



# STRATEGIC PLAN

DEPARTMENT OF HEALTH  
AND REHABILITATION SCIENCES

OCTOBER 2020

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The Department of Health and Rehabilitation Sciences (DHRS) was established in August 2017, and is thus a relatively new department in the Faculty of Medicine and Health Sciences.

The DHRS hosts three divisions: Physiotherapy, Occupational Therapy and Speech, Language and Hearing Therapy. The inaugural executive head is Professor Quinette Louw and in collaboration with the department's management team (divisional heads), she has embarked on strategic planning to provide direction and focus for this new department.

Contemporaneously, Stellenbosch University (SU) also released its new Vision 2040 and Strategic Framework 2019–2024 and subsequently the Faculty of Medicine and Health Sciences (FMHS) renewed and recently published its Strategic Plan 2019-2024



VISION 2040 AND STRATEGIC FRAMEWORK 2019–2024

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STRATEGY PLAN 2019-2024

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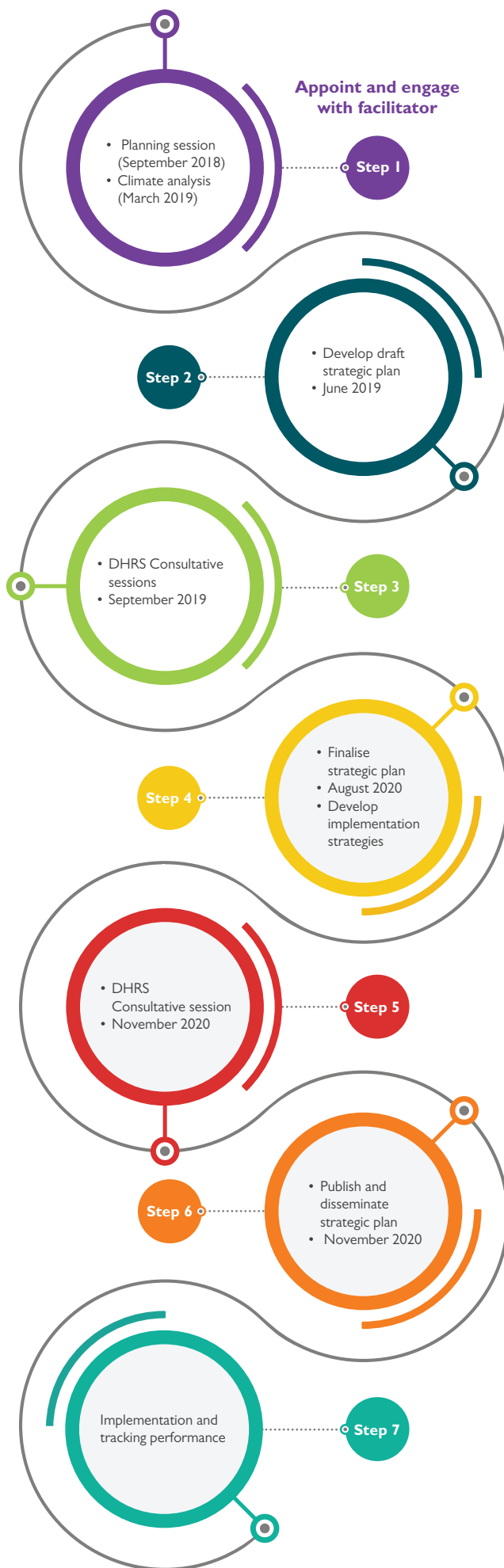


Figure 1: Strategic planning process



# PROCESS OF DEVELOPING THE STRATEGIC PLAN

Figure 1 summarises the five key steps taken to develop the Department of Health and Rehabilitation Sciences' (DHRS) strategic plan.

The strategic planning process is described in the sections below.

## STEP 1

### PLANNING SESSION: "MAKING A PLAN TO MAKE A PLAN"

Following preliminary planning at departmental management level, the strategic planning process for the DHRS started with a planning session on the 5th of September 2018, entitled "*Making a plan to make a plan*". This session lay the groundwork for the formal strategic planning process. Divisional representatives from all academic levels were invited. The session aimed to:

1. Establish agreement on the approach to strategic planning for the DHRS (including role-players and facilitators).
2. Identify and address barriers preventing strategic plans from being developed and/or implemented.
3. Discuss key issues, shared goals, and how these align with the new SU strategic framework.
4. Establish agreement on tasks and timeframes required for the strategic planning process (who, what, when, how, etc.).

