USASK COLLEGE OF MEDICINE MAGAZINE 2025/2026

CONNECTIVE ISSUE

UNIVERSITY OF SASKATCHEWAN
College of Medicine
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College of Medicine

Students

430 Undergraduate Medical Education

613 Postgraduate Medical Education

1,163 Biomedical Sciences *

249 Master's and PhD (various fields)

147 Master of Physical Therapy

20 Master of Physician Assistant Studies

**students studying biomedical sciences within the Bachelor of Science program, a partnership between the College of Medicine and the College of Arts and Science.*

Staff and Faculty

490+ Staff

2,300+ Faculty

throughout the province, support

>25 departments, divisions and academic units

Research

$53 million
New funding awarded to College of Medicine researchers in 2024-25

468 Active researchers

303 Awarded projects

Giving

$14 million
Raised to support students and fund cutting-edge research in 2024-25

New Programs

3 New graduate level programs

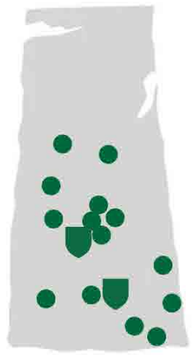
Master of Physician Assistant Studies (MPAS)
Started August 2025

Master of Occupational Therapy (MOT)
Starting fall 2026

Master of Speech Language Pathology (MSLP)
Starting fall 2026

Locations

Our main campuses are in Regina and Saskatoon with training sites located across the province.



University of Saskatchewan • College of Medicine • 2025/2026

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The University of Saskatchewan College of Medicine is located on Treaty 2, 4, 5, 6, 7, 8 and 10 Territories and the Homeland of the Métis. We pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.

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ON THE COVERS

Front cover photo:
Members of the first Master of Physician Assistant Studies student cohort.
Photography by David Stobbe

Back cover photo:
Medical students at orientation.
Photography by Davis Frerichs

Send us your ideas

This magazine shares successes and news about the College of Medicine. Please email medicine.communications@usask.ca with ideas for future stories.

Find us online at:
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Dr. Sarah Forgie (MD). ***Photo by Nicole Romanoff***

Last year, we engaged in strategic discussions to define our future path. Through interviews, surveys, and future-focused conversations, we heard from alumni, faculty, leaders, learners, and staff. These connections informed our new strategic plan, Paving Our Path to 2030, which will guide how we move forward as the College of Medicine for Saskatchewan.

I am extremely proud of our plan that was developed by our college community using a strength-based approach. The process was a way for people to engage, to contribute to our future direction, and to help make our college even better. An overview of the plan is included on the following page.

Over the next four years, our college will focus on people, education, and research—recognizing that a people-first approach is essential to reach our goals. Our new values define what is important to us and will be demonstrated by our everyday actions and decisions. In addition, we will be guided by commitments, which are woven through everything we do and ensure we are a College of Medicine that CARES (Connects; Advances ohpahotân | oohpaahotaan; Reflects and learns; Embeds equity diversity, inclusion and accessibility principles; and Shares our stories).

One of our new commitments is sharing our stories. In this magazine, you will read stories about the experiences and achievements of our learners, faculty and staff. I urge you to look for opportunities to share your own voices—this helps build understanding, pride, and connection.

Our College of Medicine is making a meaningful impact on health and well-being in the province of Saskatchewan and beyond. This impact is only possible through collaboration and support from the university, the Government of Saskatchewan, our partners, and our individual and corporate donors. Thank you for being such an important part of our college and for walking this path with us.

Rooted in Saskatchewan communities, we shape a healthier future.

Dr. Sarah Forgie
Dean, College of Medicine

Paving OUR Path TO 2030

The College of Medicine cultivates health and well-being through service, education, scholarship and research that matter.

Rooted in Saskatchewan communities, we shape a healthier future.

EDUCATION

We are skilled, engaged educators and empowered learners making meaningful contributions in our fields and communities.

PEOPLE

We are a thriving community proud to learn, work and lead together.

RESEARCH

We are a network excelling in innovation, research, scholarship, and quality improvement.

OUR EDUCATION GOALS:

- ✓ Provide high-quality education in supportive learning environments
- ✓ Grow programming to meet Saskatchewan's evolving health needs
- ✓ Adapt and respond to emerging technologies
- ✓ Enhance rural and remote learning opportunities
- ✓ Increase opportunities to learn together

OUR PEOPLE GOALS:

- ✓ Grow joy and fulfillment
- ✓ Support lifelong learning and career development
- ✓ Attract, train and retain the people our province needs
- ✓ Foster a culture of recognition, appreciation and celebration

OUR RESEARCH GOALS:

- ✓ Expand research and scholarship visibility and impact
- ✓ Enhance equitable access to research and scholarship support
- ✓ Increase and diversify research funding sources
- ✓ Amplify collaborative interdisciplinary research and scholarship
- ✓ Foster authentic community-engaged research and scholarship

We are a college that values:
ACCOUNTABILITY • BELONGING • COLLABORATION • CURIOSITY • WELL-BEING

We are committed to:
CONNECTING • ADVANCING ohpahotân | oohpaahotaan (Indigenous Strategy) • REFLECTING AND LEARNING
EMBEDDING EQUITY, DIVERSITY, INCLUSION AND ACCESSIBILITY PRINCIPLES • SHARING OUR STORIES

STRATEGIC PLAN

UNIVERSITY OF SASKATCHEWAN
College of Medicine
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Alumni, faculty, staff and friends gathered to celebrate 60 years of training physical therapists at USask. ***Photo submitted***

Past, present and future: Celebrating 60 years of rehabilitation science at USask

In May 2025, the School of Rehabilitation Science celebrated 60 years of training physical therapists at the University of Saskatchewan (USask) by welcoming back alumni, faculty, staff and friends. Since 1965, the school has been a cornerstone high-quality physical therapy education and research for students from across the province. The event included a research symposium, open house and evening celebration.

With a focus on interprofessional education, innovative research and evidence-based practice, the school contributes to clinical care and improves the health of people throughout Saskatchewan. The school's success has been shaped by strong partnerships with the clinical community, alumni, donors, along with ongoing collaboration with professional and regulatory bodies.

Saskatchewan builds future physician assistant workforce

A new master's level program will strengthen health care across the province by training physician assistants here at home. In August 2025, the College of Medicine welcomed the inaugural cohort of twenty students to the Master of Physician Assistant Studies (MPAS) program.

This two-year program is the first-of-its-kind in Saskatchewan and will prepare physician assistants to be key contributors to health-care teams across the province.

Physician assistants are a newly licenced health-care profession in Saskatchewan. They work under the supervision of licensed physicians and can practice in all clinical settings.

Twenty new students have joined the USask College of Medicine in the first cohort of the new Master of Physician Assistant Studies (MPAS) program. ***Photo submitted***

Drs. Nazeem Muhajarine and Valerie Verge. ***Photos submitted***

Faculty honoured with USask distinguished professorship

Dr. Nazeem Muhajarine (PhD) Valerie Verge (PhD) were honoured with the title of distinguished professor. This award celebrates lifetime achievement in research, scholarly, and artistic work.

Muhajarine is one of Canada's most accomplished population health researchers and a driver of change at the community level to promote better health. Verge is a leading researcher focused on enhancing nervous system repair, particularly for peripheral nerves and for the treatment of multiple sclerosis.

USask launches two first-in-Saskatchewan rehabilitation science training programs

USask's School of Rehabilitation Science launched two new master's-level programs. Learners can apply to the province's occupational therapy (OT) and speech-language pathology (SLP) training programs. These programs will begin in the fall of 2026, each with a cohort of 40 learners.

"Our school will be the first in Canada to have occupational therapy, speech-language pathology and physical therapy programs housed together with harmonized programs," said Dr. Brenna Bath (PhD), director of the school. "This will provide a unique training opportunity for our students to train together and better prepare them for working in interdisciplinary teams."

Occupational therapists and speech-language pathologists will soon be able to train in Saskatchewan. ***Photo by David Stobbe***

Clinical instructor and the first MPT students to complete clinical placements at the new student-led clinic. ***Photo submitted***

Student-led clinic improves access to care for rural and remote patients

A new student-led clinic on USask's Prince Albert campus will improve access to physical therapy care for the city and surrounding communities. This clinic is part of a recent expansion in the School of Rehabilitation Science, which increased the number of students and clinical placements for the Master of Physical Therapy (MPT) program.

Under the supervision of licensed professionals, students in the clinic can provide care to people with a range of health conditions including back pain, injury prevention and osteoarthritis. The clinic's launch has been well-received, and the school aims to expand the clinic to include occupational therapy and speech-language pathology placements in the future.

Department of Family Medicine to open North East residency training site

The Department of Family Medicine has announced the addition of a North East residency training site. The expansion increases the number of Saskatchewan family medicine residency seats to 68 for the 2026 Canadian Resident Matching Service match. The North East site will include Nipawin, Humbolt and Melfort.

"Training physicians in the communities where we hope they will ultimately practice is essential to strengthening health care. The presence of residents not only enhances access and improves the quality of care but also helps increase the number of physicians serving our province," said Dr. Kathy Lawrence (MD), provincial head for the department.

Residents representing the existing eight family medicine training sites pose with College of Medicine Dean Dr. Sarah Forgie, and the Minister of Health Honorable Jeremy Cockrill at the Family Medicine Resident Retreat. ***Photo by Jana Knezackova***

Dr. Sarah Forgie launching the new strategic plan on October 30, 2025. ***Photo by Colby McCleeland***

College of Medicine launches new strategic plan

In October 2025, the College of Medicine launched its new strategic plan, *Paving Our Path to 2030*. The plan outlines shared commitments, focus areas and goals that will help the College of Medicine shape a healthier future.

This strategic plan is the result of a four-stage strategic planning process that began in January 2025. Alumni, learners, faculty, staff and community stakeholders were invited to participate in interviews, surveys and future-focused conversations to help shape and inform the new plan. Peer-nominated values champions helped refine the core values and translate them into clear, observable behaviours.

Dean Sarah Forgie officially launched the strategic plan during an in-person and virtual event on October 30. The strategic plan, launch video and information about the planning process are available on the College of Medicine's website.

New College of Medicine research leadership

The College of Medicine has named Dr. Camille Burnett (PhD) and Dr. Linda Chelico (PhD) as the new vice-deans of research. They will serve as co-leads of the college's research portfolio.

Burnett will serve as vice-dean, clinical, health services and population health. Her research is focused on the structural drivers of health inequities and identifying solutions through a structural justice lens. She has extensive experience across the United States and Canada in public health, health equity, research, administration, and academia.

Chelico will serve as vice-dean, biomedical science. She operates a successful research program focused on the APOBEC family of enzymes and their impact on HIV replication and cancer cell mutations. Prior to this role, she was the head of the Department of Biochemistry, Microbiology and Immunology, and director of the Protein Characterization and Crystallization Facility (PCCF).

Drs. Camille Burnett and Linda Chelico. ***Photos submitted***

THEN AND NOW: From greenhouse laboratory to the College of Medicine for Saskatchewan

This year the college celebrates two milestones—100 years since the two-year School of Medical Sciences was established and 70 years since students have been able to take their entire four-year medical degree at USask.

TRENNA BRUSKY

Exterior of the USask Medical Building (1954). *Photo USask Archives*

Medicine was among the colleges originally envisioned by the University of Saskatchewan (USas) Board of Governors and its first president, Walter Murray, who believed the university should serve the province's needs. However, the end of Saskatoon's early boom and the start of World War I delayed plans for a medical school and teaching hospital.

