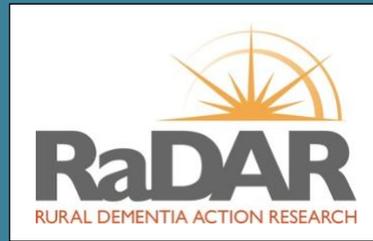


2025 Update

# RaDAR Primary Care Memory Clinics



## RaDAR Memory Clinic Teams (December 2025)



Lead: Jean Daku, NP  
KIPLING (pop. 1,140)



Lead: Dr. Jared Oberkirsch  
WEYBURN (pop. 11,150)



Lead: Toni Giraudier, NP  
BENGOUGH (pop. 332)



Lead: Laura Wood, NP  
CARLYLE (pop. 1,500)



Lead: Lois Coffey, NP  
LAMPMAN (pop. 735)



Lead: Dr. Mandi Nel  
ESTERHAZY (pop. 2,500)



Lead: Jean Daku, NP  
FILLMORE – HYBRID CLINIC (pop. 300)



Lead: Don Wlock, NP  
CANORA (pop. 2,090)



Lead: Raegan Rasmussen, NP  
ASSINIBOIA (pop. 2,300)

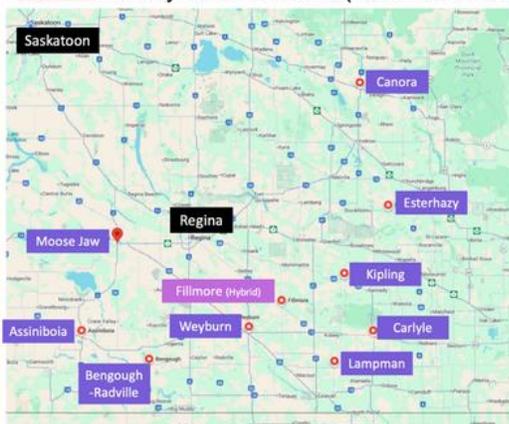


Lead: Kimberley Higgins, CCFP (COE)  
MOOSE JAW (pop. 37,400)



Local RaDAR Team members  
supporting memory clinics

## RaDAR Memory Clinic Locations (December 2025)



The [Rural Dementia Action Research \(RaDAR\)](#) Team at the University of Saskatchewan has collaborated with primary health care teams to implement rural memory clinics in 10 communities: **Kipling, Weyburn, Bengough-Radville, Carlyle, Lampman, Esterhazy, Canora, Assiniboia, Moose Jaw and Fillmore (hybrid)**.

RaDAR primary care memory clinics are offered by primary health care teams within the Saskatchewan Health Authority.

## Welcome to the newest teams

The **Assiniboia**, **Fillmore Hybrid**, and **Moose Jaw** memory clinic teams held their first memory clinics in 2025. The teams previously completed orientation and PC-DATA™ training with the RaDAR team and Dr. Dallas Seitz. Dr. Seitz is the developer of PC-DATA™ (Primary Care Dementia Assessment and Treatment Algorithm) which is used in the team-based assessments.

The **Assiniboia** team led by Nurse Practitioner Raegan Rasmussen held their first memory clinic in February, 2025. Pictured from left to right are team members Jill Zahariuk (Dietitian), Christine G (Pharmacist), Cecette Brons Rhodes (Home Care RN), Raegan Rasmussen (Nurse Practitioner), Shaelyn Serron (Alzheimer Society First Link Coordinator), and Andrea Elson (Home Care RN).



The **Fillmore Hybrid** team led by Nurse Practitioner Jean Daku held their first memory clinic in October, 2025. Pictured from left to right is Rhonda Sangster (Home Care RN), Lori Tulloch (Alzheimer Society First Link Coordinator), Jennifer Letkeman (Primary Health Care Facilitator), and Jean Daku (Nurse Practitioner). Pictured on the laptop is Stephanie Jarton (Occupational Therapist).