**Barriers** (generated by small group discussion and consensus) to moving forward on any of the strategic planning process ideas and projected goals for the DHRS included the following:

- Organisation or system support for collaborative clinical, teaching or research activities is lacking.
- The SU culture rewards individuals, not teams.

- Key performance indicators (KPIs) are individual, not team based.
- People play 'in parallel', rather than together (they do not know how to collaborate).
- There can be mismatched expectations between staff members when attempting to work as a team (regarding individual acknowledgement). This reflects the perceived SU culture of not rewarding group effort (e.g. acknowledgement for being the first author on a publication or the principal investigator on a successful grant application).

The participants also identified aspects that they believed they could build upon when developing a strategic plan. These **facilitators** (generated by small group discussion and consensus) for moving forward on any of the strategic planning ideas and projected goals for the DHRS included the following:

- The departmental staff members are congenial and get along well together. They are hardworking, driven and sound thinkers.
- The departmental staff are committed to providing sound education to their students.
- The divisions have good teaching and research facilities.
- Strong work-based training programs are available.
- A good rural training platform is in place.
- Library facilities are excellent.
- The Centre for Health Professions Education (CHPE) provides support for strategic goals related to education.

Key decisions that were made at this initial planning session are summarised below:

It was agreed that student and staff data are required to inform the strategic planning process and outcomes. All divisional heads will endeavour to collate available data on students (well-being, experiences, and alumni) and staff (wellness, etc).

Wide engagement of staff and students in strategic planning was deemed as being essential throughout the process. It was suggested that such engagement take the form of an open forum at department level, followed by open division-specific meetings.

- The open meeting at department level should involve permanent staff and student representatives.
- The open meeting at divisional levels should additionally involve ad-hoc and contract staff.

Key issues to be addressed in the strategic plan include collaborative teaching opportunities between divisions, collaborative research opportunities, student experiences, administration and activities to address staff well-being.

### Climate analysis

The DHRS management committee decided (March 2019) that a strategic climate review should be conducted in each division by an independent consultant, using an established business-model. The climate analysis report highlighted critical issues inside and outside the DHRS, that could impact (positively or negatively) on the DHRS's strategic performance. Each division received a detailed report and the findings informed strategic direction.



## STEP 2

### STRATEGIC PLANNING SESSION TO DEVELOP A DRAFT PLAN

Prof. Quinette Louw, Executive Head of the Department (HoD), commissioned Dr. Riaan C. Els to facilitate the department's input into the strategy design process. The first face-to-face engagement with Dr. Els was at a departmental management meeting, where all heads reflected on the outcomes of the planning meeting and expressed their priorities for the proposed strategic planning workshop.

The strategic planning workshop was facilitated by Dr. Els and was held at Kolping Guest House in Durbanville, Cape Town, on 26 June 2019. The session was attended by all except one of the of permanent, academic and administrative staff members in the DHRS.

The specific objectives of the strategic planning workshop were to:

- Facilitate an inclusive process in drafting the overall departmental strategy for the period 2019–2024, with a focus on identifying specific, measurable goals.
- Align the departmental strategy with the FMHS strategy, while retaining the emphasis on the unique position and specific developmental phase of the DHRS.
- Increase the awareness levels of departmental staff regarding the newly drafted faculty strategy to create a shared frame of reference.
- Define more clearly the department's identity and desired future strategic positioning (both internally/within the faculty and externally to the university).
- Identify and prioritise realistic, attainable, practical departmental actions that will facilitate goal attainment to be monitored, assessed, and reported on in the future.
- Agree on mechanisms/actions that will facilitate greater levels of integration within the divisions that constitute the department (that is, discouraging any "silo" functioning).
- Produce a first draft of the broad strategic themes, goals and envisaged strategic outcomes.

## STEP 3

### CONSULTATIVE SESSION ON THE DRAFT STRATEGIC PLAN

The draft strategic plan, which detailed the broad strategic themes (capability goals and strategic outcomes, formulated based on a synthesis of the group discussions during the strategic planning workshop) was drafted by Dr Ellis for further consultation with the DHRS.

The Executive HoD presented the first draft of the strategic plan to the DHRS on the 5<sup>th</sup> of September 2019. About 90% of permanent academic and support staff, post-doctoral fellows as well as under- and postgraduate student representatives attended the session and provided written feedback on what they viewed as the priority strategic themes (using a structured feedback form).

The following strategic themes were discussed and prioritised:

- Structurally reorganise and introduce a focussed process of developing and aligning the DHRS staff and activities.
- Establish a coordinated, collaborative teaching and learning strategy that facilitates integration on clinical platforms (under- and postgraduate).