In 1919, Dr. W. Stewart Lindsay joined the university as its first professor of pathology and bacteriology. Working out of a laboratory in the university greenhouses, Lindsay began teaching and conducting research that would lay the groundwork for what would become the School of Medical Sciences in 1926, and he served as its first dean.

From 1926 until 1956, students could complete their first two years of medical training at USask before enrolling elsewhere for their final two clinically focused years. From 1928 to 1954, 605 students completed the program.

Expanding to a full medical degree

In 1950 the school moved into the new Medical Building. Two years later, it became a college and was renamed the College of Medicine in 1953, with Dr. John Wendell MacLeod (MD) succeeding Lindsay as the dean.

MacLeod became known as a pioneer in medical education and the social aspects of medicine. According to archives, he emphasized the importance of understanding the social, economic, and political contexts of health and made those a central part of the curriculum.

"He (MacLeod) left a wonderful legacy in our college—building the medical education piece, the research piece, and then helping to shape the system that our graduates work in."

DR. SARAH FORGIE

"MacLeod's views and his early life experiences led to his work with Premier Tommy Douglas creating what we now recognize as the universal health care system. This system removed what MacLeod referred to as 'the fee problem' or charges people paid for medical care, so it was no longer a barrier for patients," said Dr. Sarah Forgie (MD), dean of the College of Medicine. "He left a wonderful legacy within our college—building the medical education piece, the research piece, and then helping to shape the system that our graduates work in."

The opening of University Hospital (now Royal University Hospital) in 1955 marked a turning point. Beginning in 1956, medical students could complete their entire four-year medical degree in Saskatchewan.

"This was a huge transition to a four-year medical program—a milestone that showed the importance of medical and health education to the university and to the province," said Forgie.

She notes that signs of this period remain visible in the Health Sciences Building on the Saskatoon campus. "When you walk in the front doors of 'A Wing,' you can see a mural of Premier Douglas laying the building's cornerstone." This mural and the original cornerstone are a reminder of a moment reported as "a new era in the history of the university" and a "dream come true."

Left: The class of 1931 in front of the USask greenhouses. When the School of Medical Sciences was created, the office and classroom were in the "head house" and the departments of anatomy and physiology were in greenhouses no.5 and no.6—a dissection room was in one greenhouse and the physiology lab was in the other. Right: At the Medical Building cornerstone ceremony, Premier Douglas said, "We must not only train men and women who have an outlook on the people of this province, but we must train them to have a social vision of what medicine can do." ***Photos USask Archives***

Growth to meet Saskatchewan's needs and beyond

"For Saskatchewan, for the university, and for our college, we will continue the legacy of excellent training, and the social vision of what medicine can do," said Forgie. "We have grown our programming to meet what the province needs and to ensure learners have access to a range of opportunities. This includes changing where learners are taught, expanding our class sizes, and launching new programs."

Today, the College of Medicine has campuses in Regina and Saskatoon, over 20 training sites, 490 staff, and 2,300 faculty members across the province. With more than 25 academic units, it is one of the largest colleges at USask—and it keeps growing.

"We are training more physical therapists, physician assistants, physicians, and scientists than ever before," said Forgie.

The biomedical sciences program, launched in partnership with the College of Arts and Science in 2021, has grown every year, and now has over 1000 students. Both the medical doctor (MD) and physical therapy class sizes have increased—to 128 and 55 seats each year, respectively—and postgraduate medical education now includes 29 different residency programs across the province.

Three first-in-Saskatchewan training programs have been established to help improve access to care. The Master of Occupational Therapy and Master of Speech-Language Pathology programs in the School of Rehabilitation Science will begin this fall and the Master of Physician Assistant Studies program welcomed its first student cohort last August.

"Saskatchewan is special, for many reasons, including having one medical school. By virtue of our size and organization we are able to listen to what people need, look at how we can do things in a different way, and how we work together."

DR. SARAH FORGIE

"Our physician assistant learners are excited about the prospect of where they can go and what they can do," said Forgie. "At their Stethoscope Ceremony, the Minister of Health said he would have a job for every single one of them when they graduated."

Forgie added that attracting and retaining students with connections to the province remains crucial. "We know from research done here that, if you are from Saskatchewan, or if you do your residency in Saskatchewan, you are very likely to stay in Saskatchewan to practise." This is reflected in other programs, like physical therapy, where approximately 90 per cent of graduates have stayed to practise in the province.

"Saskatchewan is special, for many reasons, including having one medical school," she said. "By virtue of our size and organization we are able to listen to what people need, look at how we can do things in a different way, and how we work together. I'm very proud of how connected we are—with the other health sciences disciplines and colleges at USask, with the government, with our partners, like the Saskatchewan Health Authority, and with our communities. Where else could you do something like that?"

In addition to education, faculty and students engage in research, innovation, and scholarship aimed at improving health outcomes across the province. "What we are really looking at is how we can improve health, and that goes beyond acute care and incudes community care, and population and preventative health," said Forgie.

"There is so much impactful research happening across our college and beyond as well, and we are building a leadership team that focuses on both biomedical research, and clinical health systems and population health. By providing that leadership, I hope to continue to increase research in preventative medicine, in health systems, and in clinical research."

Paving our path to the future

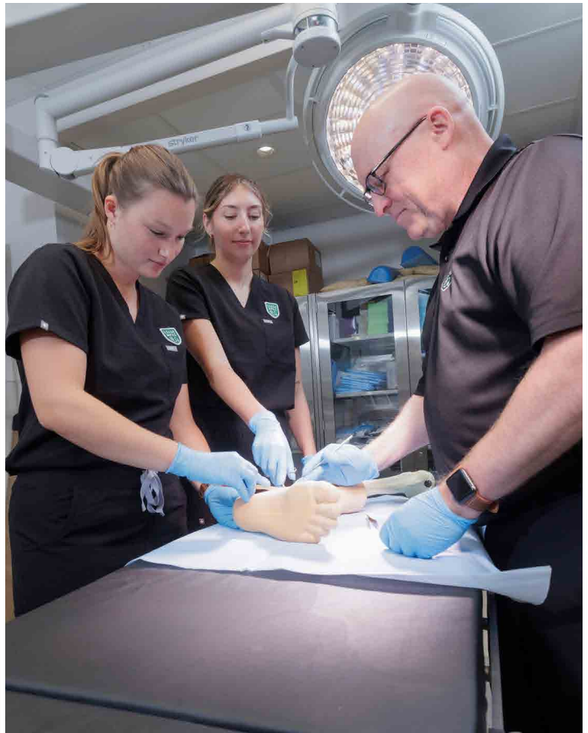
Building on the momentum, the college will be guided by the new strategic plan, Paving Our Path to 2030.

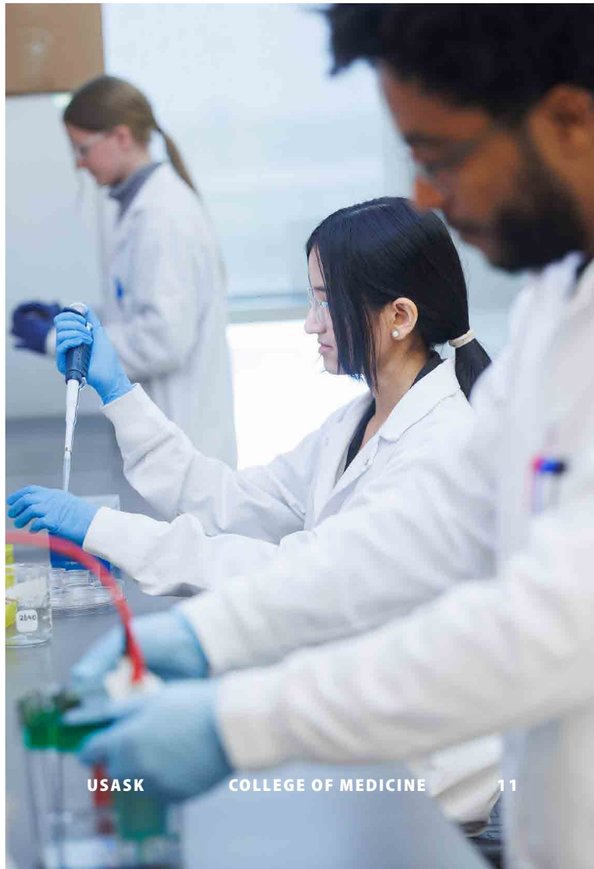
"One of the most exciting things about our plan was in the creation of the plan using a strength-based approach," said Forgie. "Our process was a way for people to engage, and for us to listen and to learn. That level of engagement has been awesome—I wanted people to have the opportunity to contribute to our future direction and to see themselves in the plan—to help make our college even better."

The new plan includes three focus areas, people, education, and research, supported by new values and cross-cutting commitments. "A people-first approach is essential," Forgie emphasized. "If our people are engaged and supported, then the research and the teaching will fall into place."

Looking ahead, Forgie sees the college's century-long journey as the foundation for continued impact. "Our history demonstrates the important role we have played for the province and beyond—whether it is through our innovation or high-quality education. Our strategic plan will help ensure this role continues. Our college is a gem, and I feel proud to be part of it and the University of Saskatchewan."

Left: MD student participates in a patient simulation in the Clinical Learning Resource Centre. *Photo by Matt Smith*; Middle: Master of Physician Assistant Studies learners participate in a patient simulation. *Photo by David Stobbe*; Middle (right top): Occupational therapy is one of two new programs that will start in the School of Rehabilitation Sciences this year. *Photo by David Stobbe*; Middle (right bottom): First-year medical students at the Regina Campus. *Photo by Aisling Gamble*; Right: More than 1000 students are in USask's biomedical sciences program. *Photo by David Stobbe*





Medical students with Dr. Geoff Zerr, director of the SLIC program and a family medicine physician in Melfort, at the Swift Current site. *Photo by Davis Frerichs*

THE IMPACT OF RURAL MEDICINE:
Training future doctors for Saskatchewan

AMANDA WORONIUK

More than a third of Saskatchewan residents live in a rural or remote community. Some of these individuals can face challenges accessing health care, either through limited resources or long distances to urban care centres.

To help close this gap, the University of Saskatchewan (USask) College of Medicine offers medical students the opportunity to train in communities around the province, outside of the college's Regina and Saskatoon campuses. These placements give medical students firsthand experience with rural health needs and learn what it's like to provide care in these communities.

"When you are a provider in a rural, regional or remote centre, there are unique characteristics of practicing in these places that learners may not experience when they're training in the urban centres," said Dr. Tara Lee (MD), associate dean rural medicine, and a family medicine physician in Swift Current. "All of our communities are very unique, and I think it's very beneficial for our learners to see how their colleagues live and work in rural communities."

During their third and fourth year of the medical doctor (MD) program, students participate in clerkship and apply the knowledge and skills gained in the classroom to clinical settings. This phase of training helps them explore various disciplines, identify areas of interest and building the clinical experience needed as they prepare for residency.

"All of our communities are very unique, and I think it's very beneficial for our learners to see how their colleagues live and work in rural communities."

DR. TARA LEE

Clerkship students rotate through different core specialities such as pediatrics and emergency medicine in multi-week blocks at sites throughout Saskatchewan. Students work under the supervision of experienced physicians as part of the health-care team. The USask medical doctor program requires that all clerkship students spend a minimum of four weeks in service in a rural community.