The **Moose Jaw** team held their first clinic in June, 2025. The team (not pictured) is led by Dr. Kimberley Higgins, a Care of the Elderly physician with the Saskatchewan Health Authority.

## Videos of RaDAR Memory Clinics



Short videos of the Esterhazy and Kipling memory clinics can be accessed on the [RaDAR website](#).

## 2025 Highlights

### RaDAR Memory Clinics as of December 31, 2025

10 communities  
joined to date

146 clinics  
held to date

242 patients  
seen to date

2 communities  
joined in 2025

34 clinics  
held in 2025

73 patients  
seen in 2025

Travel by RaDAR Team  
for memory clinic development

22,645 km from 2013-2019

Travel by Chelsie C  
for data collection and clinic support

25,147 km from 2019-2025  
11,560 km in 2025

Memory clinics have been implemented in a total of 10 communities. A total of 146 clinics (full-day and half-day) have been held by all teams to date and an estimated 242 patients have been seen. In 2025, 34 clinics were held and 73 patients were seen in the clinics.

“The Rural Memory Clinics had a very busy year. The existing teams held regular clinics and the addition of a **new Hybrid Memory Clinic in Fillmore** created more opportunity to reach patients. The new Hybrid Clinic includes an OT assessment prior to the day of the clinic followed by the OT joining the team virtually on the day of the clinic. It is extremely exciting to see the clinics continue to evolve in order to help as many rural patients as possible.



The **Assiniboia Team is in the process of creating a home-based clinic** that involves the home care nurse and a research assistant meeting the patient in their home with the technology for the remainder of the team to join virtually. The Assiniboia team will be ready to trial the home-based version in the new year.

The **total number of patients reached across all memory clinics in 2025 was 73**, which is the most patients reached in any year! With the expansion of new teams, the consistency of existing teams and the dedication of all the providers, we were able to help more patients than ever before. What a successful year!”

– Chelsie C

## Patient and Family Feedback

### Team-Based Care

"I thought it was excellent because you got everybody's viewpoints...I know that sometimes you forget to say something, and because these (team members) had all worked with each other prior, they were very comfortable in saying, 'And, you know maybe we should consider this.' I think we got as much information as we possibly could out of the whole process in a very friendly, you know, respectful environment...They like one another, they respected one another, they had their given strengths, which, everyone recognized and acknowledged, so it was very nice."

"We were not rushed in any way. In fact, they even were so thoughtful to not end the interview when we were finished asking questions, they just sat around, just in case there was something more that would come up. It was very professional. It was very, very science friendly, and yeah, it was a good thing."

"It was good. I like it because there was a lot of assessment that went on that day. Even though it was very exhausting for my mom, a lot of things were assessed and there was input from a lot of different professionals that day, on the same day. To get all of that information and all of that assessment done would have taken 4 or 5 appointments with different professionals... And a lot of travel time and even more time than it took that day. So, I thought it was very efficiently done and well worthwhile."

### Diagnosis

"I felt it was a really good way for them to give us the diagnosis... Oh, yeah, this was the most time, and a clear message on what is happening that anyone has ever spent with us, be that a neurologist or cardiologist or, you know, our general practitioner. You know, we felt like they were really listening to us... I mean it was not good hearing sad news but the way they all handled it was very good."

"...and we also got a printout of the diagnosis which helped... like it was easier to explain to (the patient) afterwards, with the printout and all, because after the 3 hours, or 2 ½ hours that she was being assessed, she was pretty well tuned out. Too much to happen at the end of everything."

"It was clear and like, nothing was sugar coated and ... it was to the point. And then also what can be done about it and many different solutions for it as well... They were very clear about it. (The physician/nurse practitioner) made it so my mom could understand, like "You need to do this and this is why" and you know, 'You need to stop doing this, because of this.' It was really good. (The physician/nurse practitioner) communicated it and didn't use like big doctor words. It was all real easy to understand."

## Patient and Family Feedback

### Recommendation Letter

"I know they all went around the table. First of all, we were handed a letter... and then each one of them discussed a little bit more in depth (about) the benefits or why they would have recommended whatever was recommended... Well I think it was really good because each of them went around the room and discussed the care and recommendation."

