medical management. In response, simulation has evolved beyond initial onboarding to include hands-on, skills-based training focused on high-risk, low-frequency events, including airway management, tracheostomy care, ventilator troubleshooting, and symptom crisis management. Interprofessional in-situ simulation is embedded within the care environment, enabling nurses, physicians, respiratory therapists, and allied health professionals to collaboratively practice realistic scenarios. This approach strengthens communication, situational awareness, and team coordination while increasing familiarity with equipment, workflows, and the physical environment. A key focus of this expanded simulation program is emergency planning and role clarity. Structured scenarios prepare staff to respond effectively to urgent situations such as respiratory distress, rapid deterioration, equipment failure. Current work is expanding for end-of-life complications. These simulations are working to be developed emphasize clear escalation pathways, timely decision-making, and coordinated team responses. Debriefing supports reflection and continuous improvement in both clinical and system processes.

COMMUNITY SUPPORT

CardiacCrash Program **NEW!**

KidSIM supported the delivery of the CardiacCrash program by providing certified instructors to facilitate hands-only CPR and AED training in community settings. Sessions were delivered in schools and youth-focused programs, including Scouts and athletic teams, with a focus on engaging teens in life-saving skills. This collaboration helped expand access to practical, confidence-building cardiac arrest education through interactive, team-based learning experiences.

QUALITY IMPROVEMENT

Pediatric DKA Management **NEW!**

Diabetic ketoacidosis (DKA) is a common pediatric emergency managed at Alberta Children's Hospital (ACH). In response to increasing safety events related to DKA management, ACH identified this as a priority area for quality improvement. A formal multidisciplinary QI committee was established, with the project presented at ACH Quality Council, ensuring alignment with site-level patient safety priorities.

Tabletop simulation was deliberately chosen as a specific current state analysis methodology given the team's hypothesis that the electronic medical record (EMR) was a significant contributing factor to protocol non-compliance. Use of simulation allowed the team to directly observe how clinicians interact with the EMR in real time during DKA management. Participants included residents, attending physicians, inpatient unit nursing, and emergency department nursing — reflecting the full interprofessional team involved across both the emergency and inpatient settings. By walking through actual clinical workflows within the EMR environment, the scenarios were able to surface specific EMR-related barriers, including how DKA management is ordered, displayed, and adjusted within Connect Care, and where the system design itself may inadvertently contribute to errors or workarounds. The tabletop format created a psychologically safe space for frontline staff and trainees to voice workflow challenges, generating insights that have directly informed the development of targeted interventions. Simulation will continue to play a central role as this initiative moves into the intervention and iteration phases. As changes to EMR and clinical workflows are established, simulation will be used to test and refine these interventions before broader implementation.

Arthur JE Child Comprehensive Cancer Centre **NEW!**

KidSIM supported pediatric Basic Life Support (BLS) education to enhance readiness for pediatric high-risk emergencies, including anaphylaxis, seizures, and airway obstruction, at the Arthur Child Cancer Centre (ACCC). After a needs assessment was completed, a blended learning approach was used. This featured an educational presentation, delivered

both live and via recording which focused on the pediatric assessment, primary survey, and early management within the first 5–15 minutes prior to EMS arrival. This was followed by four 3-hour multidisciplinary simulation sessions involving Code 66 teams (physicians, nurses, and respiratory therapists), co-facilitated by KidSIM and eSIM, with joint debriefs to support shared learning and system-level reflection. These sessions reinforced the newly implemented Pediatric Code Blue process at ACCC and addressed the challenge of limited exposure to pediatric emergencies by providing realistic, low-pressure scenario-based training. Overall, the initiative strengthened team confidence, promoted consistency in early BLS delivery while awaiting EMS transfer to the Alberta Children's Hospital, and improved preparedness for rare but high-acuity pediatric events.

Hospital-Wide Simulation Support for New High Flow Nasal Canula (HHHFNC) Implementation

Heated Humidified High Flow Nasal Cannula (HHHFNC) is primarily indicated for infants with bronchiolitis. As part of the rollout of the HHHFNC therapy, simulation has been used to educate staff across the hospital and ensure a consistent, safe approach to care. KidSIM supported this implementation by designing interdisciplinary simulations that allow staff from Emergency, Inpatient Units, and the PICU to practice new workflows and decision-making in real-time scenarios.

Intrathecal Chemotherapy Simulation and Pathway Development

KidSIM continues its partnership with Oncology, Patient Safety, and Integrated Quality Management to advance the safety and reliability of intrathecal (IT) chemotherapy administration within the Hematology, Oncology and Transplant (HOT) Program. Over the past year, simulation has been used as a systems-focused quality improvement tool to conduct in-situ walkthroughs of the full medication-use process—from retrieval to administration—within the clinical environment. These sessions have enabled interprofessional teams to identify latent safety threats, refine workflows, and align practices with organizational policies, including independent double-checks, barcode medication administration, and completion of the safe surgical checklist. This work has supported the co-development of a standardized, best-practice-informed pathway for IT

chemotherapy delivery across care settings. Building on this foundation, the initiative is now embedding simulation-based education into onboarding and continuing competency for both nursing and medical staff involved in IT chemotherapy administration. Structured sessions reinforce critical safety steps, including role clarity in medication checks, dual sign-off documentation, and consistent use of briefing and timeout processes with full team participation, including caregivers. Ongoing efforts focus on standardizing expectations across locations, clarifying role-specific competencies, and ensuring sustainability through integration into program education and policy. This initiative continues to strengthen a culture of safety and consistency in a high-risk area of pediatric care.

WORKFORCE WELLNESS AND RECOVERY

Work Reintegration and Return to Wellness Simulation Program

Every day, healthcare workers at the Alberta Children's Hospital care for children and families during some of the most difficult moments of their lives. While this work is incredibly rewarding, it can also have a lasting impact on those providing the care. Staff witness traumatic events, support families through loss and uncertainty, and often carry experiences that are rarely talked about outside of the healthcare environment. Therapeutic simulation is an emerging application of healthcare simulation that extends beyond education and system improvement.

The Work Reintegration and Return to Wellness Simulation Program uses simulation in a different way than traditional education and training. In partnership with psychologists, occupational therapists, and peer support teams, simulation is used as a therapeutic tool to support healthcare workers recovering from operational stress injuries, including post-traumatic stress injuries (PTSI). Through individualized and psychologically safe experiences, participants can gradually revisit situations, spaces, sounds, or interactions that have become difficult following a traumatic event. The goal is not to teach clinical skills, but to help reduce avoidance, process difficult experiences, rebuild confidence, and re-establish a sense of safety.

Since launching in 2024, the program has supported 12 healthcare workers from a variety of disciplines on their journey toward wellness. By supporting the people who care for children and families every day, this program recognizes that healthcare workers sometimes need care too.

SYSTEMS SIMULATIONS

Systems Simulations, Emergency Management and Disaster Preparedness

Simulation plays a critical role in strengthening organizational readiness by preparing teams, processes, and systems for complex, high-risk situations before they occur. Through realistic, scenario-based training, interprofessional teams safely rehearse responses to events ranging from deteriorating patient transfers between care areas and cardiopulmonary resuscitation during patient transport to emergency situations such as Code Purple incidents and infectious disease exposures. These simulations replicate real-world conditions, enabling staff to practice rare or high-stress events in a controlled and psychologically safe environment while improving teamwork, communication, confidence, and resilience under pressure. They also provide valuable opportunities to test newly designed clinical spaces, equipment, and workflows, helping to identify latent safety threats, system gaps, and educational needs before they impact patient care.

High Patient Capacity Simulations

For the fourth consecutive year, KidSIM partnered with all four inpatient units to support annual surge capacity planning and the safe implementation of shared patient rooms during periods of increased demand. Through simulation, staff practiced caring for two patients within one room, reviewed infection prevention and privacy considerations, explored patient selection criteria, and developed strategies for communicating these changes with families. Mock code blue simulations were also conducted to help resuscitation teams identify challenges, test workflows, and adapt emergency responses within the modified environment. By evaluating and refining the process each year, these simulations continue to improve staff readiness, patient safety, and the transition to surge capacity operations.

MOBILE EDUCATION



Since 2007, the KidSIM Mobile Education program has delivered in-situ pediatric simulation to rural and community partners across central and southern Alberta. These sessions foster supportive learning environments where interprofessional teams can work through common pediatric presentations and respond in real time to medical emergencies within a safe, controlled setting.

Led by a multidisciplinary team of pediatric experts, KidSIM ensures that front-line providers are equipped with the knowledge, skills, and confidence to deliver high-quality care to pediatric patients in their local communities. In addition to clinical skill development, these sessions strengthen team communication and coordination, while also identifying latent safety threats within local care environments. An important adjunct to the in-situ program is a hands-on workshop focused on critical resuscitation skills, providing participants with the opportunity to practice and refine essential techniques.

Focus for This Year: Cardiac Care **NEW!**

This year the mobile outreach team is doing a QI project to assess the readiness of rural sites in regards to their ability to find/utilize a medication calculator for pediatric resuscitation medications. The leadership team at ACH had developed a medication calculator and over the past two years the mobile education team has been working to disseminate education on the availability and use of this calculator. It allows rural teams to ensure they are giving the correct weight based dosing of uncommonly used medications in critical situations. This will alleviate significant stress and potential for medication error when using rare but life saving medications.

Impact: improved staff confidence with new processes, improved patient safety and outcomes, latent safety threats identified and mitigated.