"Historically, medical students are at our two main campuses. In order for them to get the experience of what it's like to live and work in a rural community, they therefore must go out and experience that outside of their urban campuses," said Lee.

Training in rural communities

For medical students interested in an immersive rural training experience, the college offers the Saskatchewan Longitudinal Integrated Clerkship (SLIC) program. For those interested in shorter experiences, the Department of Family Medicine also has nine residency training sites throughout the province and provides learning opportunities for undergraduate medical learners in 25 communities.

Through the SLIC program, students spend their third year in one location and complete all their clinical rotations in that community. Currently, the program is offered at four sites—La Ronge, Meadow Lake, Melfort, and Swift Current—with one to two students per location.

"We know the longer a learner works in one place, the more likely it is that they'll go back to work in that area," said Lee.

In the SLIC program, students benefit from early clinical exposure and one-on-on mentorship with their supervising physician, also known as a preceptor. This differs from traditional clerkship rotations in urban hospitals, where the supervising physician would change as the student moves between sites and electives.

Hands-on training and continuity of care

"We know that students that learn in an environment that provides continuity—especially with relationships with their preceptors—increase their clinical confidence," said Lee. "Of course, it has to do with the patient that they see over and over again, but it largely has to do with the connection and the relationship they form with their preceptors. It allows the student to try things that they may not have, knowing that they're in a trusting environment."

In addition to building clinical confidence, SLIC students are also eager to dive in and immerse themselves in the training. Larger sites have more learners, which means clinical experiences are often shared among the group. Even though students at all sites receive priority one on one supervision, the number of learners at these larger centres can create the perception of having to "wait their turn."

"These students are incredibly hands-on, they have one-on-one preceptorship, and they're not waiting at the back of the line to experience things or get exposure to things," said Dr. Geoff Zerr (MD), director of the SLIC program, and a family medicine physician in Melfort. "Students are spending a lot of time getting that direct line to patients and getting their hands involved in cases with procedures or assessments."

He added that this helps them grow and develop quickly as a physician. Since SLIC learners are often one of only a handful of medical students in the community, they quickly gain experience in a broad range of procedures, in a smaller, supportive environment.

"They can get those exposures to things that are sometimes very uncommon, even in the city," said Zerr. "They'll be planning to do something in the emergency room one day, and something interesting comes in elsewhere in clinic, and a physician is calling them saying 'come and see this.'"

Dr. Tara Lee, associate dean rural medicine, and a family medicine physician in Swift Current, . ***Photo submitted***

Spending nearly a year in one community also allows SLIC students to follow patients over time, which allows them to build trust with patients and provide care over an extended period.

"It's great for the learners to see how patients are responding to their treatments. If you make a change you get to follow that patient. You get to see them improving in real time," said Zerr. "You also get to be there for those big moments in people's lives for better or worse, and you really become empathetic about what they're going through. You learn how to be better at your job, and you learn a lot more about yourself as a person too, just by being part of that journey."

Building awareness for rural medicine

In rural communities, physicians provide comprehensive care across many settings. For medical students training in these locations, it allows them to understand the broad scope of practice and impact on the community.

"I think the main difference is that when you train in regional or rural centres, the family physicians provide all the services to our community," said Lee. "That means that not only are we in the clinic, but we also provide the services in the emergency room. We deliver the babies. We are the physicians that are on the in-patient wards."

MD students Riley Bentham, Jade Ong-Tone, and Zoe Douglas with Drs. Geoff Zerr and Sarah Forgie and Yemi Laosebikan at the Melfort SLIC site. ***Photo submitted***

"We do long term care, palliative care, addictions medicine and even work in the operating room," Lee added. "There's a limited number of us, so we need to provide all those services versus being able to divvy ourselves up to be the people that provide emergency medicine or provide hospital medicine or do the deliveries."

For family medicine residents who have completed their MD, that means continuous exposure throughout their training.

"They are exposed to all these disciplines for the full two years continuously. It's not like they just do emergency medicine for two to four weeks at the beginning of the residency and they never do it again," said Lee. "They're in the emergency room working shifts all the time throughout their residency. They're exposed to that discipline their whole residency, as well as the other disciplines as well. So inpatient medicine, long term care, palliative care."

Training in rural communities doesn't just offer learners a chance to see what practicing in a smaller location is like. It also builds awareness of health-care constraints. The exposure to rural medicine is beneficial even for those who decide not to practice in a smaller community.

"We would love for learners to choose to come back and work in rural sites, but even if they don't, at least they'll know what their rural colleagues are experiencing," said Lee. "They will be aware of the different challenges that we face when practicing in rural Saskatchewan, when they are practicing in urban centres."

Zerr said that even students who know they don't want to practice in a rural location have benefited from the SLIC experience.

"They come out of that SLIC program and into their specialty with a real appreciation and understanding of what these rural communities are like," he said. "And that gives them a real advantage I find when they are dealing with isolated and remote patients that need service and access."

Supporting rural health-care recruitment

Recruiting health-care professionals to rural areas is a challenge across Canada, but programs like SLIC help expose students to the realities of rural medicine, help them feel prepared to practice there, and create a pipeline of future rural doctors.

"In order for us to meet the needs of our rural populations across the country, and for us to meet the needs of our learners and our staffing needs in these hospitals that are outside of large urban centres, we need programs that train learners to be comfortable in those environments," said Zerr. "This allows students to start seeking out things they're needing to become well-rounded, competent, strong, safe physicians. It also helps them really pursue things that they're passionate about and help them find what makes them really love and enjoy medicine."

"They come out of that SLIC program and into their specialty with a real appreciation and understanding of what these rural communities are like. And that gives them a real advantage I find when they are dealing with isolated and remote patients that need service and need access."

DR. GEOFF ZERR

USask researcher getting to the heart of atrial fibrillation

ERIN MATTHEWS

USask's Dr. Michelle Collins (PhD) is researching the genetic links of atrial fibrillation (Afib), a condition that leads to an increased risk in heart failure and stroke. *Photo: Erin Matthews*

It's easy to take our hearts for granted. The strong muscle is powered by unseen electrical impulses that anchor our lives in a steady, reliable beat. But what happens when these electrical impulses misfire, and our hearts fall out of rhythm?

"The heart is such a cool organ. It starts forming really early in development and it needs to function right away. Its role is absolutely critical," said Dr. Michelle Collins (PhD), professor of anatomy, physiology and pharmacology in the College of Medicine at the University of Saskatchewan (USask).

Collins' research focuses on the genetic links of atrial fibrillation (Afib), a condition that causes the heart to beat irregularly, leading to an increased risk in heart failure and stroke. It's estimated that nearly 500,000 Canadians are living with atrial fibrillation, but the real impact in unknown due to the often "silent" or asymptomatic nature of the disease.

"I'm really interested in a gene called PITX2 because it has a really fascinating role in how it regulates heart development," said Collins. "We became interested in understanding its role in atrial fibrillation, or Afib, by looking at zebrafish that lack PITX2."

According to Collins, when these fish reach adulthood, they have conditions that resemble Afib in humans such as electrical conduction defects, irregular heartbeat and structural and electrical remodelling inside the heart, making them a great model to study the ins and outs of the disease.

With the help of a recent grant of more than $900,000 from the Canadian Institutes of Health Research (CIHR), Collins aims to create different genetic tools that will help her and her team understand PITX2's impact on the heart.

"The more you understand something the easier it is to try and design therapies against it, and that's really our hope here."

DR. MICHELLE COLLINS

"These genetic tools can over-express PITX2 or knock it out completely so we can really understand what the gene's influence is on heart development. We also have established primary cell culture models to ensure that our results are translatable to mammals," said Collins.

Using zebrafish in this study offers Collins a unique longitudinal perspective, allowing her to measure what happens during the aging process to see how Afib progresses throughout the lifespan.

"We think that PITX2 helps to protect heart health by protecting it from oxidative stress that occurs during aging," said Collins. "We are trying to test how those changes are shaped by the presence or absence of the gene."

This is a full-circle project for Collins, who became interested in PITX2 in graduate school at McGill University and began studying the gene during her post-doctoral fellowship in Germany at the Max Plank Institute for Heart and Lung Research. Collins also credits the hard work of the 20 research associates, graduate and undergraduate students who have come through her lab over the last five years. Together, they are working to see the full picture of atrial fibrillation.

"I think that the more you understand something the easier it is to try and design therapies against it, and that's really our hope here," said Collins.

New support for USask cancer research

AMANDA WORONIUK

Two research teams from the University of Saskatchewan's (USask) College of Medicine have received funding from the Canadian Institute of Health Research (CIHR) for projects related to cancer. The funding was part of the Canadian Institutes of Health Research's (CIHR) 2025 Spring Grant Competition.

Drs. Linda Chelico (PhD) and Franco Vizeacoumar (PhD), along with Dr. Andrew Freywald (PhD) and Dr. Frederick Vizeacoumar (PhD), are grant recipients for their respective projects targeting breast and pancreatic cancer.

The role of APOBEC in breast cancer progression

Chelico received $1,029,202 for a five-year project, 'Role of APOBEC3 single-stranded DNA cytosine deaminases in breast cancer'.

She was announced as the college's new vice-dean research, biomedical sciences in March 2026. Prior to that, she was head of the Department of Biochemistry, Microbiology and Immunology.

Chelico's research looks at the role of APOBEC family of enzymes and their impact on cancer cell mutations. APOBEC3 is a type of protein that is present in our cells and helps our bodies defend against viruses. These proteins are also found in cancer cells, where they can cause mutations. Chelico's lab investigates whether these mutations contribute to cancer progression or destruction, an inquiry that could reshape cancer treatment.

By studying how APOBEC3 create these mutations, Chelico can better understand their behaviour in cancer cells, predict which outcome will occur in specific situations and help develop more targeted treatments for breast cancer. "APOBEC-induced mutations are found in approximately 75% of cancer types. The question is—are they helping cancer evolve or killing it?" she said.

Chelico envisions a future where understanding mutation pathways allows doctors to guide cancer cells toward self-destruction or immune clearance, rather than reacting to unpredictable tumor behavior.

She stated, "by understanding how APOBEC enzymes influence the cancer cell, we can transform cancer treatment into one that directs the tumor down a certain path, rather than chasing what the tumor is doing."

New targets for pancreatic cancer

New research aims to identify better, more effective treatment options for pancreatic cancer.

Led by Franco Vizeacoumar, with co-investigators Freywald and Fredrick Vizeacoumar, the team received $1,105,426 for a five-year project, Telomere-Directed Epigenetic Therapy: A Novel Approach for Treating Pancreatic Ductal Adenocarcinoma.

Vizeacoumar is an associate professor in the Department of Oncology, an associate member in the Department of Anatomy, Physiology, and Pharmacology, and a senior scientist with the Saskatchewan Cancer Agency. Freywald is a professor in the Department of Pathology and Lab Medicine, and Frederick Vizeacoumar is USask's Core Facility director.

The research team studies the genetics of tumour cells and identifies the pathways that cancer relies on to grow and survive. By learning more about these pathways, the team can gain a clearer picture of how to stop cancer and develop more targeted therapies.

This project's looks at Pancreatic Ductal Adenocarcinoma (PDAC), a type of pancreatic cancer that has one of the highest mortality rates. PDAC does not have any visible symptoms and is often diagnosed too late for surgery—leaving only chemotherapy and radiotherapy as treatment options.