- Focus on inter-professional, trans-disciplinary innovation (social impact).
- Collaborate on research across divisions.
- Enhance the internal and external strategic positioning of the DHRS.
- Develop an inclusive departmental culture that facilitates belonging, creates a shared identity and sustains staff engagement/commitment.

A summary of collated responses was emailed to all participants for information. This session and feedback were followed by further consultative sessions at divisional level during staff meetings by the Executive HoD and divisional heads.



#### STEP 4

### FINALISATION OF THE DHRS STRATEGIC PLAN

In June 2020, the management committee of the DHRS arranged special sessions to finalise the strategic plan and to adapt it to the implications of the COVID-19 global pandemic, whilst respecting the strategic themes developed with input from all DHRS staff members. During scheduled online strategic planning meetings, the management team synthesised the strategic themes and goals of the DHRS and aligned these with the new strategic goals of the FMHS ([link to the right](#)) to ensure synchronisation with the faculty's strategic plan. The outcome of these sessions was finalisation of the description of the DHRS strategic themes (Innovation for Sustainability, Purposeful and Inclusive Partnerships, and People-centred Culture) to align with faculty's strategic themes. All goals (termed "capability goals") generated throughout the strategic planning process were linked to the most relevant strategic theme. Finally, the strategic outcomes (World-class Research for Local Impact and Transformative Education) were formulated to depict the core outcomes identified during the strategic planning process.



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#### STEP 5

### FINAL CONSULTATIVE SESSION

The Executive HoD presented the draft plan to the DHRS using electronic media (video and email) to summarise the development process and present the finalised plan. Final input was requested on any aspect of the draft plan.

#### STEP 6

### PUBLICATION AND DISSEMINATION

A publication and dissemination strategy will be developed by the DHRS management committee and will focus on electronic modes but also printing on key messages

#### STEP 7

### IMPLEMENTATION AND TRACKING PERFORMANCE

The DHRS management committee (in collaboration with representatives from each division) will develop a customised system to track performance and design strategies to facilitate the integration of the strategic goals into education, research and service activities.

We will develop an information system to track progress, for example up-to-date information on staff wellness, levels of burnout, etc.; and will ask key outputs linked to these goals. This information system will embed work agreements and information, which will feed into a central repository for a comprehensive overview of the DHRS strategic position

# CORE VALUES



During the consultative sessions, the DHRS decided to adopt the FMHS values. These FMHS values are: Inclusivity, Compassion, Accountability, Respect, Excellence, and Equity (iCARE<sup>2</sup>).

Our decisions and actions are guided by the following values, abbreviated as ICARE<sup>2</sup>

Figure 2. The FMHS values



## CAPABILITY GOALS, STRATEGIC OUTPUTS AND VISION

The capability goals developed and refined (as described in the sections above) are summarised below in Figure 3. Tables 1–3 thereafter capture the strategic goals, required capabilities to achieve the goals and potential metrics to track performance. The last two tables (Tables 4 and 5) present the DHRS’ strategic goals, suggested actions, and metrics to track performance as well as “key” responsible academic levels linked to the specific strategic outputs.

Figure 3. Capability goals, strategic outputs and vision of the DHRS







Table 1. Capability goal 1

# INNOVATION FOR SUSTAINABILITY

Goals	Capability	Metrics
1. Innovation for structural reorganisation and introducing a focussed process of developing and aligning the team.	Authentic, inclusive initiatives to align the team.	Evidence of tangible outcomes (e.g. PG committee) to re-organise and align team.
2. Innovation for financially sustainable department by integrating 1 <sup>st</sup> –6 <sup>th</sup> income streams and increasing income.	Grow all income streams innovatively, without compromising well-being. Focussing on 1 <sup>st</sup> (PG output and publications), 3 <sup>rd</sup> (grants and contracts) and 5 <sup>th</sup> (short course) income streams.	Income (or proxy e.g. graduates; publications; short courses, grants)
3. Innovation for social impact.	Explore and support innovative ideas; create opportunities for sharing real-life problems and co-creating solutions/discussion platforms/seminars.	Evidence of innovations in teaching and learning, clinical education, social impact, patents, etc. (refer to relevant sections for detail) OR evidence of opportunities created for innovation; funding secured for innovation.
4. Innovation for teaching and learning.	Enhanced application of technology in teaching and learning.	Evidence of E-learning incorporated in teaching and learning; develop a sustainable, balanced and effective blended learning approach.
5. Innovation to promote staff health and wellness.	Promote a value-based system (e.g. session on values); apply conflict management principles; data on current staff wellness/burnout; wellness initiatives; strategies to improve communication (e.g. SU email communication guideline)	Measures to understand and promote staff wellness

AP, associate professor; DH, Departmental Head; HoD, Head of Department; PG, postgraduate; Prof, professor; SL, senior lecturer; SU, Stellenbosch University; UG, undergraduate.