Expanding Simulation Education for Adult Emergency Physicians **NEW!**

To enhance access to pediatric-focused simulation training for adult emergency physicians across Calgary, we piloted a simulation-based outreach program within our simulation lab. These sessions were designed around high-acuity, low-frequency pediatric emergencies—specifically bronchiolitis with respiratory failure, cardiac arrest, septic shock, and severe head trauma. Each scenario was grounded in real cases that initially presented at peripheral sites and required transfer to our tertiary care emergency department, ensuring strong clinical relevance and applicability. A total of 26 adult emergency physicians participated in these high-fidelity simulation sessions. The program provided a safe, immersive environment to build confidence, refine critical decision-making, and practice team-based management of complex pediatric presentations. The impact of this training was quickly evident in clinical practice. One participant reflected:

“Thank you for the incredibly helpful cases you ran for us at KidSIM. Less than two weeks after the session, I managed a patient presenting to our ED with severe head trauma. I would not have felt nearly as comfortable in that situation without having recently worked through an almost identical case in simulation. Thank you for all that you do.”

— Adult Emergency Physician

MOBILE 2025 SUMMARY



19 SITES



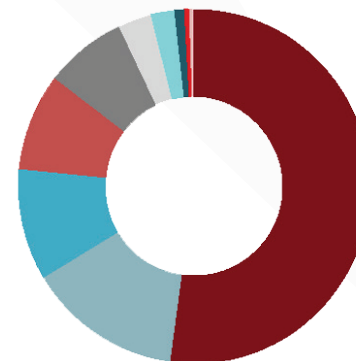
Arthur J.E. Child Comprehensive Cancer Centre, Banff Mineral Springs Hospital, Banff Park Lodge, Big Country Hospital, Canmore General Hospital, Chinook Regional Hospital, Claresholm General Hospital, Didsbury District Health Services, Drumheller Health Centre, Hanna Health Centre, Innisfail Health Centre, Myron Thompson Health Centre, Oilfields General Hospital, Okotoks Health & Wellness Centre, Red Deer Regional Hospital, Rocky Mountain House Health Centre, Sheldon M. Chumir Health Centre, Three Hills Health Centre, Vulcan Community Health Centre.



23 EDUCATION DAYS

The Mobile Education team visited 19 different sites, including overnight and return trips, this provided 23 days of education.

226 LEARNERS



- Attending Physicians 32
- Fellows/Residents 23
- Medical Students 5
- Registered Nurses 118
- Nursing Students 1
- Licensed Practical Nurses 20
- Nurse Practitioner 1
- Respiratory Therapists 17
- Emergency Medical Services 7
- Health Care Aide 2

THANK YOU

KidSIM extends its sincere appreciation to the Alberta Children's Hospital Foundation and Canada Cycles for Kids for their generous gift of a new Mobile Education vehicle. This important investment will enhance the safety, comfort, and efficiency of the program's outreach activities, enabling KidSIM to continue delivering pediatric education and simulation throughout Southern Alberta and helping healthcare teams develop the confidence and expertise needed to care for critically ill children closer to home.



FAMILY CENTERED CARE

Teaching on Central Venous Line and Medical Needs in Schools

KidSIM provided education to school staff to support students who attend school with a Central Venous Line (CVL). While the child may not need immediate intervention, it is important that education staff are aware of the inherent risks of having a CVL in place. KidSIM educated staff about the CVL's purpose, the associated risks, and the appropriate actions to take should a problem arise. Additionally, the training covered other medical needs of the student, such as managing seizures, ensuring that school staff are fully equipped to respond to emergencies and are providing a safe environment for students with complex health conditions. This comprehensive approach ensures that staff are prepared, confident, and able to act swiftly in the event of a medical situation.

FCC CPR Training

This program provides families and their supports with the opportunity to practice emergency management and care for children with life-threatening seizure or cardiac conditions, including situations where a child is seizing and stops breathing. A need was identified that families are often sent home with children who may experience life-threatening events without having the opportunity to learn how to manage these emergencies. Families attend a 3 to 4 hour individualized didactic and hands-on teaching session that includes seizure management, lifesaving skills, CPR, and AED use tailored to their specific child. Teaching begins in specialty clinics and continues in KidSIM, where participants train using the same equipment and feedback manikins used by health care professionals, ensuring the same standard of training. During the session, families practice the full emergency response from recognizing the event to initiating CPR, using the AED, and simulating EMS arrival. Families report improved confidence and readiness, and KidSIM has also partnered with schools to develop and practice medical emergency drills, helping staff create and implement effective medical emergency plans similar to fire or lockdown drills.

FCC Simulation in Educational Centers

Challenges in integrating children with complex health care needs into the educational system (preschool, daycare, kindergarten and schools) have been identified. Simulation has been used regularly to help the educational centers have a better understanding of the child and their needs, and to practice the specialized emergency care that child may require. This program occurs in the educational centers and provides education and simulation for all the staff involved in the child's care, including bus drivers in their centers and utilizes the child's personal equipment such as wheelchairs and standing frames. The staff become prepared for an emergency situation and have had the opportunity to create and trial an emergency plan prior to an incident. Emergency Medical Services (EMS) have also been involved in these simulations to create a plan identifying the unique emergency care requirements of each child to mitigate risks and to prepare EMS staff. A key benefit of this training has been in the staff's increased confidence in using their training to provide a safe and supportive environment for students with unique medical requirements.

School Bus Driver Simulations

4Seasons Transportation Services are a team of Transfer Care Specialists who are uniquely trained to transport students with disabilities to school in a caring and safe way. Medically fragile students spend considerable time traveling on school buses, with some spending up to three hours a day. With the assistance of KidSIM and Homecare, simulation was introduced on the school buses. Two different scenarios are repeated for all staff members who work on the bus (bus drivers, aids, LPNs) within their actual teams until they felt competent and had practiced these potential situations. Both skills and process perspectives were addressed during these sessions. Staff members have reported increased confidence in managing medical emergencies on the bus and improved skills following these training sessions.

FCC Seizure Program

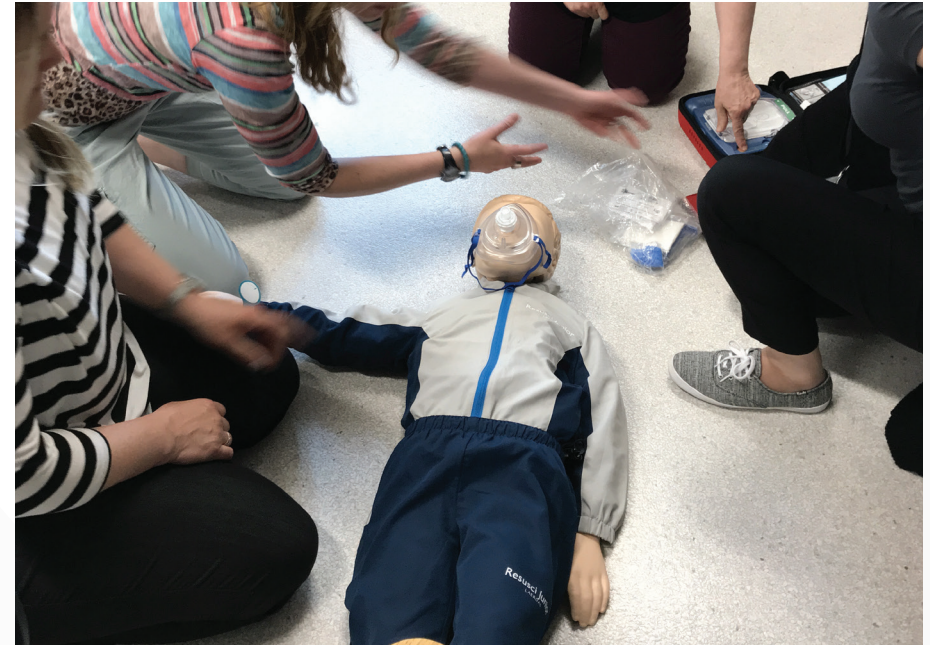
This program benefits families through the use of simulation to support traditional seizure discharge teaching when going home from the hospital with a child who has a seizure condition. Using simulation, the families practice managing a seizure and administering medications in the simulated home environment. This program increases the confidence and skill level of family members who are discharged home with children who are at high risk of suffering seizures. This program was developed from a project that was generously supported by a grant through the ACH Foundation.

Home Nutrition Support Program (HNSP)

The Home Nutrition Support Program (HNSP) plays a crucial role in assisting families in caring for their children with nasogastric tubes at home. Recognizing the challenges families face in providing adequate care, the HNSP team has explored innovative methods to enhance their support. Simulation has been utilized to prepare all families for caregiving tasks and to alleviate the stress associated with providing this care at home. Incorporating simulation into the Home Nutrition Support Program represents a proactive approach to enhancing family education and support. By providing families with practical experience and confidence in caregiving tasks, simulation empowers them to navigate these unfamiliar tasks with greater proficiency and peace of mind. As the HNSP team continues to innovate and adapt to the evolving needs of families, simulation stands out as a valuable tool in promoting successful transitions from hospital to home for children requiring enteral nutrition support. The HNSP Program taught 375 nasogastric tube insertions in 2025.

FCC Home Care

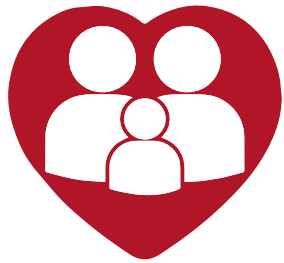
Children with complex healthcare needs are cared for in community settings. Simulation-based education is used to prepare home care providers to support these children in a variety of environments, including homes and schools. Training focuses on the safe use of new equipment, maintenance of clinical competencies, and preparedness for emergencies that may arise outside the hospital setting.