In about 80 per cent of PDAC cases there are higher-than-normal levels of the enzyme telomerase. In normal cells telomerase protects DNA by adding protective caps (nucleotides) to the end of our chromosomes. However, in some cancers the over production of telomerase allows cancer cells to grow and divide infinitely—something normal cells cannot do. Because of this, scientists are looking at ways to target and inhibit telomerase as a possible treatment for cancer.

"Cancer cells have a survival trick, they shield the ends of their chromosomes to keep dividing, avoiding any loose ends," he said. "We have found a way to untie these ends, crack their armour, and are developing drugs to turn this discovery into powerful, targeted therapies. Basically, we are taking away cancer's 'do-not-disturb' sign."

With this CIHR grant, Vizeacoumar's team will find and test possible therapies that target pancreatic cancer cells that overproduce telomerase. Focusing on these targets could lead to treatments that kill cancer cells without harming normal cells and to better therapies for pancreatic cancer in the future.

EXPLORE THE GROUNDBREAKING HEALTH RESEARCH IN THE COLLEGE OF MEDICINE

For five years, the Researchers Under the Scope podcast has provided an inside look at research in the College of Medicine. Hear from staff, faculty and learners, and get to know what gets them excited—what they're doing, where they're doing it, and why. Presented by the Office of the Vice-Dean Research.

All episodes can be found at medicine.usask.ca/research/researchers-in-action.php

Drs. Sarah Tehseen and Katie Felton: Inside a drug trial for a rare childhood disease

Drs. Sarah Tehseen and Katie Felton are running a phase 3 drug trial for teens with a rare blood disorder. ***Photo submitted***

Most childhoods don't involve sitting at the hospital for an infusion of medication, transfusions on weekends, or worrying that classmates will comment on the colour of your skin.

For one Saskatoon teen with an ultra-rare blood disease, that's everyday life. She was diagnosed with a form of anemia so uncommon only a handful of cases have been identified worldwide.

In this episode, Drs. Sarah Tehseen (MD) and Katie Felton (MD) share how they're working to change her "normal" by opening a phase 3 pharmaceutical trial and fighting for a better quality of life.

We hear how Tehseen and Felton each got into medicine, why they love working with kids, and what it's like to be there for families on "one of the worst days of their life."

"It's getting them through the next day, week, month and years ahead," said Felton. "So even though, yeah, I deal with blood disorders and cancer, which are really can be difficult conversations with families, we still have fun."

They pull back the curtain on the effort it took to bring this drug trial for an ultra-rare form of anemia to Jim Pattison Children's Hospital. From having to respond to 40 or 50 e-mails a day, to forfeiting vacation time as their patient goes through blood draws and clinic visits, it's a heavy lift.

"Definitely, it requires some changing plans for us at times, to be able to accommodate and facilitate that," said Tehseen. "Having two physicians doing it together, rather than doing it alone has been super helpful."

They discuss the hidden financial realities of rare drugs, and the importance of blood and stem cell donation

Both physicians say they find true joy in detective work, and in finding the right treatments for their patients. And even simple things like learning a child's favourite video game or doing bunny-hop races down the hall can help kids coping with rare diseases feel a little less alone.

Tehseen says it's worth learning more.

"If she's your classmate, if she's your student, know what it is, how it's affecting her. Because the more you know, the better you're able to show up in the life of that person," she said.

"The more you know, the better you're able to show up in the life of that person."

DR. SARAH TEHSEEN

SCAN TO LISTEN TO EPISODE 98

Dr. Stu Skinner and mobile medicine: Halting syphilis and HIV

(L to R): Members of the Wellness Wheel team, and Dr. Stu Skinner. ***Photos submitted***

Dr. Stu Skinner (MD) knew something was wrong three years ago, when patients started coming to him with vision loss, fever, rashes and meningitis.

Almost every case could be traced back to untreated syphilis—a sexually transmitted infection infecting 1,200 per cent more people since 2017. Public health officials observed a spike in infections just as COVID-19 entered the picture.

"With the pandemic, testing dropped dramatically," Skinner said, noting this wave of syphilis entered north-western Saskatchewan from Alberta, often travelling alongside HIV. Syphilis often spreads through sores, and can remain unnoticed for months or years on end, making early detection difficult.

"If you don't see it, you won't be seeking care for it," he warned.

When he and the Wellness Wheel team began to see mothers with severely ill newborns, stillbirths and birth defects, Skinner knew he had to act swiftly. Treating syphilis usually means a series of clinic and laboratory appointments, followed by intramuscular Bicillin injections, and intense contact tracing.

Instead, Skinner, Dr. Sean Rourke (PhD) from the University of Toronto, and their teams wanted to pare that down to a single one-hour stop.

They approached tribal councils, public health officials, and Indigenous-led non-profits, asking for help in setting up mobile locations where anyone could be tested, diagnosed, and offered treatment. By February 2023, Skinner said the SHIVER (Syphilis and HIV Early Response) study was ready to hit the road, focusing on inner city, remote, rural and hard-to-reach populations across Saskatchewan.

Nursing teams drove vans to powwows, festivals, even pharmacies, offering quick, confidential finger-prick tests with immediate results.

"The whole concept was to be flexible and mobile and adaptable . . . . so that we weren't the barrier," said Skinner. "It wasn't easy for the nurses to set up and read the results or draw the blood in a less comfortable environment, but they did an amazing job."

In Saskatchewan, a total of 1,797 people agreed to be tested, an uptake rate Skinner called 'phenomenal'. Roughly 3 per cent were infected with HIV; 16 per cent had syphilis.

"The majority were willing to get treated right then and there," Skinner said.

Those teams have now visited more than 50 locations across the prairies, through a $4 million national partnership called the 'Ayaangwaamiziwin' Centre—an Anishinaabe word that translates to 'be careful, be prepared'. Health officials and private sector donors have extended those grants for another year.

Skinner says his colleagues keep fielding requests for the point-of-care service, which in turn has created a network of trusted Indigenous health leaders. This, he said, could translate to better outreach and screening for other diseases, such as diabetes or cancer.

But it only works with mutual respect, he warned.

"This isn't going to First Nations just to help them," he said. "I've learned so much from the cultural values that are built what happens on First Nations. We have a lot to learn."

Skinner said mutual respect also means predictable paycheques—not just the odd grant.

He said health budgets need to pay for health promotion workers employed at Indigenous-run organizations and non-profits, the ones who stick around after the testing van leaves. Patients are more likely to stay in touch with nurses and health workers they already know, he said.

"It's about respect, kindness and building trust," he said. "That is really critical."

SCAN TO LISTEN TO EPISODE 90

STORIES FROM OUR STUDENTS: SHARING THE STUDENT PERSPECTIVE

Stories from Our Students, offers an inside look of the experiences of students from across the College of Medicine at the University of Saskatchewan. Students share their unique views on education, leadership, advocacy and learning opportunities outside of the classroom.

Bridging medicine and research

Kirk Haan is one of two students pursuing Doctor of Medicine (MD) and Doctor of Philosophy (PhD) degrees at the University of Saskatchewan.

He aims to combine patient care with research, and has already gained recognition for his work. He presented at the 2025 International Congress on Academic Medicine Conference, where he earned multiple honours. Haan discusses balancing medical school with time in the lab, and his goal to become a clinician-scientist.

Kirk Haan is competing his MD and PhD degrees at USask. ***Photo by David Stobbe***

Holly Kozan is a MD student at the Regina campus. ***Photos submitted***

Learning to lead with calm confidence and through action and reliability

Regina learner Holly Kozan (MD'28) is an elite athlete, a goaltender in Canada's National Ringette League, giving her a unique perspective as she journeys through medical school.

Relationships and community: A conversation with Dr. Jae Newton, Lindsay Gold Medalist

Dr. Jae Newton (MD'25) received the Lindsay Gold Medal at USask's Spring Convocation ceremony, awarded annually to the top graduating medical student for outstanding academic achievement.

Reflecting on her medical school journey, Newton credits the relationships and community she built for pushing her beyond her comfort zone. She shares how these experiences shaped her medical education and influenced her future career aspirations.

Dr. Jae Newton (MD'25) received the Lindsay Gold Medal for top graduating medical student at Spring Convocation. ***Photo by David Stobbe***

Year of milestones for physical therapy graduate

After completing the Master of Physical Therapy (MPT) program in December 2024, Henry Francisco started his career as a physical therapist with the inpatient acute care team at St. Paul's Hospital in Saskatoon.

During his studies at the School of Rehabilitation Science, he was involved with student leadership and completed a research project. He discusses his time at USask and what advice he has for students interested in physical therapy.

Henry Francisco (MPT'24) is a physical therapist at St. Paul's Hospital in Saskatoon. ***Photo submitted***

(L to R): Jordan Boone, Landon Riekman, Josh Ramsden, and Laura Lewis. ***Photos by Colby McCleeland***

Returning to school: USask physical therapy students pursue their dreams

COLBY MCCLEELAND

University of Saskatchewan (USask) students Jordan Boone, Landon Riekman, Josh Ramsden, and Laura Lewis are in their first year of the Master of Physical Therapy (MPT) program in the School of Rehabilitation Science. They are all parents, had full-time careers, and were inspired to return to school to follow their passions for physical therapy and to provide meaningful service to their communities.

Here is what the students had to share about their decision to return to school and their experiences in the program.

Jordan Boone: Trades to health care

After 15 years working as a carpenter, Boone experienced an injury at work that changed his life and led him on the path to becoming a physical therapist.

"I had to rehabilitate a broken heel bone for two years. I spent a lot of time with a team of physical therapists and took a genuine interest in the profession," Boone said. "Once I made the decision to become a physical therapist six years ago, I've never looked back."

He returned to school in 2019, earning an undergraduate degree in the College of Kinesiology before pursuing his MPT.

"The span of time had been so long from when I was in high school it really felt like a whole new world. At first it was overwhelming, but I started to figure out what worked for me as a student. As I became more comfortable, I excelled, which was a welcome surprise that built my confidence."

He said returning to school as a mature student has its challenges, but he overcomes them through time management and with the support of his wife and family.

"To balance my time as student, parent and spouse, I have to be very strategic. It feels like every moment of the day is accounted for and I do my best not to lose sight of the important things like spending time with my young children or having quality time with my wife while keeping up with my studies."

When asked about physical therapy and the road ahead, he expressed his excitement for the future.

"My path was very different but I'm grateful the university provided an avenue for someone like me to apply and succeed. I'm looking forward to starting my career in a new field that excites me and positively impact people's experience in the way that I was impacted when I had my injury."

"My path was very different but I'm grateful the university provided an avenue for someone like me to apply and succeed. I'm looking forward to starting my career in a new field that excites me and positively impact people's experience in the way that I was impacted when I had my injury."

JORDAN BOONE

Landon Riekman: Teacher becomes student

Riekman (BEd'16) is a former middle school teacher who made the decision to pursue a career in physical therapy.

"When I first started to consider the idea of returning to school, all I could focus on were the obvious barriers in front of me like managing kids' schedules, leaving a full-time job, and impacting overall stability. When I decided to take the courses required to apply to the program, it provided me and my family the opportunity to test and measure how returning full-time would affect our family."

Riekman noted that returning to school full-time would not have been possible without the continued support of his friends and family, especially his wife Allison.