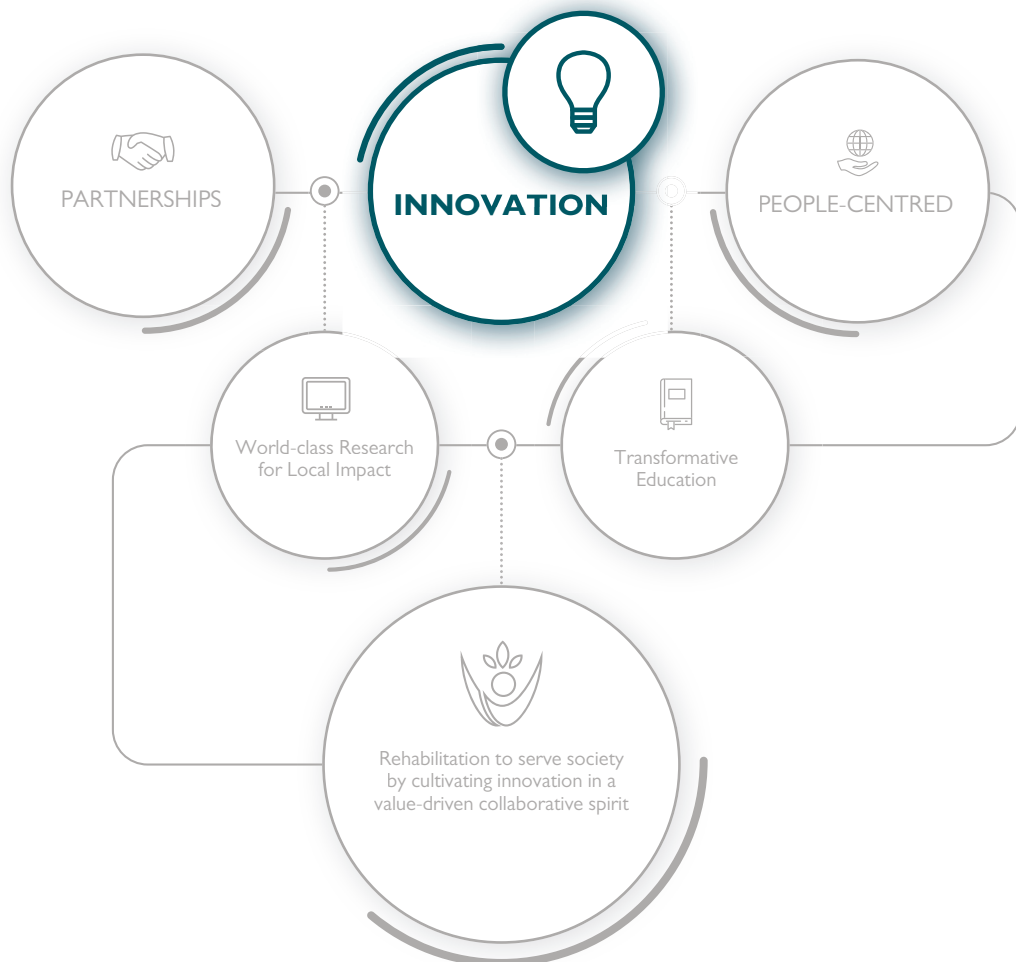




Table 2. Capability goal 2

PURPOSEFUL AND INCLUSIVE PARTNERSHIPS		
Goals	Capability	Metrics
1. Community partnerships (in teaching, research and service) to address contextual needs and priorities.	Strengthen existing avenues, e.g. integrate service-learning placements. Stakeholder engagements in community service activities to co-create joint value.	Number of community partnerships/service-learning projects, etc. Documentation of engagement process and outcomes.
2. Coordinate BLA -related partnerships.	Implement BLA. Optimise education and health outcomes/ services.	Divisional plans and evidence of implementation of the BLA; documented service delivery as per the BLA.
3. Departmental collaborative partnerships.		Number of departmental collaborative initiatives; participation in departmental initiatives such as RIG, PG committee, etc. Outcomes of partnerships.
4. Institutional, regional and national partnerships.		Number and outcomes (productivity) of partnerships. Evidence of the nature, type and outcomes of partnerships; number of papers with partners.
5. International partnerships.	Renewed focus on internationalisation and widening our networks; with a focus on Africa.	Evidence of number of students/staff going on international exchanges; funding secured to create opportunities; number of international students/ interns hosted; signed MOU; number of joint degrees registered; number of international students or PG students on PG programs; number of publications with international partners, number of extra-ordinary professors .
6. Partnerships to widen access and participation in our programmes, to enhance equity and diversity.	Implement strategies to ensuring greater alignment between the country's demographic composition and the faculty's staff and student profile.	Demographics of UG and PG student profile; strategies to widen access.

