



Travel Fellowship Summary: University of Saskatchewan

I would like to start this summary by acknowledging that my travel fellowship took place on the land of the Treaty 6 Territory, which encompasses the traditional lands of the Cree, Dakota, Nakota, and Saulteaux, and the Homeland of the Métis Nation.

I thoroughly enjoyed my visit to the University of Saskatchewan, Saskatoon, which is situated in a province with the highest proportion of rural and Indigenous populations in Canada, with a significant percentage of Saskatchewan's workforce employed in agriculture. Collaborating with Dr. Katie Crockett, the [Musculoskeletal Health & Access to Care Lab](#) and the [Canadian Centre for Rural and Agricultural Health \(CCRAH\)](#) proved exceptionally beneficial in developing my MRes research project, which explored low back pain in farmers, and shaping future PhD proposals that examine barriers to healthcare access in the migrant agricultural worker community.

On the farm - Photograph by Dr Katie Crockett



Week One: Orientation and Healthcare Systems

My first day was spent exploring the CCRAH facilities and familiarising myself with Saskatoon and the university campus, particularly the impressive Health Sciences Wing at the University of Saskatchewan, which houses innovative interdisciplinary learning spaces and research facilities. In the afternoon, I met with Isobel Johnson from the [Chronic Pain Centre and Medicine Assessment Centre](#), who explained their multidisciplinary approach, which involves physiotherapists, mental health workers, social workers, and pharmacists. This collaborative team works to review medication practices and challenge the status quo of pharmaceutical-dependent pain management, particularly concerning opioids. Our discussion of Canada's spinal care pathway, which involves a significant wait for triage and limited structured pathways, provided valuable comparative insights for my research on back pain management approaches.

Project Development and Indigenous Health Perspectives

The second day featured a collaborative session with Dr. Crockett, during which we discussed adaptations to my project to maximise the benefits of the travel fellowship under her guidance. I then participated in a Circle of Reconciliation, where we explored Indigenous teachings, practices, and their influence on health-seeking behaviours and attitudes toward healthcare within Indigenous communities.

A particularly transformative collaboration occurred during my extensive discussion with Liz Duroucher, who leads the *nistoamawin circle*, meaning “mind, body and spirit working together with good energy”. This circle facilitates smudge ceremonies, the sharing of tea and bannock, and working on reconciliation initiatives - establishing mutually respectful relationships, acknowledging past wrongs, and working together to implement Indigenous rights and self-determination.

Moreover, Liz provided exceptional advice on research dissemination within local and Indigenous communities. These insights will fundamentally shape my approach to research through a cultural sensitivity lens—an aspect I had not previously considered at this early stage of my research career. We also explored strategies for community-led research involvement.

Week Two: Musculoskeletal Access to Care Day

At the start of week two at the CCRAH, I attended the Musculoskeletal Health and Access to Care Research Day, where I witnessed several enlightening presentations on healthcare access and barriers in Saskatchewan. Here, I learnt a lot about different community engagement and community-led research, particularly within Indigenous communities. This left me with many ideas for adapting my Phd proposal to focus on the community, which I was able to further explore through networking opportunities with other graduate students and learning about their experiences in rural health research. I was also invited to present my project, "Go and Get It Checked: Exploring the Decision to Attend the Emergency Department for Low Back Pain," as a guest speaker.



Musculoskeletal Health & Access to Care Research Day

Rural Healthcare Innovation Through Collaboration

In the afternoon, I visited Canada's first [Virtual Health Hub](#). The Virtual Health Hub utilises a variety of robotics and artificial intelligence technologies to deliver healthcare across rural Saskatchewan, where residents may live a flight away from the nearest city and major trauma centre. Dr. Stacey Lovo demonstrated how robotics are being implemented in physiotherapy to deliver care remotely, with practitioners based in Saskatoon treating patients located hours away.



Remote presence robots (above) and Google Lens for remote-directed pressure injury debiredement (below)



This experience was incredibly eye-opening regarding rural health provision in Canada, particularly in Indigenous communities. These communities, which account for almost 20% of Saskatchewan's rural population and are disproportionately affected by long-term conditions and pain while using services the least, are actively involved throughout the design process of developing healthcare provision models—an exemplary collaborative approach.

Cultural Exchange and Methodological Insights

Tuesday included bannock-making (a bread staple in many Indigenous communities such as the Métis) and meeting members of the University's School of Rehabilitation Sciences, which provided valuable insights into Canadian physiotherapy practices. In the afternoon, I attended a seminar by Kendra Usunier exploring pelvic health physiotherapy across rural Saskatchewan. Her approach to ensuring geographical diversity in her research and her plans to use a World Café to disseminate preliminary findings as a method of secondary data analysis sparked an illuminating discussion with Dr. Crockett, Kendra, and Angie Lang. This collaborative exchange led me to reconsider my approach to the PhD application, shifting toward a more community-based methodology that incorporates World Café and Delphi methods.