"She works full time in health care while managing schedules and our home. She is truly incredible."

Teaching provided stability for his family but with the new occupational therapy and speech-language pathology programs coming to USask, Riekman was excited to become a student again.

"With the two new programs launching next fall, the interdisciplinary learning opportunities between the three programs are going to be extremely valuable and unique for students. These opportunities reinforced my decision to attend here."

"With the two new programs launching next fall, the interdisciplinary learning opportunities between the three programs are going to be extremely valuable and unique for students. These opportunities reinforced my decision to attend here."

LANDON RIEKMAN

Although older than most of his fellow cohort, he enjoys being one of the "seasoned students."

"Our opinions as older individuals may offer a different perspective on a topic that may not have been considered through a younger set of eyes, similarly to how that younger generation may have a better understanding with certain areas that we are not as familiar with. I haven't found it difficult connecting with my fellow classmates. Everyone has been so welcoming and genuinely nice. Being a professional program helps as I feel everyone is very like-minded in terms of wanting to do their best and wanting the best for everyone else."

Looking ahead, Riekman is excited to learn and grow as a person and as a student.

"I am very excited to continue this journey, learn directly from physical therapists, and get a glimpse into all the incredible directions this great career can take me.

Josh Ramsden: Theatre to clinic

After 10 years in professional theatre and 13 years in sales, Ramsden's experience forged a strong sense that he would move into a health-care profession, and choosing physical therapy at USask was the best decision for him and his family.

"I was born and raised in Saskatoon and my long-term goal has always been to work and raise my family here. Studying physical therapy at USask allows me to pursue a career I'm passionate about while remaining grounded in the community that means the most to me."

"Studying physical therapy at USask allows me to pursue a career I'm passionate about while remaining grounded in the community that means the most to me."

JOSH RAMSDEN

Ramsden emphasized that every family situation is different and the decision to step away from a career to pursue something new is never easy.

"There were real obstacles—financial considerations, the time commitment, and the long path of pre-requisites, but I believed it was important to follow a path that felt meaningful, even in the face of uncertainty."

When asked about what the biggest adjustment was returning to school, Ramsden mentioned the amount of time needed outside of class.

"That shift impacted everything for me including helping coach my daughter's soccer team, being home for bedtimes, drop-offs and pick-ups, and general family routines. There are days when I need to meet with group members or stay on campus longer to study which causes me to lean on my partner, friends and family for support. They have helped us navigate this season, and I'm incredibly grateful for that."

As a fine arts student, Ramsden never considered himself a science person and took both in-person and online courses to apply to the MPT program.

"The combination worked well—the flexibility allowed me to move at a pace that fit the realities of my life at the time."

He is looking forward to becoming a physical therapist and continuing to learn every day.

"Physical therapy is a profession grounded in staying current and continually growing is something that really excites and motivates me. The prospect of helping people regain function, confidence, and quality of life feels incredibly meaningful.

"Every person brings a unique story, and being able to walk alongside them during some of their most challenging moments is something I don't take lightly. I'm looking forward to building the skills and being able to bring them back into my community."

Laura Lewis: Corporate to health care

Lewis graduated from the University of Alberta with a bachelor's degree in commerce in 2017. She worked in the oil and gas industry in Calgary for several years and started to develop a passion for endurance sports.

"My time in Calgary helped me understand the importance of physical activity, ergonomics, and long-term health, especially while working in a sedentary office environment. But the most influential period was pregnancy and postpartum. As a former athlete, the physical and emotional changes were overwhelming, and physical therapy played a huge role in helping me regain strength, confidence, and mobility. The support I received from my physical therapists inspired me to pursue the profession so I could help others through similar life transitions."

"The support I received from my physical therapists inspired me to pursue the profession so I could help others through similar life transitions."

LAURA LEWIS

This experience motivated her to complete the required pre-requisite courses to apply for the MPT program. She took online courses during maternity leave and returned as a full-time student in 2023 to finish the requirements.

"I underestimated the chaos of having a two-month-old more than the difficulty of the courses themselves. However, my family, especially my husband, made it possible—helping with childcare, meals, and constant encouragement while I completed anatomy and physiology courses during my first maternity leave. The pre-requisite online course options were a game changer."

Lewis highlighted that her family went through a major shift when she started the program.

"Both of our kids started attending daycare, my husband began a new job, and my schedule changed overnight. The biggest adjustment was carving out study time—early mornings and late nights after bedtime quickly became the new normal."

"As a parent, your day doesn't end at 5 pm, so balancing school with toddlers means studying whenever the house is finally quiet," she added. "I am so thankful for my husband for taking on extra childcare at exam times. Parenting really is a team sport."

She also mentioned her gratitude for her program's clinical co-ordinators for their support.

"As the primary caregiver for two young children, the support from the school helped make the logistics and demands of the program, and future clinical placements, feel manageable."

Being in her first year of the program, Lewis feels fortunate and has built strong relationships with her fellow students.

"Our cohort includes several parents and many students who had careers, so it was easier building new relationships. The diversity of backgrounds has made the class incredibly supportive, and everyone comes with a strong "why" for being here. Despite the challenges life has brought this fall, I feel energized every day because I'm truly passionate about what we're learning and grateful to be part of this program."

Overall, Lewis is excited for the future as her career change has been years in the making.

"It feels like a privilege to sit in class each day and learn material that directly connects to future patient care. I love the mix of classroom learning, hands-on labs, and upcoming clinical placements. I'm especially looking forward to discovering different areas of physical therapy practice, developing strong clinical skills, and ultimately supporting patients in ways that have been so impactful in my own life."

A SASKATCHEWAN HEALTH LEGACY:

The partnership between USask's College of Medicine and the Royal University Hospital Foundation

✎ AMANDA WORONIUK

When Dr. Soo Kim (PhD), a researcher and professor in the University of Saskatchewan (USask)'s School of Rehabilitation Science, received the Royal University Hospital (RUH) Foundation's Women Leading Philanthropy (WLP) grant in 2018, it was a catalyst for her research on pain reduction after mastectomy and reconstructive surgery.

Since 2018, the Foundation's $100,000 WLP grant has inspired community-minded women to create meaningful change in health care. Like Kim, many of the WLP grant recipients have a connection to College of Medicine, with research projects focused on areas important to women's health including oncology, neurology, and mental health.

"The Women Leading Philanthropy grant was truly instrumental in my research. It allowed me to build meaningful partnerships with breast cancer survivors across the province and foster new collaborations with researchers beyond Saskatoon."

DR. SOO KIM

"The Women Leading Philanthropy grant was truly instrumental in my research. It allowed me to build meaningful partnerships with breast cancer survivors across the province and foster new collaborations with researchers beyond Saskatoon. Most importantly, it provided the foundational knowledge that became a stepping stone to subsequent national-level grants and projects with team members."

Kim's research focuses on helping breast cancer survivors regain shoulder function after surgery. Using technology to analyze shoulder movement, she creates customized treatment plans to improve function. Her story is one example of the life-changing work made possible by the Foundation's ongoing and generous support of the College of Medicine.

As the province's only medical school, the College of Medicine plays an important role in educating future health-care leaders, advancing research that tackles real-world problems, and improving care for communities across Saskatchewan.

The opening of RUH in 1955, marked the beginning of a clinical-academic partnership. With the creation of the Foundation in 1984, that partnership expanded. Throughout the past 40 years, the Foundation's investments have supported the college by funding research, equipment, physician fellowships and other health initiatives.

"Our enduring partnership with the Foundation has and continues to improve the health and well-being of the people of Saskatchewan," said Dr. Sarah Forgie (MD), dean of the College of Medicine. "Our work together will make a lasting impact that benefits learners, researchers, physicians, patients and communities."

Royal University Hospital in Saskatoon. *Photo by Matt Braden Photo, courtesy of Royal University Hospital Foundation*

"Our work together will make a lasting impact that benefits learners, researchers, physicians, patients and communities."

DR. SARAH FORGIE

Among the Foundation's most impactful investments is the support for USask research chairs. These prestigious roles provide dedicated, long-term funding to advance innovative health research in Saskatchewan.

In recent years, the Foundation has supported chairs at the College of Medicine that have enabled researchers to focus on areas of strategic importance to the province, making a difference for patients and communities in the areas of cancer care and Indigenous health.

In 2019, Dr. Ron Geyer (PhD), a professor in the Department of Pathology and Laboratory Medicine, was announced as the Nutrien Chair in Clinical Research through a $1.5 million endowment. Research chairs like this one help drive innovation at the college and tackle Saskatchewan's biggest challenges.

Geyer led a five-year cutting-edge research program to improve cancer outcomes. His work focused on developing new cancer diagnosis tests in Saskatchewan, enabling patients to receive their test results faster and leading to more timely treatment.

Geyer's research also included clinical trials using imaging antibodies to better diagnose cancer and detect tumors with PET-CT scans and improve image-guided surgeries that make tumor removal more precise.

The Foundation's impact at the college includes other research initiatives such as investing in the College of Medicine Research Awards (CoMRAD) for 2025-26. The CoMRAD program provides early-stage funding for innovative medical research (including pilot and feasibility studies). This support helps advance projects with the potential to improve health-care outcomes, and facilitate stronger applications to provincial, national and international funding opportunities.

Since its launch in 2016, CoMRAD has funded 259 projects, which has translated into 313 submitted proposals for research funding outside of the university, securing $29.2 million in awarded funds. With this new support, the college will be able to fund additional projects in the Foundation's priority research areas—health research, trauma research, mental health research, and children and youth research.

The Foundation also invests in specialized equipment that is used in USask medical education and research. These important tools include imaging machines, diagnostic technologies and state-of-the-art surgical equipment. By providing access to this technology, the Foundation helps the college prepare learners to deliver the highest standard of care and provides researchers with the tools to unlock new discoveries.

"As Saskatchewan's largest teaching hospital, RUH plays a key role in learning and research," said RUH Foundation CEO Jennifer Molloy. "Our donors see the value in investing in leading-edge technology, important research and training the health-care leaders who will shape the future of medicine in our province. Partnerships like the one we have with the College of Medicine help maximize the impact of our hospital—ultimately improving health care for everyone in Saskatchewan."

Royal University Hospital Foundation CEO Jennifer Molloy. ***Photo courtesy Royal University Hospital Foundation***

"Partnerships like the one we have with the College of Medicine help maximize the impact of our hospital —ultimately improving health care for everyone in Saskatchewan."

JENNIFER MOLLOY

Beyond research support, the Foundation has been instrumental in supporting physician fellowships, which is a period of advanced training that physicians pursue after finishing their residency. These fellowships provide physicians with financial support they need so they can fully dedicate themselves to strengthening their medical knowledge and clinical expertise.

Since 2005, 71 fellows have been supported by the Foundation, with many staying in Saskatchewan to work and practice once their fellowship is complete. By remaining connected to the province, these fellows provide specialized patient care, engage in teaching and help close gaps in care so that patients have access to high-quality specialized treatment close to home.

The partnership between the College of Medicine and the Foundation represents a commitment to improving the health and well-being of the people and communities across the province. It is an enduring partnership that has supported the next generation of learners, advanced cutting-edge treatment for diseases and provided better, more accessible care for patients. Together, this partnership is transforming health care and making a meaningful difference for the people of Saskatchewan.