CCAN Tracheostomy Family Education Program

For some children, breathing is not something that can be taken for granted. A tracheostomy, a small tube placed in the neck to help a child breathe, can be lifesaving, but it also means families must take on complex, high-risk care at home. Our intensive two-day education program is designed to transform fear into confidence. Through eight comprehensive modules, parents, family members and caregivers learn how to assess their child's breathing, perform daily tracheostomy care, safely change the trach tube, manage a ventilator, and respond to life-threatening emergencies. Using hands-on simulation with lifelike simulation equipment, families practice real-world scenarios until they feel ready. This simulation training is the first step in a long journey home, and we continue to support parents at their learning pace, sometimes requiring multiple training and simulation sessions. Without this training, many children would be unable to leave the hospital. With it, families gain the skills, confidence, and support they need to safely bring their child home, prepared not only for everyday care, but for the moments when every second matters.

FCC 2025 SUMMARY



88

TOTAL FCC SESSIONS

KidSIM's Family Centered Care Program provides support to families of children with complex health care needs.



463

TOTAL LEARNERS

KidSIM provides specialized training to family members, caregivers, and school staff.



78

FCC CAREGIVERS

KidSIM provides training to a variety of different caregivers supporting children in the community.



205

SCHOOL STAFF

KidSIM provides onsite specialized training to daycare, school bus and school staff.



180

FAMILY MEMBERS

KidSIM provides customized care plans to all family members requesting education.



6

SCHOOLS/DAYCARES

KidSIM provided 15 sessions of education to staff at 6 different school sites.

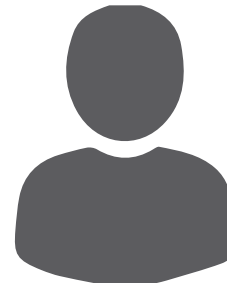
KIDSIM 2025 SUMMARY



2960

SESSION HOURS

The KidSIM Program has provided over 35,000 hours of training since 2005.



5107

LEARNERS

The KidSIM Program has trained over 80,000 learners since 2005.



667

SESSIONS

The KidSIM Program has run over 10,000 simulation sessions since 2005.



143

FACILITATORS

The KidSIM Program collaborates with trained simulation facilitators and educators across ACH.



76%

KIDSIM CENTER

The majority of simulation sessions take place in the KidSIM Center. In 2025, 18% took place in-situ within ACH and 6% took place off-site.



68

FACULTY DEVELOPMENT

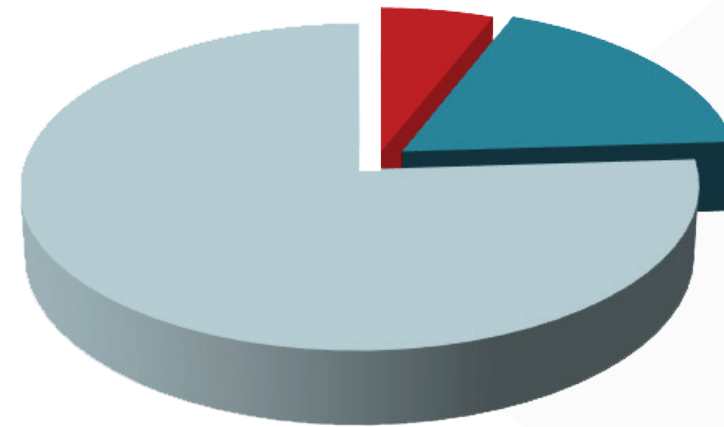
The KidSIM Program provided ASSET training to 68 individuals in 2025.

EQUIPMENT USAGE HIGHLIGHT

Since 2019, KidSIM's Simbaby Simulator has experienced:

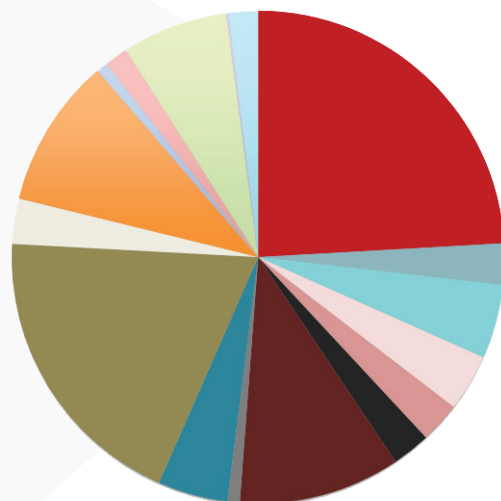
25,922 COMPRESSIONS
32,861 VENTILATIONS
491 UPTIME HOURS

KIDSIM SESSION LOCATIONS IN 2025



Mobile/Off-Site 6% In-Situ 18% KidSIM Center 76%

SIMULATION HOURS BY PROGRAM IN 2025



Emergency Department 716
 Pediatric Intensive Care Unit 80
 Neonatal Intensive Care Unit 144
 Respiratory Therapy 110.75
 Transport 79
 Operating Room/Post-Anesthetic Care Unit 74
 Inpatient Units 314
 Outpatient 24

Mobile Education 136
 Courses/Formalized Training 570
 Research 88
 Family Centered Care 289.25
 Palliative Care 21
 Other 46
 GNO 206
 Mental Health 5
 Return to Wellness 57

2025 LEARNERS BY GROUP

Attending Physician 303	Registered Nurse 2321	FCC Caregiver 78	Pharmacy 15
Resident 596	Nursing Student 229	School Staff 205	Housekeeping 54
Fellow 103	Licensed Practical Nurse 296	Respiratory Therapist 348	Other 80
Medical Students 188	Health Care Aide 36	RT Student 28	
Nurse Practitioner 13	Family Member 180	EMS/Paramedic 34	

SIMULATION HOURS BY PROGRAM

User Group	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
ED	622	695.5	766.5	989	935	752	368	460	610	720.5	696.5	716
ICU	81.3	104.5	107	202	189	75	47	30	86	80.5	91	80
NICU	2	73	101	214	131	200	106	198	197	212.5	137	144
RT	n/a	n/a	n/a	n/a	n/a	185	1	56	54	16	28.5	110.75
Transport	39.25	38.25	133	133	163	94	10	88	96	100	109	79
OR/PACU	55.4	46	77.5	91	159.5	114	7	30	98	94	78	74
In-patient Units	124.15	202.5	267	350.5	403	325	182	138	235	250	299.75	314
Out-patient Clinics	0	0	28	18	50	15	44	50	7	23.5	63	24
Mobile	145.25	187	205	178	133	191	80	44	145	135	198	136
Courses	183.5	426	465	586	250.5	568	356	361	294	561.5	513.5	570
Research	8.4	31	120	41	48	93	57	65	42	111	118.5	88
FCC	10.75	30	150.5	430	298	224	120	115	194	220	207.25	289.25
Palliative Care	13.25	5	8	0	9	17	1	1	24	16.5	22	21
Other	3.5	15	5	2	0	49	44	0	8	32	60.5	46
GNO	n/a	28	106.5	46	32	62	0	100	131	140	93	206
Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	1	20	5
Return to Wellness	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	10	44.5	57
TOTAL	1288.75	1881.75	2540	3280.5	2801	2964	1423	1736	2224	2724	2780	2960

LEARNERS

Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Learners	4446	4436	4892	6514	6132	5481	3248	2680	3851	5114	5025	5107

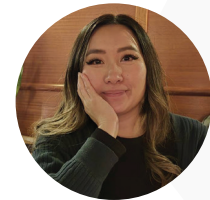
SIMULATION SESSIONS BY PROGRAM

User Group	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
ED	154	143	160	201	179	151	107	97	150	174	173	165
ICU	38	65	58	86	76	54	27	21	46	39	29	27
NICU	1	14	13	24	19	26	10	27	31	26	19	21
RT	n/a	n/a	n/a	n/a	n/a	22	1	8	13	11	13	19
Transport	27	18	11	68	33	37	3	23	22	43	49	25
OR/PACU	27	19	34	37	45	44	6	13	28	51	35	31
In-patient Units	49	77	90	111	101	60	127	48	69	106	100	99
Out-patient	0	0	3	9	11	9	37	31	4	17	32	16
Mobile	31	24	28	30	22	29	10	5	20	18	26	23
Courses	36	80	43	55	34	56	27	34	40	42	44	33
Research	11	21	39	28	11	49	23	32	14	37	49	45
Palliative Care	9	3	2	0	4	5	1	1	7	2	2	6
FCC	8	21	50	75	76	69	38	42	72	72	87	88
Other	2	6	3	2	0	8	9	0	6	13	16	16
GNO	n/a	4	13	6	7	7	49	9	9	14	12	12
Mental Health	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	3	1	7	2
Return to Wellness	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4	23	39
TOTAL	393	495	547	732	618	626	475	391	534	670	716	667

KIDSIM FELLOWSHIP

The KidSIM Pediatric Simulation Program offers a Fellowship in Simulation Education and Research in collaboration with the Medical Education Specialization Program at the University of Calgary. The overall aim of this fellowship is to prepare the candidate for an academic career as a simulation educator, with advanced knowledge and skills in the delivery of simulation-based education and research. Educators from the University of Calgary have developed a longitudinal simulation-based education and research curriculum for fellows from across the various simulation fellowship programs associated with the University of Calgary. The program aims to foster a solid grounding in the theory and practice of simulation via interactive teaching on various elements of simulation in education, research, and integration into systems, quality, and patient safety programs.

KidSIM welcomed one fellow for the 2025-2026 academic year. Vinnie Lam, Registered Nurse, Palliative Home Care. Vinnie's research work included the project, "The Use of Artificial Intelligence in Simulation Research: An International Survey".