"...they were very thorough with it...they were very easy to understand and even in the written (recommendation letter), it was to the point and it wasn't like a big, long sheet. It was just kind of point form of everything, so it's easy to read, easy to understand."

### Local care

"I thought it was a very well-planned session and a good opportunity for families or for people to get on the right track in the care that they need. And it was close to where my mom lives. And that's another issue. When you're living in small town Saskatchewan, usually it's at least 4-5 hours travel into Saskatoon or Regina to get any kind of assessments done. And to be able to have this done ½ hour from where she lives is great."

### Comfort

"So yes, I felt very comfortable in the setting to ask any and all questions, whether it was in the private meeting rooms or in the general, the wrap up, I felt very comfortable and I asked lots of questions as we were going through this as well."

"... all I can say, I have been able to share the message that I was really impressed with the whole process, and the information, and with their care and compassion."

### Following up with the Memory Clinic Team

"If there was something that is sort of nagging at me, or starts nagging at me, I wouldn't hesitate to phone back and ask about it."

"I feel comfortable with what our plan is and how we are going to move forward. Just knowing that, you know, if I ever do have some concerns, I can reach out to someone. And you know, the other nice thing about it being in a crew, you know, I might reach out to, um the Alzheimer (Society) and they might say, 'Oh, you know what? Maybe you should be talking to this person.' And then, you know, 'Here's their contact information.' So I think by having a group like that they are able to direct us from the right, you know on the right path anyway."

## RaDAR Memory Clinic Model

**RaDAR memory clinics** are an ongoing collaboration with Saskatchewan Health Authority primary health care teams. The clinics aim to reduce travel and wait times for specialist appointments, providing coordinated care and support for patients and families in their home communities.

**One-day memory clinics** are held every 1-2 months or as needed as part of regular services in each community. Two patients may be seen on clinic day (morning and afternoon). The **interprofessional teams** are led by physicians and/or nurse practitioners. Depending on local availability, teams include home care nurses/assessors, social workers, occupational therapists, physical therapists, pharmacists, dietitians, and Alzheimer Society First Link Coordinators. Each clinic appointment begins with a team huddle, followed by a team meeting with the patient and family to discuss their concerns. Team members then assess the patient and consult with the accompanying family. The appointment ends with a team debrief followed by a discussion with the patient and family to review the recommendations and care plan.

Memory clinic teams access point-of-care **decision support** in EMR forms (Med Access and Accuro) informed by the Primary Care Dementia Assessment and Treatment algorithm (PC-DATA™). A RaDAR handbook offers supporting materials (e.g., work standards, scripts, and customizable letters/forms). **Specialist-to-provider support** for health professionals is offered by the [specialist Rural and Remote Memory Clinic](#) at the University of Saskatchewan.

### Interprofessional care

- **Interprofessional team** (e.g., FP/NP, HC/SW, OT, PT, Alzheimer Society First Link Coordinator)
- **Coordinated assessment**
- **Shared electronic medical record (EMR) templates**
- **Team decisions and recommendations**

### Decision support

- Assessments are guided by the **Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA™)** developed by Dr. Dallas Seitz, based on Canadian guidelines.
- **EMR templates** based on PC-DATA™ are available to memory clinic teams in both provincial systems, with a separate section for each team member to guide assessment and inform the final case conference between team, patient, and family.
- The **RaDAR Handbook** is a key resource for clinic teams with documents for clinic processes and team member roles, patient forms, scripts, work standards, and educational resources.

### Specialist-to-Provider support

- **PC-DATA™ education** with Dr. Dallas Seitz (Geriatric Psychiatrist, UToronto)
- Continuing education webinars on dementia-related topics
- Services from the **specialist Rural and Remote Memory Clinic** (USask)

## RaDAR Memory Clinic Model

[RaDAR primary care memory clinics](#) were established to address the need for specialized care in rural communities without travel to a major city.