Swanson legacy invests in rural medical students

✎ PATRICIA DAWN ROBERTSON

Drs. Stella and Rick Swanson. ***Photos submitted***

"We know that positive exposure for learners in a rural practice greatly influences their choice to practice rural medicine. A large proportion of our population lives outside of urban centres so we need physicians to choose to practise in rural Saskatchewan."

DR. TARA LEE

Six medical students enrolled in the Prince Albert Clerkship Program can breathe a little easier and concentrate on their third-year placement. This is possible, thanks to a generous housing subsidy by Dr. Stella Swanson, University of Saskatchewan (USask) alumni, and her children, Heidi, Eric and Jason.

Housing costs represent a significant barrier to medical students whose length of study is an endurance test. "We're able to reassure the learners that we could subside their housing this year and subsequent years," said Dr. Tara Lee, Associate Dean of Rural Medicine.

Dr. Lee emphasizes the importance of rural placements. "We know that positive exposure for learners in a rural practice greatly influences their choice to practice rural medicine. A large proportion of our population lives outside of urban centres so we need physicians to choose to practise in rural Saskatchewan."

Dr. Stella Swanson is very passionate about the necessity of quality medical services—especially for under-served rural communities.

"I was born in a Red Cross Clinic," says Swanson. "My family farmed near the remote community of Rockglen. We had no hospital or doctor. My mother barely survived the experience."

The farm family's harsh circumstances also yielded enormous benefits since young Stella developed a lifelong passion for natural science. It was at the University of Regina where the aspiring biologist met Rick Swanson, a local chemistry student. The young couple married at 21.

Upon graduation, the Swansons relocated to Saskatoon to continue their studies at USask. Rick immersed himself in the College of Medicine while Stella earned her PhD in Limnology. The Swansons, both from modest means, worked their way through school.

Dr. Rick Swanson joined Saskatoon's Community Clinic in 1980 and eventually entered private practice. Rick Swanson taught at the universities of Saskatchewan and Calgary plus he authored popular family medicine textbooks.

Dr. Rick Swanson's passion burned bright. The physician-educator was a trailblazer who worked on behalf of the Heart and Stroke Foundation, advocated for and treated stigmatized AIDS patients and educated physicians on identifying and treating spousal abuse. "Rick was very passionate about medical education," says Swanson. "He was a born teacher as well as a fantastic doctor."

In 1996, Rick Swanson passed away in Calgary. His legacy lives on in his three children. "I'm now at a point in my life where I have built up the wherewithal to do what I've always dreamed of," says Stella Swanson.

The Swanson family also endowed an annual award to recognize an outstanding rural physician. "Rick's legacy is the dedication to make it possible to be a practitioner in rural medicine and to have the connections and continuing education you need to keep practising."

The Swansons' support for the College of Medicine is both heartfelt and pragmatic—just like Dr. Rick Swanson. "All four of us are so proud because we can just imagine the smile on Rick's face."

A giving spirit: Alumni family generously support USask

AMANDA WORONIUK

The family of alumni Dr. Suzanne Yip (MD'60) and the late Dr. Ivan Jen (MD'60) have been generous supporters of the University of Saskatchewan (USask) for decades. Throughout their careers, the family has remained connected to the institution that shaped their medical training and helped make a lasting difference for future generations.

Born in Hong Kong, Drs. Yip and Jen met in the 1950s as undergraduate medical students at USask's College of Medicine, establishing a lifelong connection to the university. Their time there was shaped by positive memories and a particularly strong appreciation for Dr. J. Wendell MacLeod (MD), who was dean at the time, along with his secretary, Sydney Inskip.

After graduating, Drs. Yip and Jen built successful careers as physicians in Saskatoon – Suzanne as a radiologist and Ivan as a dermatologist – while raising their children, Stephen and Leslie. The couple also became faculty members in the College of Medicine, teaching both undergraduate medical students and postgraduate residents.

Over the years, the family's philanthropy has meaningfully impacted the university and broader Saskatoon community. While early giving to USask was more generalized, the family later directed their giving to areas that were most important to them through numerous donations to the health sciences and main library, and the establishment of several awards and endowments in the College of Medicine that support medical education and achievement: the Drs. Ivan Jen and Suzanne Yip Award in Medicine honours the graduating student with the highest average in all the courses relating to student/patient interaction and the refinement of basic clinical skills; the Sydney Inskip Service Award recognizes non-academic staff members who have provided extraordinary service to the USask College of Medicine; and the J.W. MacLeod Faculty Enhancement Fund is a legacy contribution intended to provide exclusive financial support to the Dean of the College of Medicine for faculty retention and recruitment efforts.

Left: Dr. Suzanne Yip (MD'60) and the late Dr. Ivan Jen (MD'60). ***Photo submitted.***
Right: Dr. David Keegan (MD'64) and Carolyn Keegan. ***Photo by David Stobbe***

The family's most recent gift, the Drs. Ivan Jen and Suzanne Yip Fund in honour of Dr. Oli Laxdal, was inspired by Dr. Jen's colleague and fellow physician, the late Dr. Olafur (Oli) Eggert Laxdal (MD). He was a pioneer of medical education in Saskatchewan and founded the college's Division of Continuing Medical Education. The funds will go towards supporting the existing Saskatchewan Emergency Medicine Annual Conference (SEMAC), an annual continuing medical education event for physicians and health-care teams across the province.

As Dr. Jen was a strong advocate and practitioner of continuing medical education, dedicating much of his time to teaching in various communities across the province, this donation reflects the couple's commitment to supporting the college in a personally significant way. In 1988, Dr. Jen received the college's Continuing Medical Education Award of Merit for his outstanding contributions to advancing medical education in Saskatchewan, particularly in rural and remote areas.

The family's dedication to ensuring USask's continued success means that their support for the College of Medicine is widely felt across the medical education community and Saskatchewan.

"On behalf of the Department of Continuing Medical Education, I would like to extend our deepest gratitude to the Yip-Jen family for their remarkable generosity. Your support strengthens our ability to provide high-quality, accessible educational opportunities for physicians and health-care professionals across the province," said Dr. James W. Barton (MD), clinical professor of medicine and associate dean, continuing medical education.

"The impact of your commitment will be felt for years to come, as it directly enhances our capacity to foster lifelong learning, advance clinical excellence, and ultimately improve patient care. Thank you for your meaningful investment in the future of medical education."

For Dr. Yip, the family's spirit of giving comes full circle, reflecting a lifelong connection with USask – first as students, then as alumni and faculty.

"Ivan and I have always been deeply grateful to the College of Medicine for giving us a foundation on which to build our lives. It is a privilege to give back."

Advancing collaborative care through generosity and service

KELSEY KOUGIYA

It all began with just $25.

In 1980, still fresh out of training, Dr. David Keegan (MD'64) made his first charitable gift to the University of Saskatchewan (USask). At the time, he could not have imagined that this modest start would grow into a 45-year tradition of generosity and service, one that has supported countless students and reinforced the College of Medicine's ability to prepare the next generation of physicians. Each gift, and each moment of mentorship, became a steady demonstration of his commitment to the institution and province that launched his medical career.

Today, that same generosity has inspired him to establish a life insurance legacy gift that will create an award for students pursuing careers in family medicine or psychiatry, two specialties in need of practitioners. For Keegan, the culmination of his giving is far more than financial support. It is an evergreen investment in the kind of medicine he has always advocated for: collaborative, compassionate, and firmly rooted in community.

Alongside his professional and philanthropic journey, Keegan's greatest strength has been his family. His wife, Carolyn, a nurse whose compassion and steadiness make her the quiet center around which everything turns, has been both his partner in purpose and the anchor of their home. Over the course of her nursing career she took on many roles, including in emergency care, intensive care, and ophthalmology, though she found her greatest fulfillment as a diabetes nurse educator, where she supported patients in managing their health with knowledge, confidence, and dignity.

Her example of care and leadership helped shape the values carried forward by their children. Heather, a dietitian who has practiced in both community and hospital settings, managed food services at the Nipawin Hospital and worked as a diabetes educator before moving into her current role as manager of professional practice with the Saskatchewan Health Authority (SHA). Mark, a professor of neurology at the Mayo Medical School and a neurologist at the Mayo Clinic in Rochester, Minnesota, where he, specializes in multiple sclerosis and autoimmune neurology. Laura, a social worker, whose career has included frontline psychosocial work with the Canadian and International Red Cross, including service in Sierra Leone during the Ebola epidemic. She later applied her expertise at HIV Edmonton to support people living with HIV, and she now manages the KidsFirst program in Saskatoon for the SHA. Together, their paths reflect a shared commitment to service, care, and community that lies at the heart of the Keegan family.

His philanthropic commitments to the College of Medicine mirror the values that have defined his career. Keegan's relationship with the college began as a medical student, where he first recognized the critical link between family medicine and psychiatry. That understanding deepened during a psychiatry rotation with Dr. Griff McKerracher (MD), then head of the department of psychiatry, who championed the idea that mental health care must be closely integrated with family practice to meet the needs of patients facing mental illness and addiction. The insight that care is strongest when disciplines work together became a cornerstone of Keegan's professional philosophy.

It was a philosophy he carried into practice from the very beginning. Early in his career as a family physician in Estevan, Saskatchewan, he provided care for individuals transitioning from the nearby Weyburn Mental Hospital back into the community.

This was no simple task, as these patients often required ongoing psychiatric support, medication management, and help reintegrating into daily life. With the steady guidance of Weyburn psychiatrists, Keegan successfully integrated them into his family practice, creating an early and practical model of collaborative care that offered dignity, stability, and favorable patient outcomes.

As his career in psychiatry progressed, Keegan became increasingly committed to care models that placed patients at the center. He worked side-by-side with family physicians and mental health professionals to design coordinated treatment plans, ensuring that no one was left navigating the system alone. He particularly valued his time traveling to rural clinics, where he offered psychiatric consultations, provided continuing education for family physicians, and coordinated with community psychiatric nurses serving as case managers. These efforts not only built local capacity but also reduced wait times and allowed patients to receive timely care closer to home.

Later, he embedded himself directly in family practices, visiting biweekly to consult on patient cases, lead one-on-one and group learning sessions, and model collaboration for both family physicians and psychiatry residents. This approach allowed mental health expertise to be shared in real time and in real settings, while reinforcing the message that collaborative care benefits all involved: patients, families, and practitioners alike.

Forty-five years after that first $25 gift, Keegan's contributions, both in philanthropy and in advocating for collaborative care, remain guided by a simple truth: when physicians work together, patients and communities have a healthier future. His legacy is one of generosity, vision, and an unshakable belief in the power of collaboration, a legacy that will continue to positively shape the USask College of Medicine for decades to come.

Solidifying a legacy: The Dr. Roger G. Keith Award in Surgery

Dr. Roger Keith (MD), former head of the Department of Surgery at the University of Saskatchewan (USask), was a leader, educator and innovator. A gifted teacher and nationally respected surgeon, he helped define the modern era of hepatopancreatobiliary surgery in Canada.

In his honour, his family established the Dr. Roger G. Keith Award in Surgery to support post-graduate surgical residents who demonstrate dedication to excellence in patient care and innovation.

"Our family wanted to establish this award to honour my husband's life work by continuing his legacy through this endowment," said Nancy Keith, partner of the late Dr. Keith.

Keith shaped a generation of surgical residents, and his influence continues through the many Keith-trained surgeons working across Canada and beyond. Among them is Dr. Michael Kelly (MD), the current Provincial Department Head of Surgery, and Fred H. Wigmore Professor.