KIDSIM FELLOWSHIP OBJECTIVES

1. Demonstrate knowledge of concepts in adult learning theory, experimental design, evaluation, and computer applications in simulation-based education.
2. Participate in the development of innovative simulation-based teaching strategies for all levels of learning: undergraduate and postgraduate trainees, as well as continuing education for healthcare providers.
3. Participate in the delivery of interprofessional education by an interprofessional teaching team.
4. Demonstrate knowledge of key issues in simulation-based education relevant to both the simulation learner and the simulation educator.
5. Initiate, design, conduct, present and or publish a simulation-based research project with the mentorship of the KidSIM-ASPIRE research program leaders.
6. Participate in the structured KidSIM Simulation Fellowship curriculum and other educational opportunities (ie outreach simulation, rounds).
7. Demonstrate a commitment to medical education by considering enrollment in a graduate degree program in education (Masters or PhD).

JOURNAL CLUB AND LECTURE SERIES

KidSIM partners with the Hospital for Sick Children in Toronto to offer joint journal club, hot topic and lecture series for fellows at both ACH and SickKids. KidSIM Fellows and Graduate Students participate in a regular monthly lecture series and journal club, which serves three main purposes:

1. To review the latest evidence and best practices in simulation; and
2. For the trainees to be exposed to the various methods of conducting simulation-based research; and
3. To provide the trainees further experience in formal presentation skills.

ELECTIVES & OBSERVERSHIPS

ELECTIVES

The KidSIM program offers an elective rotation for residents and fellows with an interest in developing skills and experience in simulation-based education. Residents mentor and train with KidSIM's simulation education and research experts, develop and run their own scenarios, as well as participate in any faculty development courses, journal clubs, workshops or visiting professor rounds that occur during their rotation. In the 2025-2026 academic year, 3 residents completed the elective rotation.

SIMULATION PROGRAM OPERATIONS

Residents will demonstrate an understanding of the basic planning, organization and operation of a simulation center. Residents will also understand the value of experiential learning in adult education and how simulation is an ideal tool for that type of learning.

SIMULATOR TECHNICAL SKILLS

Residents will demonstrate the basic use of the simulation equipment and software being used in the KidSIM Program. Residents will also demonstrate how to facilitate a scenario for learners.

DEBRIEFING SKILLS

Residents will demonstrate how to run an effective debriefing session following a simulation scenario. Most of the time in the rotation will be spent practicing and consolidating these skills. Residents are encouraged to get involved in as many sessions as possible, and to take advantage of this practice in the presence of an experienced facilitator.

SCENARIO DEVELOPMENT

Residents will demonstrate an understanding of the aspects and development of an objective-based scenario, including relevant roles, props and audiovisual aides.

OBSERVERSHIPS

As an internationally recognized leader in simulation education and research, KidSIM provides observership and mentorship opportunities for healthcare professionals from around the world. These experiences foster knowledge exchange, collaboration, and the sharing of best practices in simulation-based education and healthcare improvement. In 2025, KidSIM welcomed visiting observers from Australia and Italy, further strengthening its global network of simulation educators and healthcare leaders.



FACULTY DEVELOPMENT

ADVANCED SKILLS FOR SIMULATION EDUCATION & TEACHERS (ASSET)

www.kidsim.ca

info@kidsim.ca

KidSIM is an internationally recognized leader in simulation-based faculty development. The Advanced Skills for Simulation Educators and Teachers (ASSET) program provides a comprehensive introduction to simulation concepts, combined with practical experience in delivering high-quality simulation-based education. Courses consist of learners from various healthcare provider backgrounds, including medicine, nursing, respiratory therapy, among other healthcare professionals. KidSIM offers both in-person and virtual ASSET courses. In 2025, KidSIM formally trained 68 Simulation Facilitators.

ASSET FOUNDATIONS

Foundation of Simulation Education and Debriefing

This immersive and interactive course provides novice and intermediate simulation educators with a strong foundation in core simulation concepts and best practices. Through a blend of engaging presentations, small-group collaboration, and hands-on simulation activities, participants will gain practical experience in simulation design, facilitation, and debriefing. By the end of the course, attendees will feel confident creating and running their own simulation experiences and leading effective post-simulation debriefing sessions. KidSIM trained 40 facilitators in 2025.

ASSET ADVANCED

Advanced Toolbox for Difficult Debriefing Situations

Advance debriefing skills through practical strategies and techniques. This workshop is designed to strengthen and refine debriefing skills for experienced simulation educators and facilitators. Participants will explore common debriefing challenges and pitfalls, while learning practical strategies to navigate and avoid them effectively. Through the use of simulation video scenarios, attendees will practice applying an expanded toolbox of advanced debriefing techniques, receive constructive feedback, and build confidence in managing complex or difficult debriefing situations. KidSIM trained 7 facilitators in 2025.

ASSET PEER COACHING

Strategies for Providing Effective Feedback to Peers and Colleagues

Explore practical strategies for giving meaningful, constructive feedback in ways that build trust, strengthen professional relationships, and encourage growth. This course also examines how to confidently seek feedback from peers and colleagues to uncover learning opportunities, enhance self-awareness, and continuously improve professional practice. KidSim trained 13 facilitators in 2025.

ASSET CO-DEBRIEFING

Strategies for Effective Co-Debriefing

Develop a deeper understanding of the opportunities, challenges, and best practices associated with co-debriefing in simulation-based education. In this interactive workshop participants will examine how debriefing with multiple facilitators can either enhance or hinder the learning experience, depending on the level of collaboration and shared strategy among co-facilitators. Through practical exercises and guided discussion, attendees will experience a variety of co-debriefing approaches, build confidence in collaborative facilitation, and identify techniques best suited to their own simulation programs. KidSim trained 8 facilitators in 2025.

PACE PROGRAM

www.pace4kids.org

pace@kidsim.ca

The Pediatric Acute Care Education for health care providers (PACE) Program at KidSIM works to provide learners surrogate clinical experience with pediatric patients in as close to a 'real-life' situation as possible through the use of high-fidelity mannequins as well as teaching space that mimics the clinical setting as closely as possible. PACE incorporates leading-edge simulation technology run by Western Canada's top pediatric emergency medicine and critical care educators. Hands-on teaching using the latest evidence-based medicine practices is a key focus, making PACE the best choice for emergency physicians, pediatricians, family physicians, NPs, nurses and allied healthcare professionals to maintain their Pediatric Acute Care Education.

The PACE Program offers the following courses:

- Pediatric Advanced Life Support (PALS) Provider and Renewal
- The Pediatric Airway Course (TPAC)
- Basic Cardiac Life Support (BCLS)
- Pediatric Emergency Assessment, Recognition, and Stabilization (PEARS) Provider Course
- Neonatal Resuscitation Program (NRP) Course
- Emergency Nursing Pediatric Course (ENPC)
- Trauma Nurse Core Course (TNCC)
- Trauma Resuscitation in Kids (TRIK)



Mobile Integrated Health Clinical Coaching Course NEW!

KidSIM developed the Mobile Integrated Health (MIH) Clinical Coaching Course, a faculty development program designed to prepare experienced MIH clinicians to provide effective peer coaching within a highly autonomous and broad-scope practice environment. Delivered virtually to enhance accessibility for EMS personnel across geographically dispersed communities throughout Alberta, the program uses interactive learning, case-based discussions, and guided practice to develop practical coaching skills that support performance improvement, clinical reasoning, confidence, and skill maintenance in low-frequency, high-stakes clinical situations. By strengthening local coaching capacity, the program fosters a culture of continuous learning, supports clinical readiness, and enhances the quality and consistency of patient care across MIH teams.

"I really appreciated that the course was tailored to my job. So many courses we complete are (understandably) generic so having a course with scenarios based in real-world work experience makes it much easier to relate to. I truly felt that this course provides me with different tools to use in helping to teach and guide people in this job".

RETURN ON INVESTMENT

Return on Investment (ROI) Overview

Simulation has become an integral component of medical education across specialties and professions. While simulation-based education is highly effective, establishing and sustaining these programs requires substantial resources. Although investment in medical education is widely recognized as a means of improving healthcare quality and patient outcomes, decision-makers must also understand the value of these investments and how they compare with other opportunities to advance healthcare delivery. The determination of ROI consists of 3 main parts:

- (1) Estimation of the costs
- (2) Measuring the benefits
- (3) Linking the costs and benefits

Estimating the value of a simulation program requires consideration of all stages of program delivery and the full range of associated costs, including personnel, equipment and supplies, operations and maintenance, facilities, administration, and productivity losses. Additional factors such as equipment depreciation, shared costs across programs, volunteer contributions, and discount rates must also be taken into account. The benefits of simulation-based education extend beyond improvements in knowledge, self-confidence, and technical and non-technical skills to include changes in clinical practice and better patient outcomes. When simulation is used to improve healthcare systems, benefits may also include enhanced patient safety and the identification of latent safety threats. To evaluate return on investment (ROI), these benefits can be translated into monetary terms where possible, while intangible outcomes may be assessed through measures such as learners' willingness to pay. ROI is then determined by linking costs to benefits, using approaches such as cost avoidance, willingness-to-pay analyses, and, where comparative interventions exist, incremental cost-effectiveness ratios (ICERs) to assess cost-effectiveness.

Estimation of the Costs

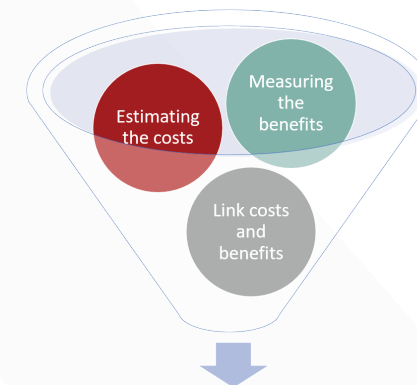
1. Cost Components: Personnel, equipment & supplies, operation & maintenance, administration, space, productivity loss.
2. Consider costs in all phases: Needs assessment, scenario design & development, implementation of simulation, post event activities (assessment/evaluation/follow-up/PDSA cycle).
3. Special Considerations: Shared costs, depreciation rate, discount rate.