- Primary health care teams take part in orientation and PC-DATA™ training with the RaDAR team and Dr. Dallas Seitz, the PC-DATA developer.
- Shadowing and mentorship opportunities are available with memory clinic teams in neighbouring communities.
- Operational support is offered by Memory Clinic Coordinator Chelsie Cameron, who attends memory clinics in all communities.
- RaDAR holds workgroup meetings with new teams to provide support in the early stages, and ongoing check-in meetings with PHC facilitators and managers. Nurse Practitioner Jean Daku promotes spread and sustainability of the clinics.
- RaDAR team members Duane Minish and Mira Bisso assist with meeting events and educational opportunities.



### Resources

RaDAR provides funds for purchasing equipment and testing materials, and assists with the cost of training and travel for health professionals.

### Dementia Working Group

The Dementia Working Group was established in 2013 and continues to meet every 3 months. Members include SHA leadership and management, health professionals, the Alzheimer Society of Saskatchewan, and RaDAR members. The mandate of the Group is to share initiatives and opportunities for improvement in dementia care, and to improve public awareness. The Group also supports RaDAR in sustaining and spreading the memory clinics.

## Research Projects

### Project: *From Diagnosis to Direction: Navigating Rural Primary Care Memory Clinics*

#### Objectives:

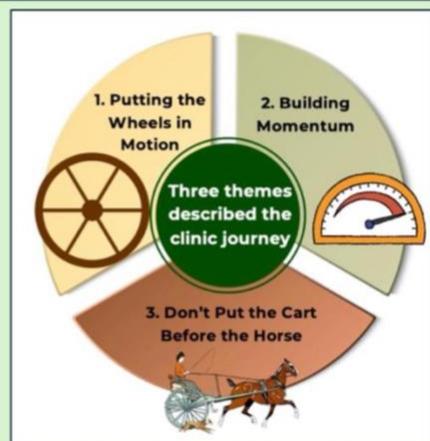
1. To explore how patients and their care partners navigated the process of receiving a dementia diagnosis, recommendations, and follow-up care in RaDAR rural primary care memory clinics
2. To examine the informal supports accessed following the assessment

**Methods:** Semi-structured telephone interviews were conducted with 18 participants (two patients and 16 care partners) between September 2024 and February 2025. Participants had attended a memory clinic in one of seven different communities. Each participant was interviewed twice, at one week and at one month following the memory clinic assessment. Data were analyzed using reflexive thematic analysis.

#### Findings:

Three key themes and two sub-themes were developed

1. **Putting the wheels in motion:** Memory clinics are often the first step along the dementia care journey.
  - **We finally have an answer:** Participants felt validation in receiving a diagnosis, which often confirmed their existing concerns.
  - **We don't have to do this on our own:** Participants found value in the team-based approach and felt that care was accessible.
2. **Building momentum:** Participants viewed memory clinic assessments as being a catalyst for change, serving to create an opening for conversations and decisions about future care.
3. **Don't put the cart before the horse:** Participants described advantages of avoiding multiple separate appointments as well as receiving timely results and personalised recommendations. Written summaries were identified as useful tools and participants appreciated follow-up with the team.



**Poster and Manuscript:** A [4-minute video poster](#) was presented at the annual RaDAR Summit in November 2025. A manuscript has been submitted for publication.

**Research team:** Heather Alford (PhD student), Allison Cammer, Amanda Dupperon (PhD student), Debra Morgan, Tora Levinton, Chelsie Cameron, and Julie Kosteniuk.

**Funding:** This study received funding support from the University of Saskatchewan College of Medicine.

**Project: *Evaluating the Development and Implementation of a Dietitian Role on Rural Primary Care Memory Clinic Teams***

**Objective:** To explore the registered dietitian role in primary care memory clinics serving persons living in rural Saskatchewan, with a focus on the development and implementation of the role.