Kelly noted, "The Dr. Roger G. Keith Award in Surgery will have a tangible impact on our residents by supporting those who demonstrate exceptional commitment to patient care and innovation. We are deeply grateful to the Keith family for creating an award that reflects his enduring values and strengthens surgical training in our province."

(L to R) Dr. John Shaw (MD), Nancy Keith, and Dr. Michael Kelly (MD) standing in front of the wall of Surgical Heads. ***Photo by Jared Fingler***

Keith was the head of surgery from 1990 to 2005 and the first USask Fred H. Wigmore Professor of Surgery. He was the director of clinical affairs for the College of Medicine and chair of the faculty council from 2014 to 2016. For more than five decades, Keith trained under world-renowned surgeons, introduced new surgical techniques to Canada, and served in leadership roles across major national and international organizations.

GIVING TO THE COLLEGE OF MEDICINE

Healthcare is changing, and so are the challenges facing our communities. From rising chronic disease to growing gaps in access to care, the need for bold solutions has never been greater.

At the University of Saskatchewan College of Medicine, we are training the next generation of physicians and health professionals, advancing research that improves lives, and working alongside communities to deliver better, more equitable care—especially in rural, remote, and underserved regions.

Philanthropy makes this possible.

With your support, we can remove barriers for students, accelerate discovery, and strengthen healthcare where it is needed most. Together, we are shaping a healthier future for Saskatchewan and beyond.

This is where meaningful change begins.

Make a Gift. Change a Life.

Your charitable gift to the College of Medicine has a direct and lasting impact, on students, on research, and on patient care across our province.

Whether you choose to support student awards, research, or priority initiatives, your generosity helps us respond to today's challenges while preparing for tomorrow's.

To make a charitable gift, visit: medicine.usask.ca/alumni/giving.php

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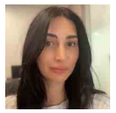

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To learn more about supporting these initiatives or any others, please contact a member of the Advancement team or visit medicine.usask.ca/alumni/giving.php

Areas to Give:

Alumni and Community Program

This program strengthens the connection between the College of Medicine and the people it serves. Through alumni engagement and community partnerships, we inspire mentorship, expand opportunities for learners, and build a network of advocates shaping the future of healthcare in Saskatchewan.

Indigenous health

We are committed to advancing health equity for Indigenous Peoples through meaningful partnership, community-informed research, and culturally grounded care. Your support helps train physicians who understand and respect Indigenous knowledge systems while advancing solutions that improve health outcomes across communities.

Physician assistant studies

Physician assistants are essential to a modern, team-based healthcare system. Support for this program helps expand access to care across Saskatchewan by training highly skilled clinicians who can respond to growing patient needs in both urban and rural settings.

Research growth

Breakthroughs begin here. Our researchers are tackling some of the most urgent health challenges, from cancer and chronic disease to mental health and aging. Philanthropy fuels discovery, accelerates innovation, and brings life-changing treatments closer to patients.

School of Rehabilitation Science

Rehabilitation is key to recovery, independence, and quality of life. Your support advances education, research, and clinical training for the next generation of rehabilitation professionals, helping patients regain function and live fuller lives.

Student support

Today's learners are tomorrow's healthcare leaders. Financial barriers should never stand in the way of talent and commitment. Scholarships and bursaries ensure students can focus on their education and training, while helping us attract and retain future physicians for Saskatchewan.

An advocate for women physicians

USask alumna Dr. Alanna Danilkewich (MD'75) is known for her dedication to students, patients, and the medical profession.

✎ SHANNON BOKLASCHUK

Dr. Alanna Danilkewich (MD'75), a 2025 Golden Grad, helped pave the way for women in medicine in Saskatchewan and beyond. ***Photos submitted***

University of Saskatchewan (USask) graduate Dr. Alanna Danilkewich (MD'75) has helped pave the way for women in medicine in Saskatchewan and beyond.

Last year, Dr. Alanna Danilkewich—a retired family physician, medical educator, scholar, and mentor—was honoured with the King Charles III Coronation Medal, which recognizes individuals who have made a significant contribution to Canada. She was nominated for her advocacy for women's issues in medicine and for her work in promoting gender equality for women physicians.

"When asked what advice I would pass on to the next generation, it would be 'Go, girls, go—you can make a difference,' " Danilkewich said. "Work as a team and trust each other."

Danilkewich earned her medical doctor (MD) degree in 1975, making her one of the 2025 Golden Grads. In an interview, Danilkewich reflected on her time as a USask student as well as on her employment in USask's College of Medicine, where she served as head of the Department of Family Medicine prior to retiring in 2020 following an impactful 42-year career.

"I consider that my career as an academic family physician has been challenging, stimulating, rewarding, and fulfilling," she said. "I always kept my goals in front of me even when times were difficult; one just has to heal the wounds of life and move forward believing you can make a contribution. Many young medical students and medical residents report that I inspired them, and many have followed in my footsteps."

Danilkewich, who was born in the northern Saskatchewan town of Meadow Lake as the oldest of six children, grew up on a mixed farm. While she was always a motivated student who was interested in science, Danilkewich remembers that a career counsellor once tried to dissuade her from pursuing medicine because of her gender, because she grew up in a rural area, and because of a lack of school preparation in the sciences—but Danilkewich could not be deterred.

"I said, 'I want to set my goal high. If I have to go down, let me try'—which is the way I've always been."

In Grade 12, Danilkewich applied for admission to USask. She remembers her parents did not have the necessary funds to pay for her tuition, but the university had a program at that time to accept grain as payment.

"I wish I had a picture of us bringing the grain truck into the elevator on campus to pay my tuition," she said. "That's how I got to the university for pre-med."

Danilkewich began her studies at USask's College of Arts and Science with her sights set on studying medicine, but as a brand-new USask student she didn't realize that she needed to apply to take the Medical College Admission Test (MCAT) in her first year of university. After missing a key deadline, she made an appointment to meet with the College of Medicine's undergraduate dean to advocate for herself to be considered for admission into the College of Medicine at the same time as her peers.

"He said, 'Sure. I like your energy, and I like your enthusiasm, and if you get good marks in your first year and you pass your MCAT and you get your qualifying numbers, we will interview you in the spring.' And it all worked out," Danilkewich recalled.

Danilkewich went on to study medicine at USask's main campus in Saskatoon, earning her MD degree in 1975 before completing her family medicine specialty training in Regina from 1975 to 1977. As an academic family physician, she practiced the full scope of family medicine, which included 35 years of intrapartum obstetrics and 45 years of full emergency privileges and hospital privileges, as well as teaching undergraduate and post-graduate medical students and engaging in research and administration.

Early on in her career, Danilkewich noticed that too few women professors were occupying positions in medical colleges. As a medical student in 1972, Danilkewich joined the Federation of Medical Women of Canada (FMWC). She then went on to serve as the FMWC president from 1986-1987, which gave her an opportunity to meet influential women leaders.

"Some of the female physician leaders in the FMWC I networked with and were influential in my life's journey were Doctors Hedy Fry, Roberta Bondar, Carolyn Bennett, Christina Hill, Shelley Ross, May Cohen, Mamta Gautman, Carol Herbert, Noni MacDonald, Sue Swiggum, Jane Philpott, and many others," said Danilkewich.

"Being a member of the FMWC gave me much support and strength when I was the only female physician in my academic practice," she said. "The knowledge that you were not alone was invaluable. Most of all, I cherish the friendships that I have made in Canada and through the world."

In 1978, Dr. Louis Christ, the first head of the Department of Family Medicine at USask, invited Danilkewich to do a locum for him, which helped to launch her career as an academic and an assistant professor of family medicine.

"I moved from Prince Albert to Saskatoon and was charged with bringing women and children into the teaching unit," said Danilkewich, who has since delivered more than 2,000 babies throughout her career.

"For the first years, I was the only woman on the Family Medicine faculty of 10—five in Saskatoon and five in Regina—allowing for ample opportunity to sit on many committees and to make changes to improve the lives of medical students and residents. At that time in Canada if a medical student was pregnant, she was pressured to drop out of her medical training," she recalled.

In 1990, Danilkewich was elected to the first Gender Issues Committee of the Canadian Medical Association (CMA). She was part of the small committee of four members who edited the goals and objectives of the Medical Council of Canada Qualifying Examination with gender equity in mind.

"For this advocacy, I was awarded the YWCA Woman of the Year Award for Leadership in Women's Health in 1993," she said.

A career highlight for Danilkewich, who went on to serve as the head of the Department of Family Medicine at USask from 2010-2016, was beginning one of the first rural family medicine training programs in Canada, right here in her home province of Saskatchewan. Another goal she pursued was to encourage research in her specialty.

"I initiated and built the first Saskatchewan Family Medicine (FM) research program in 1990 based on the University of Western Ontario's model. Every FM resident is exposed to research and evidence-based medicine and is expected to complete a project. We are now in our 37th year and are the envy of many other programs in Canada," she said.

"My own FM research contributions are primarily in generalism, woman's health, and gender studies," Danilkewich added.

"I, and three others, authored a book, A Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse, published by Health Canada's National Clearinghouse on Family Violence online and in book format. In 2016, I became a member of the Cochrane International Living Systematic Review Network and have published a few articles. My other knowledge contributions and articles are in the areas of patient-centered communication, solution-focused therapy, collaborative practice, the Patient's Medical Home, medical education (undergraduate, postgraduate, rural medicine, distributed medical education, faculty development, continuing professional learning, and competency-based assessment), wellness, and the theory of system change using Kotter's model."

Danilkewich said she values having had the opportunity to hold many leadership positions at local, national, and international levels. For example, she is proud of her contributions to the College of Medicine, USask, the Saskatchewan Health Authority, the Medical Council of Canada, the Saskatchewan Health Quality Council, the College of Family Physicians, the Royal College of Physicians and Surgeons, the FMWC, the CMA, the Medical Women's International Association, and to people at home and around the world.

A proud alumna, Danilkewich is also a longtime College of Medicine donor. She is particularly passionate about supporting students who are underrepresented in medicine, including women, racialized individuals, and learners from lower-income backgrounds. Supporting rural students is also close to her heart, as she was the first woman from Meadow Lake to get into medicine and she overcame personal barriers to do so. As a result, Danilkewich worked with the college's advancement team to set up the Dr. Alanna Danilkewich Resident Award in Rural Family Medicine, an endowment that funds five awards each year, in the hopes it will inspire the next generation of rural medicine practitioners.

"Philanthropy is an important thing to me. I like to pay it forward. It's a gratifying feeling to help students," she said.

Throughout her career, Danilkewich has been honoured with numerous awards, including the Teaching Excellence Award in the College of Medicine in 2007; the Dr. Michael Krochak Award for Contributions to Family Medicine, through the Saskatchewan College of Family Physicians, in 2020; and an exceptional service award from the Saskatoon Regional Medical Association in 2021.

Since retiring in December 2020, Danilkewich enjoys growing orchids, flowers, and vegetables on her acreage on the bank of the South Saskatchewan River and spending time at her cabin in Meadow Lake Provincial Park.

"I consider my most important contribution to have been teaching and mentoring future generations of health professionals. Overall, I think that my career as an associate professor of family medicine has been very stimulating and rewarding," Danilkewich said.

"I have been blessed with a great husband, Dr. Joseph Angel, PhD, and Professor Emeritus, Biochemistry, a supportive family, many friends and colleagues, great teaching patients and learners, good health, the passion for learning and growing, and the stamina and resilience to continue my life's journey. I try to pay it forward and hope that I inspire others to do the same."