Measuring the Benefits

1. Education: Kirkpatrick pyramid, satisfaction, confidence, reaction, learning, behavior change, patient outcome.
2. System Improvement: Latent safety threat detection, patient safety, retention of healthcare providers.
3. Intangible: Willingness to pay.

Linking the Costs and Benefits

1. Cost Avoidance: Potential decreased costs due to the intervention.
2. Incremental Cost-effectiveness Ratio: Actual cost vs willingness-to-pay.
3. Return On Investment: Percentage of additional benefits over costs.



Return on Investment / Cost Effectiveness

ROI Program Spotlight - Family-Centered Care (FCC) Seizure Program **NEW!**

The FCC Simulation Program was developed to support families of children with complex medical conditions who are at risk of recurrent hospital admissions and medical emergencies at home. While traditional discharge education provides important information regarding disease management and follow-up care, caregivers often have limited opportunities to practice responding to emergency situations before returning home. The FCC program addresses this gap by incorporating simulation-based training into the discharge process, allowing families to develop practical skills and confidence in a safe, controlled learning environment. This preliminary ROI analysis focuses on families of children with seizure disorders who participated in seizure management simulation training. Seizure management was selected as the initial pilot area because it represents one of the most common emergency scenarios encountered by participating families and has an established training pathway within the FCC program. Future evaluations will expand the analysis to include additional medical conditions and emergency scenarios as the program continues to grow.

Cost Estimation

Program costs were estimated from the healthcare system perspective and included the resources required to deliver a single FCC seizure management simulation session. Each session utilized one hour of simulation laboratory time, one hour of facilitator time for simulation delivery, skills practice, and caregiver questions, and approximately 15 minutes of administrative support for scheduling and coordination. As the program was delivered using existing simulation equipment and educational materials, no additional capital or development costs were included in this preliminary analysis. A total of 18 FCC seizure management simulation sessions were delivered during the evaluation period, corresponding to an estimated total program cost of \$3,960.

Benefit Measurement

Program benefits were assessed using a voluntary post-training caregiver survey. The survey evaluated participant satisfaction with the training, self-reported confidence in managing seizure-related emergencies, perceived preparedness to respond to future events, and willingness-to-pay for similar training.

Outcome Measures

1. Satisfaction: 100% positive responses regarding the relevance, usefulness, and overall quality of the training.
2. Skill Improvement: Average self-reported confidence increased from 4.2/10 before training to 8.2/10 after training.
3. Perceived Preparedness: 100% of participants reported feeling better prepared to manage future seizure emergencies at home.
4. Willingness to Recommend: 100% of participants would recommend the program to other families of children with seizure disorders
5. Estimated Willingness-to-Pay: Approximately \$150 per training session.

Linking Cost and Benefit

(1) Willingness-to-Pay (WTP) vs. Actual Costs:

- Estimated cost per family: \$220
- Measured willingness-to-pay: \$150 (ranged from 101 to 200)

ROI Forecasting from a Healthcare Cost Perspective

Using the estimated Alberta cost of one standard hospital admission (\$9,341), costs and benefits were standardized to 40 families receiving FCC simulation training. The conservative scenario assumed that one hospital admission is prevented for every 40 families trained, while the base-case and higher-impact scenarios assumed prevention of two and four admissions, respectively. Under the base-case assumption, the program would generate an estimated net savings of \$9,882 and a projected ROI of 112%.

Return on Investment Summary

This preliminary evaluation suggests that the FCC seizure management simulation program provides meaningful educational value to participating families at a relatively modest cost. While caregiver willingness-to-pay did not fully offset program delivery costs, scenario analyses indicate that preventing even a small number of seizure-related hospital admissions could generate healthcare savings that exceed program expenditures. These findings support continued program delivery and further evaluation of its long-term clinical and economic impact.

ROI Program Spotlight - Mobile Integrated Health Clinical Coaching Course NEW!

The Mobile Integrated Health (MIH) Clinical Coaching Course is a newly developed faculty development program designed to prepare experienced MIH clinicians to provide effective peer coaching within a highly autonomous and broad-scope practice environment. The program serves EMS personnel across Alberta and was delivered virtually to improve accessibility across geographically dispersed communities. Through interactive learning, case-based discussions, and guided practice, participants develop practical coaching skills to support performance improvement, clinical reasoning, confidence, and skill maintenance in low-frequency, high-stakes clinical situations. By strengthening local coaching capacity, the program aims to foster a culture of continuous learning, support clinical readiness, and enhance the quality and consistency of patient care across MIH teams.

Cost Estimation

Costs were estimated from the healthcare system perspective and represent the resources required to develop and deliver the Mobile Integrated Health Clinical Coaching Course. The cost estimation considered three major categories of resources: (1) personnel, (2) curriculum development, and (3) administration. The estimated total cost of developing and delivering the program was \$14,000, including \$3600 in one-time curriculum development costs. Personnel costs accounted for the largest proportion of program expenditures (\$9,600; 68.6%), followed by curriculum development costs (\$3,600; 25.7%) and administrative support costs (\$800; 5.7%). A total of 48 participants completed the program. The average cost of training was therefore approximately \$292 per participant.

Benefit Measurement

Program benefits were evaluated using the Kirkpatrick framework, including participant reaction, learning, intended behavior change, perceived value relative to alternative professional development activities, and willingness-to-pay (WTP). Participants reported high levels of satisfaction with the course, substantial improvements in coaching-related knowledge, skills, and confidence, and a strong intention to apply the techniques learned

in practice. Participants also perceived the course as more valuable than alternative professional development opportunities and reported WTP values that were comparable to the estimated cost of program delivery. A summary of benefit measures is presented in the table below.

Outcome Measures

1. Reaction: 100% of participants agreed or strongly agreed that the course met its objectives, was relevant to their practice, and was overall satisfactory.
2. Learning: Self-reported knowledge, skills, and confidence related to clinical coaching improved substantially, with average ratings increasing from approximately 5/10 before the course to 8/10 after the course.
3. Behavior: 100% of participants reported that they were likely or very likely to apply the coaching techniques learned and conduct effective coaching conversations in practice.
4. Relative Value: Participants rated the Clinical Coaching Course at 8.85/10 compared with 7.47/10 for alternative professional development opportunities, corresponding to a relative value ratio of 1.18.
5. Willingness-to-Pay: Estimated employer-funded and personal willingness-to-pay were \$463 and \$265 per participant, respectively.

Linking Cost and Benefit

(1) Willingness-to-Pay vs. Actual Costs:

- Estimated implementation per participant: \$292
- Estimated ongoing cost per participant: \$217
- Measured willingness-to-pay (WTP): \$265
- Return on Investment first year implementation: 7.2%
- Return on Investment ongoing delivery: 44%

Return on Investment Summary

The first year of the program included one-time curriculum design and development costs, resulting in an implementation cost of \$292 per participant and an ROI of 7%. Excluding these start-up costs, ongoing delivery costs decreased to \$217 per participant, increasing the estimated ROI to 44%.

ROI Program Spotlight - The Advanced Skills for Simulation Educator and Teachers (ASSET) Foundation courses [NEW!](#)

The Advanced Skills for Simulation Educators and Teachers (ASSET) program is a faculty development initiative offered by KidSIM to support healthcare professionals involved in simulation-based education. The program consists of a series of progressive courses, including Foundations, Advanced Debriefing, Co-debriefing, and Peer Coaching, designed to enhance participants' knowledge, skills, and confidence in simulation facilitation and debriefing. Through interactive workshops, deliberate practice, and peer feedback, participants develop practical strategies to improve the quality of simulation-based education within their organizations. The ASSET program aims to build simulation educator capacity across Alberta and support the delivery of high-quality simulation training that ultimately contributes to improved healthcare education and patient care.

Cost Estimation

Costs were estimated from the healthcare system perspective and represent the resources required to deliver the ASSET program. The cost estimation considered three major categories of resources: (1) personnel, (2) facilities, and (3) simulation resources. The estimated total cost of delivering the ASSET series was \$25,040. Personnel costs accounted for the largest proportion of program costs (\$17,280; 69.0%), followed by simulation laboratory and equipment costs (\$4,800; 19.2%), facility costs (\$2,000; 8.0%) and administrative support costs (\$960; 3.8%). A total of 70 participants completed the ASSET series, representing 112 participant-days of training. The average cost of training was therefore approximately \$358 per participant or \$224 per participant-day.

Benefit Measurement

Evaluation of the ASSET series included: (1) participant reaction, learning, and intended behavior change based on the Kirkpatrick evaluation framework; (2) perceived educational value relative to alternative professional development activities; and (3) willingness-to-pay. The ASSET series demonstrated substantial educational value across multiple domains. Participant satisfaction was high across all courses, ranging from 80% to 100%. Self-reported debriefing skills improved substantially following course

participation, with mean improvements ranging from 2.3 to 4.5 points on a 10-point scale. Between 86.5% and 100% of participants reported that they were likely or very likely to implement what they learned in their educational practice, while 86.5% to 100% reported that the training would improve the quality of debriefing and simulation-based education within their organizations.