**Methods:** Seven telephone focus groups were conducted between June 2024 and February 2025: three were completed with RaDAR memory clinic teams, one with primary health care managers/facilitators, two with registered dietitians, and one with registered dietitian role developers. Focus groups were recorded and transcribed, then analyzed using reflexive thematic analysis.

**Findings**

**Three themes were developed:**

**By dietitians for dietitians:** Dietitian role developers had a meaningful impact on the final dietitian role in memory clinics.

- **By dietitians:** The dietitian role was created and designed by dietitians who applied their first-hand expertise and experience to the process.
- **For dietitians:** Using their professional experience, the role developers designed a memory clinic role intended to support dietitians within memory clinics.

**Fitting in while standing out:** Dietitians complement memory clinic teams by fitting into team structures and goals while offering a different care perspective to patients.

- **Fitting in:** The dietitian role fits within the established functions, goals, and day-to-day activities of memory clinics.
- **Standing out:** Dietitians contribute a distinct area of expertise and care to memory clinic teams, helping to address gaps in nutrition care for patients.

**The right ingredients for the recipe:** A patient-centred approach underpins all nutrition care provided by dietitians in memory clinics.

- **The ingredients:** Patient context and supports (“the ingredients”) are essential considerations when developing nutrition interventions.
- **The recipe:** As members of memory clinic teams, dietitians created nutrition interventions (“recipes”) based on each patient.

**Conclusions:** This study found value in dietitian-led role development, pointing to the potential benefits of using role enactors in role creation. Dietitians had distinct responsibilities and knowledge yet integrated well into existing memory clinic team structures and goals. Dietitians considered the context of each patient and used a patient-centred approach to inform their nutrition interventions in memory clinic settings. These findings offer further support for the growing research around interprofessional teams in dementia care.

**Poster:** A [4-minute video poster](#) was presented at the annual RaDAR summit in November 2025.

**Research Team:** Thera Kusch (BSc. Nutrition Student), Allison Cammer, Baylee Cresswell (BSc. Nutrition student), Amanda Dupperon, Brianna Wickett, Erin Fedusiak, Dana Klapak, Debra Morgan, and Julie Kosteniuk.

**Funding:** This study was funded by College of Medicine Start-up Funding to Julie Kosteniuk.

**Project: *Perspectives of Patients and Care Partners Receiving Nutrition Care in a Rural Primary Care Memory Clinic: Preliminary Findings***

**Objective:** To explore the experiences of patients and care partners who received nutrition care from a registered dietitian in one RaDAR memory clinic site, focusing on nutrition issues, recommendations and resources provided by the dietitian, and dietitian support and availability.

**Methods:** Five telephone interviews with patients and care partners were conducted between May and October 2025. Interviews were recorded and transcribed, and analyzed using reflexive thematic analysis.

**Findings**

**Four preliminary themes were developed:**

**There is no I in Team:** Patients and care partners valued dietitians as part of the interprofessional team. The inclusion of dietitians addressed a gap in care and complemented the care provided by other team members, offering perspectives and roles not always addressed by the rest of the team. Participants found the inclusion of dietitians helped them become familiar with the nutrition care in their community, resulting in comfort and accessibility in seeking out care in the future.

**No Concerns, but...:** Most care partners and patients reported not having nutrition concerns prior to the memory clinic. However, the dietitian had identified nutrition-related concerns in each of the patients. The dietitian helped patients and care partners understand and address nutrition-related needs they may not be able to independently identify.

**Navigating Complexity Through Clarity:** Participants discussed other comorbid conditions along with dementia that impact nutrition. Comorbid conditions often have conflicting nutrition interventions and guidelines that are difficult to manage and prioritize simultaneously. The dietitian provided clear, practical, and individualized interventions.

**Shared Voices, Shared Choices:** Dietitians work collaboratively with patients and care partners to develop nutrition interventions and care that consider and balance all perspectives. Care partners and patients may have had different or conflicting perspectives on nutrition related concerns. The dietitian ensured that each person felt heard and interventions were tailored to the patient and situation.