“I like to see if we can make things better”

Dr. Ron Shore (MD’70), dermatologist and life-long innovator, was the 2025 Honoured Alumni Lecture Recipient at the Highlights in Medicine Conference.

✎ TRENNA BRUSKY

Dr. Ron Shore (MD’70) was the Honoured Alumni Lecture Recipient at the 2025 Highlights in Medicine Conference. *Photos submitted*

University of Saskatchewan alumnus Dr. Ron Shore (MD) is a dermatologist and life-long innovator. Following graduation, he completed an internship Johns Hopkins Hospital and a residency in dermatology at the University of Pennsylvania. He was board-certified in dermatology in Canada and the United States, practiced dermatology in both countries, and taught medical students and residents at Johns Hopkins Hospital for 35 years.

Shore gave the 2025 Honoured Alumni Lecture at the college’s Highlights in Medicine Conference. His presentation focused on his highly successful skin cancer screening program—a program, which in its 33 years, has the distinction of having no fatalities from any new skin cancer.

“My hope is when I’m gone, that I’ve made life better for the people who are still around,” said Shore. “I think my best way of doing that would be to build awareness of this skin check program because it has been so effective. If it is widely used, it could save an awful lot of people.”

We asked Shore about his education and experiences at USask, his innovations, and his advice for students looking to pursue medicine.

Why did you choose to study at USask?

My parents were very much into education. My father was a pharmacist who went to the University of Saskatchewan (USask). Shortly after my brother and I were born, we moved a block and a half from the university because he wanted us to be close so we could go there. I also never realized it until six months ago, but growing up I had five best friends and every one of them was the son of a university professor.

Why did you decide to pursue medicine and a career in dermatology?

I have always been interested in medical things—I like to help people, and I like to solve problems. Back in grade school, I planned on being a doctor; I didn't even consider other possibilities. I was not sure where I would eventually end up in the field of medicine. I had thought about psychiatry and then became very interested in endocrinology. It was not until my internship that I decided to go into dermatology. I am happy I went that route because there were so many opportunities to use my skills and to help advance in the field.

By the time I was ready to go to medical school, I'd already won several USask scholarships. So, I was planning on going there for years, even when I was in elementary school—my family went there and so I went there. I'm happy I did.

What is one of your most memorable experiences as a USask MD student?

I was in my final year of medical school and it was time for my rotation in obstetrics. Even though you do a lot of reading, you understand a lot, when you have the opportunity to deliver your first baby, it’s… I wouldn’t say nerve-wracking, but you are excited and you want everything to go well.

On my very first day, I had my first delivery at 7:00 pm and everything went very smoothly. That night I was on call. At about 2:00 or 3:00 o'clock in the morning, a woman came in to deliver her child, except it was not smooth. From the information provided by the patient, there was no underlying reason why she should not be doing well.

All three of us, the attending, the resident and I, were trying everything to save the mother and baby. Although I am not able to speak for them, I think it would have been a shocker for anyone. It was quite something.

We could not initially understand the problems, but it turns out she had a very rare type of muscular dystrophy—myotonic dystrophy—a condition that gets worse with pregnancy. I did a lot of reading on this subject and wrote two separate journal articles during my internship. Along with the department head, Dr. MacLachlan (MD), we put in the literature steps to take if a patient has this condition. I thought publishing was important to help others that might be in the same situation. If you are aware there could be a problem, it's always easier to deal with it.

What advice do you have for aspiring MD students?

Work hard. It is not easy—there are going to be all kinds of blockades, things that you have to overcome, and sometimes it gets very frustrating. Don’t give up and pursue your goals.

I am also going to make a suggestion. Many drugs have multiple properties—for example, Rogaine started off as a blood pressure drug and antibiotics can be anti-inflammatory. Listening to your patients' experiences might lead to new knowledge about some drugs' additional properties. This is an area that would be very valuable and productive.

There are a lot of fascinating things (in medicine). There are opportunities to make advances and much safer ways of doing things that may come up in the future. I think I'd like to see more creativity.

How do you balance the demands of the profession with personal fulfillment?

I enjoyed playing golf. Years ago, I joined a group, and they were hitting the ball way beyond what I was. I decided if I wanted to get better, I had to learn to hit the ball further. I like to fiddle around and try things and thought I could take two approaches—one was to improve my strength and physical abilities, and the other was to develop golf clubs.

I looked into all kinds of designs for golf clubs. My concept was if I used a longer golf club, I would get more leverage and should be able to hit the ball further. I probably had over 100 golf clubs designed with different features.

I decided with my long golf club, which was legal at the time, to enter long driving contests and I won several with drives well over 300 yards. Around that time, there was an article in Golf Magazine that showed pictures of my long clubs. This article got some attention and shortly thereafter they made long clubs like mine illegal—which temporarily ended my long drive success. However, I concentrated on exercise and tried again and I qualified for the Re/Max World Long Drive Championship. I was far from winning it, but it was fun.

During your career you developed new products, tests and methodologies. What inspired your skin screening program for melanoma?

There are conferences which doctors and dermatologists can go to that talk about advances in melanoma research. And there have been some amazing advances.

The interesting thing is almost the entire focus of conferences is late-stage melanoma and saving those people. This is important, but it's not the only issue. There is usually nothing about doing skin cancer screenings to detect melanomas in the early stages. That has been my area of inquiry.

What would you guess would be the outcome if a melanoma is caught in the very early stages; what do you think the survival rate is? The answer in our office is 100 per cent for over 30 years.

It turns out that the earliest stage of melanoma is incapable of metastasis. I say early melanoma is much like a newborn child—it cannot walk out of the room—a new melanoma cannot spread through the body. If you catch melanoma in its earliest stage, you don't have to do scans, you don't have to do lymph node biopsies because it cannot spread. If you do a wide excision (to remove the melanoma), you are done.

We developed a very thorough exam and we have gotten very good at detecting melanoma. Over time we have learned to recognize not just the typical cases, but the atypical cases. The literature shows typical melanomas, but maybe 15-20 per cent do not look anything like this. If you're only aware of the typical cases, you might miss some.

Once we have done our (first) thorough exam, we have a baseline where it appears the person has no melanomas or other skin cancers. We tell them to come back once a year or every six months, for higher risk patients, for a thorough examination. By doing the skin check program in this timely manner, we have been able to pick up melanomas, and other types of skin cancers, in the early stages when they all appear curable.

We are now in year 33 of our screening program and we have not lost anyone to, or even had a close call to, a cutaneous melanoma skin cancer. You only have to do skin checks once or twice a year, and if done well, it can be extraordinarily lifesaving.

What does it mean to you to receive the Honoured Alumni Lecture recognition from the college?

I consider it an extreme honour. There are numerous graduates from USask that have excelled academically and provided enormous service around the world. I know for my own class there were many who provided great service when needed.

It is very much appreciated by me, and I feel very thankful that I was chosen to provide the Alumni Lecture. I hope I can share some of our advances (in skin cancer screening) that will lead to other lives being saved as well as reduced morbidity. ■

Play, imagine, learn, and stay well

Doctor for a Day Classroom Learning Kits spark interest in medicine.

KELSEY KOUGIYA

In a classroom in rural Saskatchewan, a group of students gathers around their teacher, eyes wide as she pulls out a white coat. There's a stethoscope, a wearable apron displaying internal organs, even a suture kit made with felt and thread. The lesson today? What it means to be a doctor.

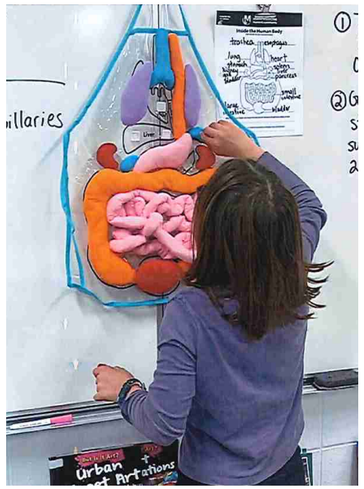
Designed for students in grades two through five, the kits offered an engaging, hands-on approach to health science education. Each package included lesson plans aligned with the Saskatchewan curriculum and came fully equipped with interactive materials reviewed by physicians and assembled with care by volunteers and members of the Community Advisory Committee.

The learning goals of the project were threefold: to provide fun and accessible in-classroom resources; to spark early interest in medicine as a career path; and to establish a meaningful presence for the College of Medicine within communities of varying size, location, and socioeconomic context.

The kits are designed to build confidence in young learners while helping them see that medicine is not a distant dream. It's something they can reach for, and belong in.

Each kit included four themed lessons: Inside the Human Body (anatomy and organ placement), The Skin: Your Body's Largest Organ (featuring a safe suture practice craft), Inspire & Aspire (career exploration and role-play as doctors), and The Medicine Wheel (exploring Indigenous teachings on wellness and balance). With tactile materials, and age-appropriate language, the kits made medical learning both tangible and inclusive.

The response to the pilot was overwhelmingly positive, and far exceeded expectations. Originally designed to support



15 classrooms, the program received 83 applications from 70 schools in 44 different municipalities across Saskatchewan. Recognizing the widespread demand and the potential for impact, the pilot was expanded to deliver 42 classroom kits.

The final cohort represented a wide cross-section of urban, rural, and remote communities across the province, and the feedback that followed was immediate and glowing. Teachers sent in photos, thank-you notes, and reflections on how the kits had transformed their classrooms.

One educator wrote, "Our students felt seen, heard, and capable. This kit made them believe they could be doctors, and that someone out there believes in them beyond their family circle."

Students, too, shared their excitement. Many pointed to the hands-on activities, especially the stethoscopes and stitching practice, as highlights. Others spoke of their growing interest in becoming nurses, surgeons, or family physicians. Even more moving were the questions students began to ask: "Do doctors need to be good listeners?" "How old do I need to be to be a doctor?"

These moments underscored not only the academic success of the pilot but its emotional and motivational reach. "We wanted to meet kids where they are - curious, imaginative, and open to possibility," says Kelsey Kougiya, a project creator.

This project isn't just about learning. It's about belonging. When students put on that white coat or place an organ on the apron, they start to see themselves differently. The Doctor for a Day Classroom Learning Kits plant seeds that may grow into a calling, or at the very least, a deeper respect for their health and community.

Moving forward, the Alumni and Community Program is looking to transition Doctor for a Day from a pilot into an ongoing and sustainable program. The Community Advisory Program will continue to fundraise for project support, and plans are underway to expand the number of kits available, ensuring that schools in all corners of the province continue to feel included and supported. While future enhancements such as bilingual materials or multimedia content may eventually be considered, the current focus remains on preserving the integrity and accessibility of the original concept.

None of this would have been possible without the generosity of alumni and donors. Funding for the pilot project came from the Alumni and Community Fund as well as proceeds from the Pulse Path Fundraiser held during the 2024 Highlights in Medicine Banquet. These donor contributions directly translated into meaningful classroom experiences and, potentially, life-changing moments for students across Saskatchewan.

Because of your support, these young students were able to imagine futures they hadn't considered before. They learned about the body, about wellness, about community, and about themselves. That is the kind of impact we as the College of Medicine community can all be proud of.

The College of Medicine cultivates health and well-being through service, education, scholarship and research that matter.

Rooted in Saskatchewan communities, we shape a healthier future.