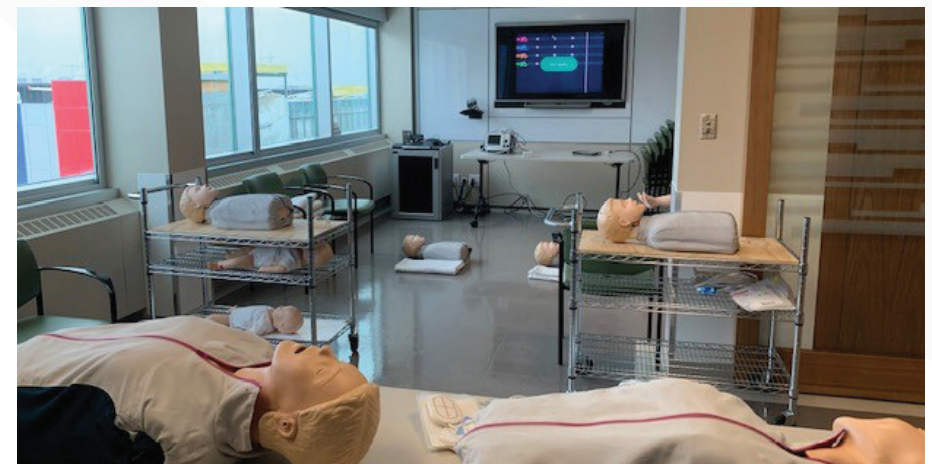
Linking Cost and Benefit

(1) Willingness-to-Pay vs. Actual Costs:

- Estimated cost of delivering the ASSET series per participant day: \$224
- Measured employer willingness-to-pay (WTP): \$339
- Measured participant willingness-to-pay (WTP): \$184
- Estimated educational value of ASSET : \$484
- Return on Investment: 116%

Return on Investment Summary

From an educational value perspective, the ASSET program demonstrated a positive return on investment. For every \$100 invested in the program, the perceived educational benefit was equivalent to approximately \$216 under the base-case analysis. This suggests that the value generated by the ASSET program exceeded the resources required for delivery and supports continued investment in faculty development.



KIDSIM-ASPIRE PROGRAM



The KidSIM-ASPIRE (Assessing Simulation in Pediatrics: Improving Resuscitation Events) Simulation Research Program at Alberta Children's Hospital was established to bring together an interprofessional group of Alberta-based leaders in clinical care, education, human factors, engineering, computer science and psychology interested in improving the delivery of healthcare to sick infants and children. Our team has developed a solid foundation which positions us well to address the main objectives of the acute and life-saving care pillar of ACH. Studies are formulated to identify novel and innovative methods of healthcare delivery in order to improve effectiveness and efficiency of care. In our collaborative research model, we also aim to facilitate the academic growth of young investigators and trainees by exposing them to established mentors both locally and worldwide and nurturing the skills necessary to become successful researchers.

After completion of several successful large-scale studies that have provided significant results and insight into acute care, KidSIM-ASPIRE is committed to translating the knowledge gained by the research findings. National pediatric emergency and pre-hospital care conferences, annual nursing education sessions, local nursing conferences, and international simulation conferences are venues where the research team has presented findings. Perhaps most importantly, these presentations focused on how recent findings need to be applied to improve provider education and patient care.

RESEARCH HIGHLIGHTS

Dr. Adam Cheng's article, "Artificial Intelligence-assisted Academic Writing: Recommendations for Ethical Use", published in the Advances in Simulation Journal, has surpassed 200,000 downloads. This article ranks #1 amongst all articles ever published in a Healthcare Simulation journal for number of article downloads.

The KidSIM-ASPIRE Research Program has become the most published simulation program in the world.



3640
CITATIONS



18
PUBLICATIONS



6
ABSTRACTS



1
BOOK



3
NEW GRANTS



6
PRESENTATIONS

PROGRAM GOAL

The goal of the program is to conduct innovative, high-quality, simulation-based research to inform healthcare providers, administrators and families of best practices, which will optimize pediatric patient outcomes from illness. As lifesaving treatment in pediatric patients involves effective interprofessional care, we strive to conduct single and multicenter studies which involve various professions (nursing, respiratory therapy, paramedics, physicians etc) in order to optimize the impact of our research on patients.

RESEARCH PILLARS

The KidSIM-ASPIRE team has established a unified strategic research plan designed to guide the collaborative toward achieving its overarching research objectives. This strategy is built on four foundational research pillars, each representing a core focus area with a distinct aim. These pillars serve as the framework for organizing and advancing research initiatives within the KidSIM-ASPIRE program, enabling targeted efforts and measurable impact in key domains.

RESUSCITATION AND CARDIAC ARREST

Goal: Develop and evaluate novel techniques and strategies for improving resuscitative care of pediatric patients suffering from cardiac arrest.

ARTIFICIAL INTELLIGENCE

Goal: Design, develop and evaluate the use of artificial intelligence to improve clinical skills training and assessment.

QUALITY IMPROVEMENT AND PATIENT SAFETY

Goal: Design and evaluate simulation-based interventions to enhance patient safety and improve patient outcomes.

RETURN ON INVESTMENT

Goal: Assess and evaluate the cost effectiveness of simulation-based training in healthcare.



KIDSIM-ASPIRE TEAM



Dr. Adam Cheng
Director, Research &
Innovation,
KidSIM-ASPIRE



Jennifer Davidson
Research Coordinator,
KidSIM-ASPIRE



Dr. Jeffrey Lin
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Keely Piscopo
Administrative Assistant,
KidSIM



Michelle Chow
Administrative Assistant,
KidSIM



Dr. Winnie Nagesh
Pediatric Hospital
Medicine, ACH



Dr. Viviane Mallette
Neonatology, CIUSSS de
l'Estrie-CHUS

RESEARCH FUNDING

INTERNAL GRANTS

2025 – 2026	\$8,250 CAD	Project Title: Use of ChatGPT to assess healthcare simulation debriefings. Funded By: Department of Pediatrics Innovation Award. Project Involvement: Dr. Vikhashni Nagesh and Dr. Viviane Mallette, Co-Principal Investigators; Dr. Adam Cheng, Senior Investigator
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EXTERNAL GRANTS

2026 – 2028	\$184,100 CAD	Project Title: Cognitive and Affective Resilience Enhancement through XR-AI Agents for In-Hospital Resuscitation Teams. Funded By: Government of Alberta. Project Involvement: Dr. Kangsoo Kim, Principal Investigator; Dr. Adam Cheng, Co-Investigator NEW!
2025 – 2026	\$17,000 CAD	Project Title: AI-Powered Decision Support for Resuscitation. Funded By: University of Calgary Transdisciplinary Connector Grant. Project Involvement: Dr. Adam Cheng, Principal Investigator; Dr. Kangsoo Kim, Co-Investigator NEW!
2025 – 2026	\$50,000 CAD	Project Title: STAT Debrief AI-Assisted Transcription Software. Funded By: Virginia Venture Partners, Launch Grant. Project Involvement: Dr. Adam Cheng, Senior Investigator NEW!
2025 – 2026	\$6,000 USD	Project Title: The Virtual Resuscitation Assistant: Development and Usability Testing of an AI-driven and AR-based Cognitive Aid for Cardiac Arrest Resuscitation. Funded By: INSPIRE Network Shark Tank Award. Project Involvement: Dr. Vikhashni Nagesh and Dr. Viviane Mallette, Co-Principal Investigators; Dr. Adam Cheng, Senior Investigator
2025 – 2026	\$4,500 USD	Project Title: AR-Screen: Use of ChatGPT to assess healthcare simulation debriefings. Funded By: INSPIRE Network Shark Tank Award. Project Involvement: Dr. Vikhashni Nagesh and Dr. Viviane Mallette, Co-Principal Investigators; Dr. Adam Cheng, Senior Investigator
2024 – 2026	\$825,191 CAD	Project Title: AR-Screen: Evaluation of an Augmented Reality and Screen-based Decision Support System for Cardiopulmonary Arrest: Multicenter, Randomized Controlled Trial. Funded By: Swiss National Science Foundation. Project Involvement: Dr. Adam Cheng, Co-Principal Investigator
2024 – 2027	\$750,000 CAD	Project Title: AR-Screen: Evaluation of an Augmented Reality and Screen-based Decision Support System for Cardiopulmonary Arrest: Multicenter, Randomized Controlled Trial. Funded By: LevMax Health Grant, Alberta Innovates. Project Involvement: Dr. Adam Cheng, Principal Investigator
2023 – 2026	\$478,126 CAD	Project Title: Impact of Aerosol Box Use during Cardiopulmonary Arrest: A Multicenter, Randomized Trial. Funded By: Canadian Institutes of Health Research – Project Grant. Project Involvement: Dr. Adam Cheng, Principal Investigator

RESEARCH ACTIVITY

PROJECTS

Cognitive and Affective Resilience Enhancement Through XR-AI agents for In-Hospital Resuscitation Teams **NEW!**

Dr. Kangsoo Kim, Dr. Adam Cheng, Jennifer Davidson, RN, Helen Catena RN, Renee Kampman RN, Dr. Christine Kennedy, Dr. Annik Mossiere, Dr. Jeffrey Lin, Hyeongil Nam

This project involves the development and evaluation of CARE-XRAI, an innovative AI-powered extended reality (XR) system designed to enhance psychological resilience and reduce stress among in-hospital resuscitation teams. The project will specifically target nurses and team leaders involved in high stakes clinical events such as code blues. CARE-XRAI will integrate three key components: 1) real-time physiological data analysis using wearable sensors to detect indicators of acute stress and emotional dysregulation; 2) behavioral data analysis capturing vocal, postural and interactional cues to identify signs of psychological strain and 3) an emotionally and physically interactive AI agent embedded in immersive XR environments to deliver tailored support interventions. The CARE-XRAI system will be developed, refined and tested at KidSIM by our KidSIM-ASPIRE team and our partners in the Department of Electrical and Software Engineering at U of C.

The Use of Artificial Intelligence in Simulation Research: An International Survey **NEW!**

Vinnie Lam RN, Dr. Adam Cheng, Dr. Jeffrey Lin, Dr. Rachel Elkin, Dr. Jonathan Duff, Dr. Isabel Gross, Dr. David Grant, Dr. Susan Eller, Dr. Gabriel Reedy, Dr. Carla Sá Couto

Simulation-based healthcare education is an innovative teaching methodology that enhances healthcare professionals' proficiency, competences and confidence to ultimately improve patient outcomes.