**Preliminary conclusions:** Patients and care partners appreciated that the dietitian identified and addressed nutrition concerns. Dietitians provide a collaborative and individualized approach to complex nutrition concerns and provide clear advice to patients and their care partners. The preliminary findings highlight that dietitians offer a unique role and perspective within RaDAR memory clinic teams.

**Poster:** A [4-minute video poster](#) was presented at the annual RaDAR summit in November 2025.

**Research Team:** Baylee Cresswell (BSc. Nutrition student), Julie Kosteniuk, Thera Kusch (BSc. Nutrition Student), Amanda Dupperon, Debra Morgan, and Allison Cammer.

**Funding:** This study was funded by an Interdisciplinary Summer Student Research Award from the College of Medicine and College of Pharmacy and Nutrition, and by College of Medicine Start-up Funding to Julie Kosteniuk.

## **RaDAR Memory Clinics**

### **Assiniboia Red Coat Primary Health Care Clinic**

131 3<sup>rd</sup> Avenue West  
Assiniboia, SK S0H 0B0  
306-642-4454

### **Bengough Health Centre**

400 2<sup>nd</sup> Street West  
Bengough, SK S0C 0K0  
306-268-2222

### **Canora Health and Wellness Centre**

1219 Main Street  
Canora, SK S0A 0L0  
306-563-5557

### **Carlyle Medical Clinic**

214 Main Street  
Carlyle, SK S0C 0R0  
306-453-6795

### **Esterhazy District Medical Clinic**

300 Gonczy Avenue  
Esterhazy, SK S0A 0X0  
306-745-6681

### **Kipling Primary Health Care Clinic**

200 4<sup>th</sup> Street South  
Kipling, SK S0G 2S0  
306-736-2559

### **Lampman Community Health Centre**

309 2<sup>nd</sup> Avenue  
Lampman, SK S0C 1N0  
306-487-2811

### **Weyburn Health Centre**

36 4<sup>th</sup> Street NE  
Weyburn, SK S4H 0X7  
306-842-8790

### **Moose Jaw South Hill Medical Clinic**

890 A Lillooet St W  
Moose Jaw, SK S6H 8B4  
306-556-1344

## Publications (All years)

- Morgan, D., Kosteniuk, J., Bayly, M. 2025. Patient and family perceptions of rural primary care interprofessional memory clinics for diagnosis and management of dementia: A mixed methods study. *BMC Health Services Research*. 25:1473. [Google Scholar](#).
- Morgan D, Kosteniuk J, Bayly M. 2024. Perceptions and outcomes of an embedded Alzheimer Society First Link Coordinator in rural primary health care memory clinics. *BMC Health Services Research*, 24:607. [Google Scholar](#).
- Morgan et al. 2022. Factors influencing sustainability and scale-up of rural primary healthcare memory clinics: Perspectives of clinic team members. *BMC Health Services Research*, 22:148. [Google Scholar](#).
- Morgan et al. 2019. Barriers and facilitators to development and implementation of a rural primary health care intervention for dementia: A process evaluation. *BMC Health Services Research*, 19:709. [Google Scholar](#).
- Morgan et al. 2019. A 5-step approach for developing and implementing a rural primary health care model for dementia: A community-academic partnership. *Primary Health Care Research & Development*, 20 (e29). [Google Scholar](#).
- Kosteniuk J., Morgan D., O'Connell M.E., Seitz D., Elliot V., Bayly M., Cameron C., Froehlich Chow A. 2022. Dementia-related continuing education for rural interprofessional primary health care: perceptions and needs of webinar participants. *Primary Health Care Research and Development*, 23 (e32): 1–7. [Google Scholar](#).
- Elliot V, Kosteniuk J, O'Connell ME, Cameron C, Morgan D. 2024. Services for older adults in rural primary care memory clinic communities and surrounding areas: a qualitative descriptive study. *BMC Health Services Research*, 24:725. [Google Scholar](#).

