# Table of CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message from the Leadership Team</td>
<td>3</td>
</tr>
<tr>
<td>Who we are</td>
<td>4</td>
</tr>
<tr>
<td>MSc in Occupational Therapy (MSc OT)</td>
<td>4</td>
</tr>
<tr>
<td>MSc in Physical Therapy (MSc PT)</td>
<td>4</td>
</tr>
<tr>
<td>Rehabilitation Science (RHBS) – MSc and PhD</td>
<td>4</td>
</tr>
<tr>
<td>Aging and Health (AGHE) – Graduate Diploma, MSc and PhD</td>
<td>4</td>
</tr>
<tr>
<td>Doctor of Science in Rehabilitation and Health Leadership (DSc RHL)</td>
<td>4</td>
</tr>
<tr>
<td>SRT by the numbers</td>
<td>5</td>
</tr>
<tr>
<td>Underpinnings and Aspirations</td>
<td>6</td>
</tr>
<tr>
<td>Our Plan – Graphic Depiction</td>
<td>7</td>
</tr>
<tr>
<td>Priority #1: Lead Innovative, Integrated Approaches to Research, Education and Practice</td>
<td>8</td>
</tr>
<tr>
<td>Priority #2: Capitalize on Our Community Connections</td>
<td>10</td>
</tr>
<tr>
<td>Priority #3: Conduct Targeted, Collaborative Research to Optimize Transition Experiences</td>
<td>12</td>
</tr>
</tbody>
</table>
The work of the faculty, staff and students of the School of Rehabilitation Therapy (SRT) is multi-dimensional, multi- and interdisciplinary, and constantly evolving. We are continuously advancing our scholarship and practices to meet current and future challenges in the fields in which we work.

Through the implementation of our 2013-2018 strategic plan, we focused on: (1) developing and translating new knowledge that benefits people affected by or at risk of disability; (2) making meaningful contributions to the work of our collaborators, locally, nationally and internationally; (3) creating synergies across our teaching, research and community engagement initiatives; and (4) supporting the effectiveness and well-being of our faculty, staff and students. Our accomplishments during this time are numerous, a few highlights include:

- Developing and launching of two successful on-line graduate programs: Aging and Health (Graduate Diploma, MSc, PhD) and Rehabilitation and Health Leadership (Doctor of Science), which are supporting knowledge development, creating teaching and research synergies, and bringing in new community and academic partners;

- Building and launching a 10 year partnership with the MasterCard Foundation and the University of Gondar in Ethiopia, which is supporting disability inclusive education in Ethiopia, creating new collaborative research opportunities in community-based rehabilitation, and developing the first ever occupational therapy program in that country;

- Recruiting 10 new tenure-track faculty who are helping to build and diversify our research and teaching capacity, attract graduate students, and bring new partnerships and ideas to all of our operations;

- Acting on an organizational review, which led to the development of new staff positions to better support the educational and research activities of the SRT;

- Launching new and updated communication channels to keep our partners and collaborators informed about our activities: Facebook, Twitter, a blog, and an updated website; and

- Growing and diversifying our Physiotherapy Clinic, which is generating revenue, providing student placements, and supporting research.

Against this dynamic landscape, the SRT took the time to pause and review its full set of aspirations in 2018. Discussions focused on how to continue to foster a creative and innovative environment for students, faculty, staff, clinical partners and community members, while emphasizing shared goals and the best ways to effectively organize and use resources.

Our new strategic plan looks ahead to 2022. It builds on the momentum we have created, and recognizes that our work is enabled by building partnerships with purpose, committing to diversity and inclusion, and engaging in participatory leadership. As the plan came together, we identified three major priorities which will shape the work that we do over the next three years:

- Lead innovative, integrated approaches to research, education and practice

- Capitalize on our community connections

- Conduct targeted, collaborative research to optimize transition experiences

This plan is the culmination of the work of many individuals and groups, including faculty, staff, students, and community and clinical partners. We would like to thank everyone for their input and guidance. This plan will enable us to continue to build on our successes and strengths, and have a positive impact on rehabilitation and health outcomes locally, nationally and internationally through our research, teaching and service in the years to come.
The SRT provides only graduate level education, across 5 programs. All programs are highly competitive, recruiting students who are strong academically and have a strong desire to contribute to health and well-being of the people in their communities through clinical practice, research, and leadership in rehabilitation and health settings.