On the farm in Rosthern (Above and Below - Photo courtesy of Dr Crockett)

Rural Community Engagement

Wednesday took us to Rosthern, 45 minutes north of Saskatoon, to observe rural health provision firsthand. After touring the town, we met with a home care nurse and pharmacist to discuss rural health provision and barriers to healthcare access and help-seeking in rural communities. We then met with Rosthern's mayor, Dennis Helmuth,

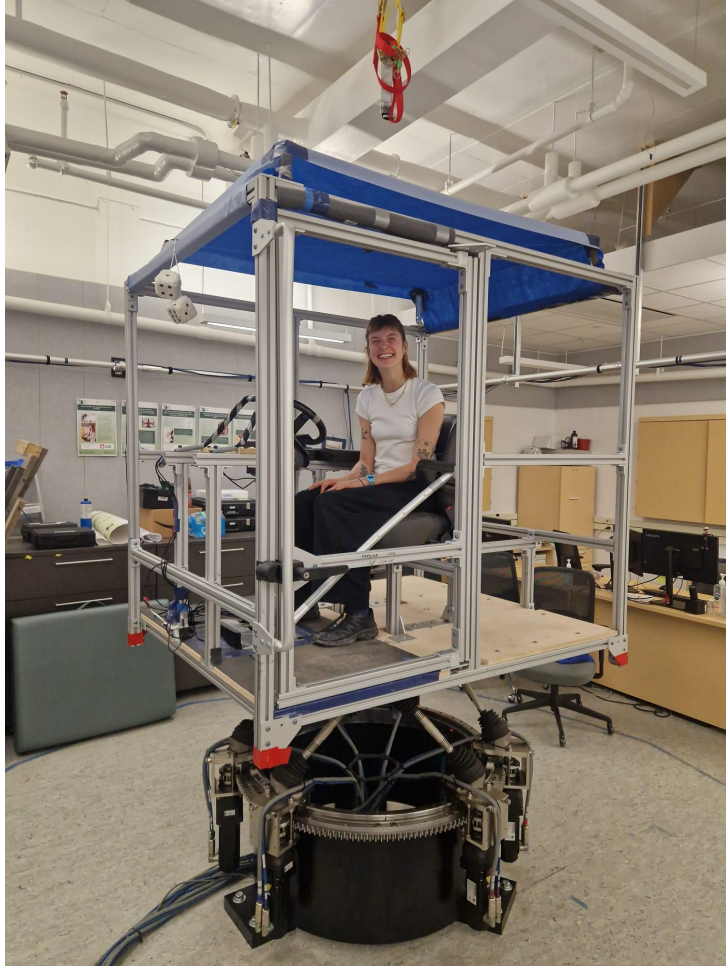
to discuss the future of healthcare provision for the town, the disconnect between provincial health services, potential barriers to help-seeking, and the changing demographics of farmers in the local area. The day concluded with a visit to a farm and a conversation with one of the local farmers, where I gained insights into the lived experiences of Saskatchewan farmers—a collaborative learning experience that will directly inform my research approach.



Saskatchewan Valley Health Centre, Rosthern

Final Day: Agriculture and Health Research

My final day began with a seminar on farming and mental health, which broadened my perspective and influenced my thinking about mental health outcomes for my PhD project. Later, I met with Angie Lang and one of her PhD students to discuss pragmatic approaches to engaging farmers in research—both offered immensely helpful advice.



We also visited the Whole Body Vibration Lab, where I observed how ergonomic research is being used to test the impact of tractor cab vibrations on the shoulder complex—a fascinating intersection of agricultural and health sciences.

Conclusion

My visit to CCRA at the University of Saskatchewan, under the supervision of Dr. Katie Crockett, was exceptionally valuable. The collaborative relationships formed during this fellowship have transformed my research approach, particularly regarding community engagement with Indigenous populations. As of 2026, I am now completing a PhD working with farmers and visitors to promote public health in animal contact events, and I plan on implementing co-production throughout the project alongside possible World Café methodology thanks to my experience at the CCRAH.

Thanks to Dr. Crockett's guidance and the research skills I acquired through various collaborative interactions, I now feel equipped and prepared to conduct my research project on back pain in farmers, lead focus groups, and provide compensation in ways that

genuinely benefit the farming community. I particularly appreciate the working relationship with Dr. Crockett, who has provided invaluable advice on my current project and assistance with my PhD proposal, with plans for continued collaboration on the World Café methodology and future research initiatives. The cross-cultural and interdisciplinary collaborations experienced during this fellowship have been truly invaluable to my development as a researcher and will continue to inform my work for years to come. I would like to extend my sincere thanks to Dr. Crockett and the CCRAH team for welcoming me to the department and delivering an incredible two weeks.



University of Saskatchewan Health Sciences Building