## Presentations (2025)

- Alford H., Cammer A., Dupperon A., Morgan, D., Cameron C., Kosteniuk J. Communication and follow-up after initial evaluation in RaDAR primary care memory clinics. An oral presentation at *Geriatric Evaluation and Management Program Education Day*. Saskatoon, Saskatchewan, December 12, 2025.
- O'Connell, M., Cammer, A., Kosteniuk, J. RaDAR Research Update Panel. An oral presentation at the *18<sup>th</sup> Annual RaDAR Rural Dementia Summit*. University of Saskatchewan (virtual event), November 20, 2025. [Link to Presentation](#).
- Alford, H., Cammer, A., Dupperon, A., Morgan, D., Levinton, T., Cameron, C., Kosteniuk, J. From diagnosis to direction: Navigating rural primary care memory clinics. A poster presentation at the *18<sup>th</sup> Annual RaDAR Rural Dementia Summit*. Saskatoon, SK (virtual poster presentation), November 20, 2025. [Link to Presentation](#).
- Kusch, T., Cammer, A., Cresswell, B., Dupperon, A., Wickett, B., Fedusiak E., Klapak, D., Morgan, D., Kosteniuk, J. Evaluating the development and implementation of the dietitian role on rural primary care memory clinic teams. A poster presentation at the *18<sup>th</sup> Annual RaDAR Rural Dementia Summit*. Saskatoon, SK (virtual poster presentation), November 20, 2025. [Link to Presentation](#).
- Cresswell, B., Kosteniuk, J., Kusch, T., Dupperon, A., Morgan, D., Cammer, A. Exploring the perspectives of community-dwelling patients and care partners receiving nutrition care in a rural primary care memory clinic: Preliminary findings. A poster presentation at the *18<sup>th</sup> Annual RaDAR Rural Dementia Summit*. Saskatoon, SK (virtual poster presentation), November 20, 2025. [Link to Presentation](#).

Wickett, B., Cammer, A., Fedusiak, E., Morgan, D., Klapak, D., Kosteniuk, J. Barriers and facilitators to the integration of registered dietitians in rural primary healthcare memory clinics. A poster presentation at the *Canadian Conference on Dementia*, Calgary, AB, Canada, October 16-18, 2025.

Alford, H., Dupperon, A., Cammer, A., Morgan, D., Kosteniuk, J. "We finally have an answer": Communication of diagnosis and experiences of assessment in rural primary care memory clinics. A poster presentation at the *Canadian Conference on Dementia*, Calgary, AB, Canada, October 16-18, 2025.

Kosteniuk, J., Morgan, D., O'Connell, M., Seitz, D., Cameron, C., Karunanayake, C., Elliot, V. Service needs and self-efficacy of care partners attending rural primary care memory clinics. An oral presentation at *Department of Medicine Research Day*, University of Saskatchewan, Saskatoon, May 2, 2025.

Wickett, B., Kosteniuk, J., Fedusiak, E., Morgan, D., Klapak, D., Cammer, A. Facilitators and barriers to registered dietitian involvement in rural Saskatchewan memory clinics. An oral presentation at the *Nutrition 537 Research Day*, University of Saskatchewan, Saskatoon, May 1, 2025.

Wickett, B., Kosteniuk, J., Fedusiak, E., Morgan, D., Klapak, D., Cammer, A. What about nutrition? An exploration of registered dietitians in community dementia care. A joint oral presentation at the *Canadian Centre for Rural and Agricultural Health Research Seminar*, University of Saskatchewan, Saskatoon, April 29, 2025.

## Newsletters

Levinton T, Morgan D, and Kosteniuk J. (2025 June). [RaDAR Newsletter: Summer 2025](#)

Levinton T, Morgan D, and Kosteniuk J. (2025 January). [RaDAR Newsletter: Winter 2025.](#)

## Media

[RaDAR Website](#), a repository of RaDAR research and publications.

[RaDAR Esterhazy Memory Clinic video](#) by Honey Cut Studios. 2023.

[RaDAR Kipling Memory Clinic video](#) by Honey Cut Studios. 2019.

For more information:

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