**MSC IN OCCUPATIONAL THERAPY (MSC OT)**
Occupational Therapy is a dynamic, growing, and internationally-recognized health profession that works to improve the lives and daily experiences of people and communities by enabling engagement in daily occupations. As humans we engage in occupation to be productive, to learn, to recreate, and to take care of our most basic needs. Occupation is what gives purpose to our daily lives and connects us to our communities. Occupational therapists are specialists in the use of occupation to prevent disability, restore health, and ensure that all individuals and populations, regardless of health status, can experience full and meaningful lives. The MSc (OT) program is 24 months in duration and prepares students to become experts in enabling occupation and leaders in occupational therapy within broadening, complex and ever-changing health care environments.

**MSC IN PHYSICAL THERAPY (MSC PT)**
Physical Therapy is a first contact, autonomous, client-focused health profession dedicated to improving and maintaining functional independence and physical performance; preventing and managing pain, physical impairments, disabilities and limits to participation; and promoting fitness, health and wellness. The client-centred curriculum progresses from single system problems in the mid lifespan to more complex problems and situations occurring at the extremes of the lifespan spectrum. Students are exposed to representative conditions and the various contexts in which physical therapists work, from the public system to private and community based settings. The 24-month program aims to ensure that graduates acquire the essential competencies of a practicing physical therapist and have the ability to provide leadership within a changing health care environment.

**REHABILITATION SCIENCE (RHBS) – MSC AND PHD**
The goal of Rehabilitation Science is to generate new knowledge to improve function and participation of people with or at risk of disability, to strengthen rehabilitation workforce and health systems, and to create equity and opportunities for people with disabilities in society. The MSc and PhD programs in Rehabilitation Science at Queen’s University stress the multidisciplinary contribution of many health professions and disciplines to rehabilitation. The program attracts students from varied backgrounds including occupational therapy, physical therapy, speech-language pathology, kinesiology, psychology, social work, arts & humanities, nursing, education, epidemiology, law, engineering and others. Students are exposed to a broad scope of rehabilitation science and are provided with opportunities to develop insight into the diversity of research approaches used in the field.

**AGING AND HEALTH (AGHE) – GRADUATE DIPLOMA, MSC AND PHD**
The Aging and Health Program provides students with a comprehensive understanding of aging, with a focus on health and healthy living. Students develop multi-disciplinary knowledge of individual aging processes, the effect of aging on social systems, and the policies needed to support healthy aging. All three programs are designed for completion at a distance, by working professionals. The programs are offered full-time, through a blended format of online learning and short onsite sessions. The programs vary in length from 8 months (GDip) to 4 years (PhD). The GDip and MSc provide students with knowledge and skills that enable them to work in a range of settings that support older adults through service development, implementation and/or evaluation. The PhD program prepares students to contribute new knowledge to the field of aging and health through rigorous scholarship.

**DOCTOR OF SCIENCE IN REHABILITATION AND HEALTH LEADERSHIP (DSC RHL)**
As the first professional doctorate program at Queen’s University, the DSc (RHL) is preparing leader scholars who are able to apply theory and use rigorous methodologies to inform decision-making in rehabilitation and health settings across the country and around the globe. This 36 month executive-style degree program equips currently practicing rehabilitation and health professionals with the knowledge and skills they need to confidently pursue career opportunities that require advanced competencies in leadership, program development, applied research and evaluation, advocacy, change management, and knowledge translation. The program is open to any professional whose current work or future career goals focus on advancing programs, services, and systems that will positively influence the everyday lives of people affected by or at risk of disability.
The School of Rehabilitation Therapy educates students across 8 programs:

- **5** GDip (AGHE)
- **140** MSc (OT)
- **140** MSc (PT)
- **40** MSc (AGHE)
- **5** MSc (RHBS)
- **16** PhD (AGHE)
- **24** PhD (RHBS)
- **19** DSc (RHL)

The School of Rehabilitation Therapy is home to:

- **23** Faculty members
- **15** Staff members
- **81** Research studies
- **28** Research staff

The School of Rehabilitation Therapy is partnered with:

- **1431** Clinical instructors
- **553** Clinical sites

We host:

- **International Centre for the Advancement of Community Based Rehabilitation (ICACBR)**
- **Canadian Institute of Military and Veteran Health Research (CIMVHR)**

In 2018, the School of Rehabilitation Therapy’s physical therapy clinic had:

- **1500** new patients
- **7000** visits
Throughout our strategic planning process, we recognized that Queen’s University is well-regarded as a balanced academy committed to an excellent student experience, research prominence, financial sustainability, and internationalization. Recommendations from the Principal’s Implementation Committee on Racism, Diversity and Inclusion, the Truth and Reconciliation Task Force, and the University’s Strategic Research Plan influenced our discussions about how we can and should contribute to the University as a whole.