Artificial intelligence (AI), including machine learning and natural language processing, is becoming increasingly influential in healthcare, education, and research. AI offers promising opportunities to support researchers with simulation-based education research. However, its use also requires clear guidelines and awareness of ethical risks. Currently, there is limited understanding and a lack of clear guidance on how to use AI appropriately and ethically in the research process, particularly in simulation-based education research. To address this, it is important to explore researchers' current perspectives, confidence, knowledge gaps, concerns, and barriers related to AI use. In response, KidSIM, in partnership with the INSPIRE and SESAM/SiREN Networks, is conducting a study to examine current practices, identify gaps, and uncover opportunities for integrating artificial intelligence (AI) in simulation research.

The Virtual Resuscitation Assistant: Development and Usability Testing of an AI-driven and AR-based Cognitive Aid for Cardiac Arrest Resuscitation

Dr. Kangsoo Kim, Dr. Adam Cheng, Ryan Kang, Jennifer Davidson RN, Dr. Jeffrey Lin

Cognitive aids are decision support tools that present prompts to encourage recall of information, thus freeing up mental resources to increase the likelihood of desired behaviors. AR-based cognitive aids enable fast decision making by providing clinically relevant prompts and supporting anticipatory behaviors by listing upcoming tasks. Studies completed by the KidSIM-ASPIRE research team have shown that an AR device providing clinical guidance for the team leader improves compliance with pediatric and neonatal resuscitation guidelines but fell short on improving time to epinephrine or defibrillation. In these studies, the AR systems were entirely reliant upon data collected from the team leader through the AR device to determine clinical guidance. This amplified team leader workload contributed to delays in task completion. In designing a new system, the overarching goal is to reduce mental workload by providing role-specific

and timely information to key team resuscitation team members. To achieve this goal, a mobile app (i.e. Guiding Pad app) was developed, used by the charting nurse, which provides guidance on pending tasks as the charting nurse enters completed tasks. When connected to AR device, the Guiding Pad app collects clinical data and allows for role-specific decision support to be shared with the team leader wearing the AR device. The new AR software will also be driven by artificial intelligence powered by ChatGPT, to support the team leader with clinical decision making during cardiac arrest. By utilizing ChatGPT's ability to offer dynamic, situation-specific guidance without interrupting the flow of care, we aim to explore whether this innovative tool can be seamlessly integrated into an augmented reality used by a team leader during resuscitation. This study will develop and evaluate the impact of an enhanced system, the "Augmented Resuscitation Assistant", which provides role-specific decision support to the team leader during cardiopulmonary arrest.

AR-Screen: Development and Multicentric Evaluation of an Augmented Reality and Screen-based Decision Support System for Cardiopulmonary Arrest: an International Project

Dr. Adam Cheng, Dr. Johan Siebert, Dr. Frédéric Ehrler, Dr. Sergio Manzano, Dr. Arielle Levy, Dr. Kangsoo Kim, Dr. Jonathan Pirie, Dr. Todd Chang, Dr. Jeffrey Lin, Dr. Donovan Duncan, Jennifer Davidson RN

This is a two-phase, multidisciplinary, international research project to evaluate, through phased studies and two-center trials, an innovative decision support system (InterFACE-AR) that leverages augmented reality to provide resuscitation teams with real-time, role-specific decision support during cardiac arrest. The first phase of the project aims to assess in a pilot multicenter, randomized, controlled trial (RCT) at two tertiary hospitals (Geneva children's hospital, Switzerland; Alberta Children's Hospital, Canada) the AR-Screen decision support system that will be developed using an iterative prototyping approach. This project will take place over 2 years and will involve the participation of experts in 5 countries (Switzerland, Canada, Netherlands, USA, Italy). The results of Phase 1 will be used to set up Phase 2 of the project; a multicenter RCT at eight INSPIRE network sites (Geneva, Calgary, Italy, Montreal, Toronto, Birmingham, Los Angeles and New York City).

Evaluation of an Augmented Reality and Screen-based Decision Support System for Cardiopulmonary Arrest: A Multicenter, Randomized Controlled Trial

Dr. Adam Cheng, Dr. Johan Siebert, Dr. Frédéric Ehrler, Dr. Sergio Manzano, Dr. Kangsoo Kim, Dr. Arielle Levy, Dr. Jonathan Pirie, Dr. Todd Chang, Dr. Jeffrey Lin, Dr. Nancy Tofil, Dr. Sylvia Bressan, Dr. David Kessler, Jennifer Davidson RN

This multicenter study will determine if use of an Augmented Reality Decision Support System (InterFACE-AR) improves performance and influences provider workload during cardiac arrest. The InterFACE-AR system is comprised of four key components that are interconnected: (a) two augmented reality devices (for the team leader and medication nurse); (b) a tablet-based Guiding-Pad app; and (c) an LCD screen. Participants forming resuscitation teams will be randomized into one of 4 study arms.). Teams will participate in a simulated cardiac arrest scenario, with clinical performance metrics captured by video review and provider workload collected by survey. We expect to find that use of the InterFACE-AR system during cardiopulmonary arrest improves clinical care (i.e. time to epinephrine, time to critical tasks, reduced medication errors) and reduces provider workload. These outcome metrics have direct associations with patient survival, which will provide a strong argument for the integration of InterFACE-AR support systems into acute care environments.

Exploring ChatGPT's Capability to Assess Healthcare Simulation Debriefings

Dr. Winnie Nagesh, Dr. Viviane Mallette, Dr. Adam Cheng, Jeffrey Lin, Jennifer Davidson RN, Dr. Christine Kennedy, Amy Cripps

Simulation-based medical education is a powerful educational tool for training healthcare professionals. High-quality debriefing is recognized as crucial for maximizing the benefits of experiential learning. However, facilitator training required to deliver effective debriefing is time and resource intensive. Recent advancements in generative artificial intelligence (AI), such as ChatGPT, have shown potential in evaluating complex human communication. The application of AI to simulation debriefing has yet to be explored. Given the significant role of debriefing in experiential simulation learning, we aim to integrate AI in the evaluation of the simulation debriefings. This study seeks to explore whether ChatGPT can perform

comparably to human experts utilizing validated assessment tools. The project involves providing ChatGPT with a training protocol, which will utilize debriefing transcripts of various qualities and concurrent scoring completed by human experts, and completing a sequential analysis, comparing ChatGPT generated scores with human-expert scores. We hypothesize that with appropriate context and training that ChatGPT will perform comparably to human experts. Our primary goal is to enhance scalability of educator training and reduce the burden on resources in SBME. This project is funded by INSPIRE Shark Tank grant and the Department of Pediatrics Innovation Award.

Evaluation of a Faculty Development Program for Simulation Educators – The KidSIM ASSET Experience

Dr. Mary Tong, Dr. Adam Cheng, Dr. Jeffrey Lin

The KidSIM program has developed a specialized simulation faculty development program to teach aspiring educators the principles of simulation-based education. The Advanced Skills for Simulation Educators & Teachers (ASSET) encompasses 4 different courses. A better understanding of the impact of these courses will inform future faculty development efforts in simulation programs. The objectives of this survey-based study are to: (1) assess the downstream impact of ASSET course participation by describing participant professional profiles, involvement in simulation, and perceived utility on facilitation and debriefing skills; and 2) identify gaps in their simulation and debriefing.

Impact of Aerosol Box Use during Cardiopulmonary Arrest: A Multicenter Study

Dr. Adam Cheng, Dr. Arielle Levy, Dr. Jonathan Pirie, Dr. Keya Manshadi, Dr. Todd Chang, Dr. Jeffrey Lin, Jennifer Davidson RN, Dr. Andrew Dixon, Dr. Jon Duff

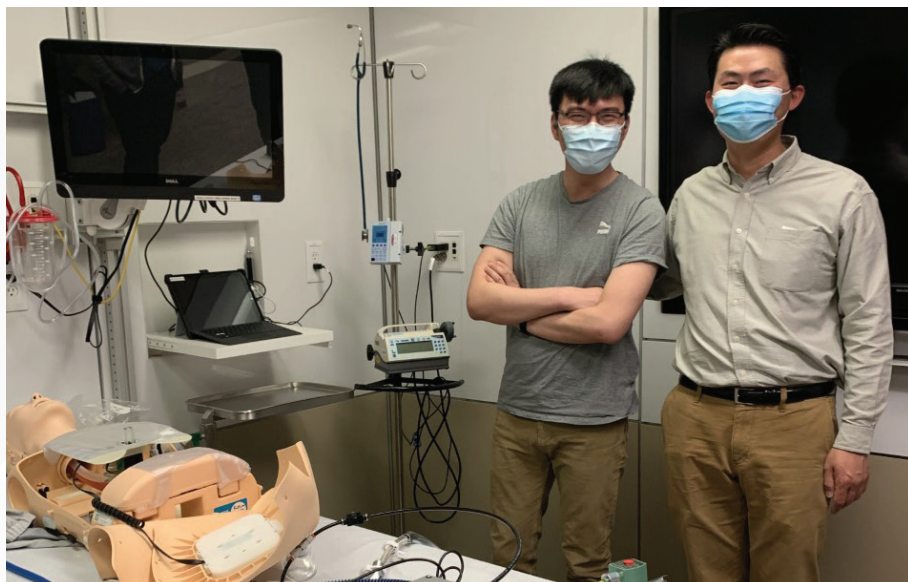
This study involves a prospective, randomized controlled trial at six pediatric hospitals (Alberta Children's Hospital, Stollery Children's hospital, Ste. Justine Hospital, Children's Hospital of Los Angeles, Hamilton Children's Hospital and The Hospital for Sick Children). The primary aim of this study is to further explore the effectiveness of an aerosol box - a hard sided plexiglass box that fits over the torso of a patient to act as a physical barrier

that contains infectious droplets. Aerosol box use will be compared with no aerosol box use for reducing Health Care Provider and environmental contamination during CPR in a resuscitation scenario. Secondary aims are: (a) to compare provider workload while performing CPR in aerosol box vs. no aerosol box groups; (b) to compare quality of intubation performance in aerosol box vs. no aerosol box groups; and (c) describe the pros and cons of aerosol box use during AGMPs. This study is funded by the Canadian Institutes of Health Research (CIHR).