In addition, the vision of the Faculty of Health Sciences - Ask questions, seek answers, advance care, and inspire change - and the four pillars of the Faculty’s strategic framework - Research, Education & Training, Partnerships, and Patients & Populations - provided an important backdrop for our discussions.

With these underpinnings, we developed a portrait of the environments in which we work, and the trends affecting these environments. We then used this information to create a visionary narrative for what we aspire to create together, considering the diversity of our programs, students, faculty, staff and partners. We focused on the ways in which we can reinforce and build on our strengths, and have a meaningful impact in the areas in which we work. Our efforts led to the following aspiration:

*By 2022, we aspire to be a thriving, collaborative and welcoming environment known for our exceptional capacity to prepare students as future leaders in rehabilitation, health and social betterment. We practice and model the kind of leadership we are fostering in our students through a commitment to diversity and inclusion in all aspects of our work, and through our meaningful connections to and dynamic partnerships with the communities and industries with whom we work, locally and globally. We support learners in small cohorts, which creates strong collaboration, support and shared development, and we are structured for cohesion and interconnectivity across the School. We are seen as leaders who are addressing emerging issues and working to improve the health and well-being of people in our community, particularly those with or at risk of disability. Our clinic is a local hub for practice research and innovation, and we are fully employing new technologies in learning and in practice. We feel in flow with our work and everyone has the capacity to experience a sense of true meaning in their contributions.*

Using this as a starting point, we then moved to identify priorities, actions, and indicators of success. Throughout all of our work, we recognized that our plan must be flexible and may need to evolve due to changing circumstances over the coming years. We also recognized that many of our actions would support more than one of our priorities, however, to limit redundancy we included them under only one priority.

We see our plan as a living document that provides direction for consensus building and decision-making.
Our overarching strategic goal is to lead and inspire positive changes that transform the health and well-being of individuals and communities through the integration of research, education and practice. Throughout our efforts, we focus on the diverse needs of people across the spectrum of ability.

At the base of our plan is a commitment to integrate three principles or “enablers” throughout all of our work: diversity and inclusivity, partnerships with purpose, and participatory leadership. As we work towards our strategic goal and priorities, we must also commit to developing these enablers in order to facilitate all of our other strategic efforts. We need these commitments in order to succeed and have the kind of impact to which we aspire.

To develop these enablers, we will work to:

- Create opportunities for student leadership in every program
- Build leadership capacity among faculty and staff to support leadership succession planning
- Create and implement a diversity and belonging strategy for students, staff and faculty
- Host regular events to build relationships across students, staff, faculty, and university and community partners
- Develop and use a partnership framework to guide our approach to building robust, meaningful, and mutually beneficial relationships that support our activities inside and beyond the School
PRIORITY #1:

Lead Innovative, Integrated Approaches to Research, Education and Practice
Lead Innovative, Integrated Approaches to Research, Education and Practice

We will strengthen the quality of our educational programs, support interprofessional learning experiences, increase social cohesion and connectivity across our programs, and develop innovative approaches to program delivery through the integration of research, education and practice.

TO ADDRESS THIS PRIORITY AND ITS OBJECTIVES, WE WILL:

• Design and evaluate curriculums to support flexibility, efficient delivery, and positive health outcomes for faculty, staff, students and future clients/patients.

• Leverage technology to support student learning experiences.

• Actively pursue educational scholarship to support evidence-based changes in programs, curricula and courses.

• Develop, implement and evaluate interprofessional learning opportunities for students across programs within the SRT, with other programs at Queen’s University, and with our clinical partners.

• Align elective offerings in the research and post-professional programs to the gradually transforming landscape of faculty research.

• Develop, implement and evaluate student networking opportunities to support their growth and preparation as professionals and scholars, and their sense of belonging to the SRT.

• Address issues of diversity and inclusion in all programs to strengthen student capacity for cultural humility, responsiveness and appreciation for multiple ways of knowing, with special attention to reconciliation with Indigenous peoples and communities.

• Transition the Physical Therapy program to a competency-based curriculum.

• Evolve space, budget, workload and daily operations to enable shared and co-teaching, including design and delivery of courses.

KEY INDICATORS OF SUCCESS FOR THIS PRIORITY WILL INCLUDE:

• Pass rates among our OT and PT students on their national credentialing examinations meet or exceed national averages.