PUBLICATIONS

1. Kang R, Cheng A, Lin Y, Nam H, Davidson J, Duncan D, Siebert J, Manzano S, De Masi A, Rajic A, Olanka S, Ehrler F, Kim K. Perceived Usability, User Experience, and Technology Acceptance of Role-Specific Augmented Reality Decision Support Tools for Cardiac Arrest Resuscitation: A Prospective Observational Pilot Study. *JMIR XR and Spatial Computing*. 2026. In Press.
2. Cheng A, Lauridsen K, Greif R, Finn J, Eastwood K, Yeung J, Lockey A, Dainty K, Geduld H, Diedrich E, Bhanji F. Uniform Reporting of Outcomes from Resuscitation Education Research: The Resuscitation Education Utstein Style. A Consensus Report from the International Liaison Committee on Resuscitation. *Circulation: Cardiovascular Care and Outcomes*. 2026. In Press.
3. Ehrler F, Rajic A, De Masi A, Olanka S, Generelli M, Davidson J, Lin Y, Kim K, Rebours PL, Ibrahim M, Duncan D, Kang R, Manzano S, Cheng A, Siebert J. Overview of a User-Centered, Mixed-Methods Process for Designing InterFACE: An Augmented-Reality Decision Support System for Pediatric Resuscitation. *JMIR Human Factors*. 2026. In Press.
4. Kornfehl A, Veigl C, Stowasser P, Gumpoltsberger F, Tapinova K, Firich V, Brock R, Eibensteiner F, Grassmann D, Snijders E, Girsu M, Domanovits H, Krammel M, Wildner B, Lin Y, Uray T, Schnaubelt S. Near-infrared spectroscopy (NIRS) during and after cardiopulmonary resuscitation: A systematic review and meta-analysis. *Aust Crit Care*. 2026 Apr;39(2):101534. doi: 10.1016/j.aucc.2026.101534. Epub 2026 Feb 26. PMID: 41747346.

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7. Greif R, Cheng A, Abelairas-Gomez C, Allan K, Breckwoldt J, Cortegiani A, Donoghue A, Eastwood K, Farquharson B, Hsieh MJ, Kidd T, Ko YC, Lauridsen K, Lin Y, Locky AS, Matsuyama T, Nabecker S, Nation K, Olaussen A, Schnaubelt S, Sawyer T, Yang CW, Yeung J on behalf of the Education, Implementation and Teams Task Force Collaborators. Education, Implementation and teams: 2025 International Liaison Committee on Resuscitation Consensus on Science with Treatment Recommendations. *Resuscitation*. 2025;215:110807.
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9. Cheng A, Nagesh V, Eller S, Grant V, Lin Y. Exploring AI Hallucinations on ChatGPT: Reference Accuracy and Citation Relevance of ChatGPT Models and Training Conditions. *Simulation in Healthcare*. 2025. Published Aug 7.
10. Cheng A, Eppich W, Calhoun A, Kolbe M, Kessler D, Brydges R, Palaganas, J, Auerbach M, Reedy G. Application of the METRICS Framework to Build Programs of Healthcare Simulation Research. *Simulation in Healthcare*. Published online July 31, 2025.
11. Efendi D, Chen J, Cheng A et al. Deconstructing resuscitation training for healthcare providers: a protocol for a component network meta-analysis. *BMJ Open*. 2025; 15:e094869.
12. Cheng A, Drennan I, Lauridsen KG. CPR quality data collection: building the foundation for a cardiac arrest quality improvement program. *Canadian Journal of Emergency Medicine*. 2025; 27:411-413.
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14. Cheng A, Calhoun A, Reedy G. Artificial Intelligence-assisted Academic Writing: Recommendations for Ethical Use. *Advances in Simulation*. 2025. 10:22.
15. Lin Y, Locky A, Donoghue A, Greif R, Cortegiani A, Farquharson B, Siddiqui F, Banerjee A, Matsuyama T, Cheng A, for the International Liaison Committee on Resuscitation Education, Implementation and Teams Task Force. Use of CPR Feedback devices in resuscitation training: a systematic review and meta-analysis of randomized controlled trials. *Resuscitation Plus*. 2025. 100939.
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17. Lauridsen KG, Burgstein E, Nabecker S, Lin Y, Donoghue A, Duff JP, Cheng A for the International Liaison Committee on Resuscitation Education, Implementation and Teams Task Force. Cardiopulmonary Resuscitation Coaching for Resuscitation Team: A Systematic Review. *Resuscitation Plus*. 2025. 21:100868.
18. Cortegiani A, Ippolito M, Abelairas-Gomez C, Nabecker S, Olaussen A, Lauridsen K, Lin Y, Sawyer T, Yeung J, Locky AS, Cheng A, Greif R for the International Liaison Committee on Resuscitation Education, Implementation and Teams Task Force. In Situ Simulation for Cardiopulmonary Resuscitation Training: A Systematic Review. *Resuscitation Plus*. 2025. 21:100863.



PRESENTATIONS

1. Cheng, A. Managing Psychological Safety in Debriefing Conversations: The Difficult Debriefing. Boston Children's Hospital PRESS Lecture Series. October 30, 2025.
2. Cheng, A. Applications of AR in Healthcare: Perspectives from an Emergency Physician. International Workshop on Extended Reality and AI for Serious and Critical Applications. October 7, 2025.
3. Cheng, A. AI for Academic Writing: Friend or Foe? (Keynote) INSPIRE Network Virtual Conference. September 25, 2025.
4. Cheng, A. Simulation Strategies to Improve Cardiac Arrest Outcomes (Keynote). Paris Pediatric Emergency Conference Research Day. September 24, 2025.
5. Cheng, A. Moving the Needle: Building a Program of Simulation Research. (Keynote) University of Toronto, Medical Education Research Cluster. September 15, 2025.
6. Cheng, A. Clinical Debriefing for Quality Healthcare. Keynote. University of Philippines, College of Medicine, Webinar Series. September 8, 2025.

ABSTRACTS

1. Lee MJ, Nam H, Zafar J, Davidson J, Lin Y, Cheng A, Kim K. Learning to Lead Under Stress: Designing AI Guidance for In-Hospital Resuscitation Team Leader Training in XR. Association for Computing Machinery CHI Conference on Human Factors in Computer Systems 2026. Barcelona, April 13, 2026.
2. Nagesh V, Mallette V, Cheng A. Use of ChatGPT to assess healthcare simulation debriefings. The International Meeting for Simulation in Healthcare. Orlando, USA. January, 2025.
3. Kang R, Kim K, Cheng A. The Virtual Resuscitation Assistant: Development and Usability Testing of an AI-driven and AR-based Cognitive Aid for Cardiac Arrest Resuscitation. The International Meeting for Simulation in Healthcare. Orlando, USA. January, 2025.
4. Kang R, Kim K, Cheng A. AR-Screen: Development and Usability Testing of an Augmented Reality Based Decision Support System for Cardiac Arrest. The International Meeting for Simulation in Healthcare. Orlando, USA. January, 2025.
5. Nagesh V, Mallette V, Cheng A. Use of ChatGPT to assess healthcare simulation debriefings. INSPIRE Network Annual Meeting. Orlando, USA. January, 2025.
6. Kang R, Kim K, Cheng A. The Virtual Resuscitation Assistant: Development and Usability Testing of an AI-driven and AR-based Cognitive Aid for Cardiac Arrest Resuscitation. INSPIRE Network Annual Meeting. Orlando, USA. January, 2025.

BOOKS

1. Lin, Y. 2025 American heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Highlights (Simplified Chinese).

KIDSIM INTERNATIONAL

MISSION

To improve the quality of healthcare provided to infants and children around the world by collaborating with global partners through education, research and innovation using simulation.



PRIMARY STRATEGIES

INTERPROFESSIONAL EDUCATION

KidSIM has a wealth of experience in the provision of interprofessional simulation-based education, where healthcare providers from various professions train together in a collaborative work environment. Training in this type of environment using simulation helps to improve collective knowledge and skills, teamwork, communication and efficiency, which ultimately improve the care delivered to real patients.

RESEARCH

As one of the most successful simulation research programs in North America, KidSIM-ASPIRE will conduct research to study the impact of the education and innovation being delivered through KidSIM international programs, and also work hard to share and integrate knowledge acquired from existing research to global partners.

ASSESSMENT & EVALUATION

Assess and evaluate the impact of various models of interprofessional training on healthcare provider skills, knowledge and behaviors.

SIMULATION EXPERTISE & PROGRAM BUILDING

KidSIM has been the 'model' program in North America for growth based on little operational funding while keeping the education 'free' for the learners. Our experience in collaboration, identifying and grooming champions and growth based on limited resource will be a valuable asset to developing programs.

FACULTY DEVELOPMENT

As some educational techniques in simulation are more effective than others, our team have worked hard disseminate this knowledge to simulation educators locally and internationally by creating an instructor training course called ASSET.

FELLOWSHIP TRAINING

We train fellows to be future global leaders in simulation, who will take the knowledge, skills and experience from KidSIM fellowship back to their respective countries in order to save lives and improve outcomes of children in their area of the world.



www.KidSIM.ca