• Accreditation reports and QUQAP reviews meet or exceed all standards and expectations.

• At least 20% of faculty are publishing and presenting educational scholarship.

• At least 80% of students report very good or excellent student experience on program-specific exit surveys.

• Space plans developed in May 2019 are completed on time.

• At least 2 student networking opportunities are held annually.

• At least 80% of students report a strong or very strong affiliation with the School and their individual programs on program-specific exit surveys.
PRIORITY #2:

Capitalize on Our Community Connections
We will build and strengthen partnerships with individuals and communities, locally and globally, to generate and advocate for collaborative solutions for the complex life and health-related challenges experienced by people affected by or at risk of disability. Because of the distinctive make-up of the Eastern Ontario population, and our extensive experience in international community-based rehabilitation, we are uniquely positioned to develop powerful and relevant solutions at both the individual and community level.

TO ADDRESS THIS PRIORITY AND ITS OBJECTIVES, WE WILL:

- Convene scoping and goal-setting conversations with targeted partners to identify issues that we can address together through research and practice.

- Deepen our local and global collaborations to address pressing health needs around aging and health, health equity, and military and veteran health.

- Strengthen and expand community partnerships to support Occupational Therapy community development placements in the summer months and the development of interprofessional community placements for Physical Therapy students.

- Develop focused content in rural health within the Physical Therapy program.

- Establish a staff-led “Community Team” to encourage staff to connect with colleagues within and beyond SRT to support networking and collaboration, professional development, and development of administrative efficiencies.

- Leverage our partnership with the Canadian College of Health Leaders to expand opportunities for faculty and students to interact with and learn from a diverse array of health leaders across the country.

- Collaborate with FHS Advancement to develop our capacity to attract financial partners to support important educational and research initiatives.

- Document and share our current models of partnership development and collaboration.

KEY INDICATORS OF SUCCESS FOR THIS PRIORITY WILL INCLUDE:

- Each year, at least one partner is targeted for scoping and goal-setting conversations.

- The Occupational Therapy program has at least 10 new community development partners with whom they have not previously worked.

- The Physical Therapy program has at least 10 sites for interprofessional community placements.

- The “Community Team” is hosting at least 1 networking event per year and can identify at least 2 changes in administrative operations per year as a result of their efforts.

- Each year, we develop at least 5 new cases for support together with the FHS Advancement Team.

- By 2022, faculty have collaborated to produce at least 1 knowledge translation product that shares an SRT model of partnership development and collaboration.
PRIORITY #3:

Conduct Targeted, Collaborative Research to Optimize Transition Experiences
We will pursue research, evaluation and knowledge translation that leads to improved understanding of, and supports for, individuals and communities that are undergoing transitions. Transitions may occur across, but are not limited to, health status, life roles, systems, settings, and models of care. Through targeted collaboration, we will become leaders in generating new knowledge and practices that optimize transition experiences and outcomes.

TO ADDRESS THIS PRIORITY AND ITS OBJECTIVES, WE WILL:

- Document the types of transition experiences addressed in our research programs and educational scholarship to provide a basis for collaboration and communication, both internally and externally.

- Showcase the impact of the new knowledge developed by faculty and doctoral students through our website, social media channels, and FHS and University communication channels.

- Collaborate with FHS Advancement to hold a workshop for faculty to build cases of support that can support philanthropy that supports our research.

- Launch an internal grant competition to support collaborations between faculty members to advance knowledge about transition experiences.

- Leverage the activities from the “Capitalize on Community Connections” strategic priority to advance our research and knowledge translation.

- Develop, implement and evaluate mechanisms to support and sustain regular research exchanges among faculty, students and partners.

- Build global leadership in research and education related to disability inclusive development, aging and health, and military and veterans’ health.

- Develop the first-ever research-specific strategic plan to complement the overall strategic plan of the School.

KEY INDICATORS OF SUCCESS FOR THIS PRIORITY WILL INCLUDE:

- The work of at least 1 SRT researcher (faculty, student, post-doctoral fellow) is showcased through SRT, FHS, SGS or University communication channels each month.

- At least 10 cases of support are well developed by January 2020 for use by the FHS Advancement Team.

- Application numbers for our doctoral programs increase an average of 15% by 2022.

- H-Index of all tenured and tenure-track faculty is consistent with or exceeds their rank, based on work of MacDermid et al (2015).

- At least 75% of all doctoral students publish with their advisor during the course of their programs.

- A research-specific strategic plan for the School is developed no later than June of 2021.