BLA, blended learning approach; DH, Departmental Head; HoD, Head of Department; MOU, memorandum of understanding; PG, postgraduate; RIG, research interest group; UG, undergraduate.

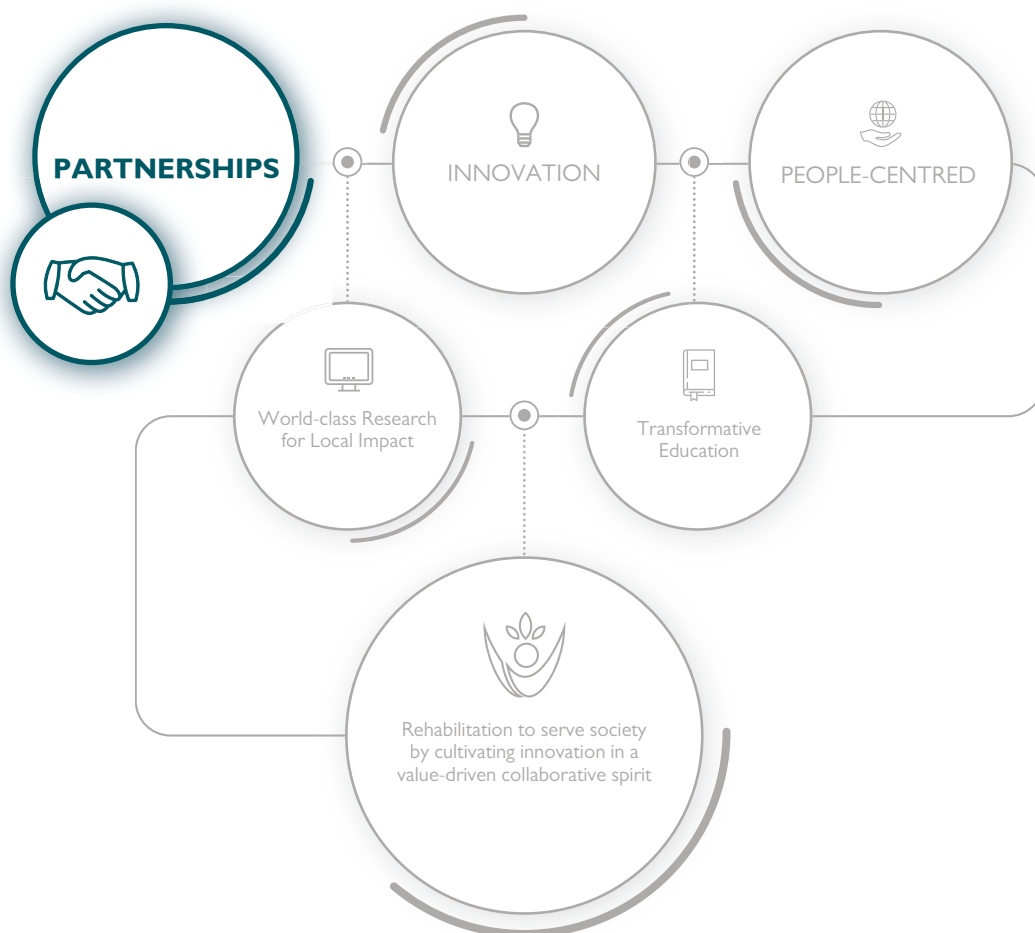




Table 3. Capability goal 3

PEOPLE-CENTRED CULTURE		
Goals	Capability	Metrics
1. New appointments aligned with SU's employment equity (EE) plan.	Compliance with all EE procedures.	New appointment staff aligned with EE.
2. Transformed, transparent and inclusive department that encourages and celebrates diversity.	Demographics that are representative of the national profile.	Strategies to transform the department regarding race, gender, experience, profession, disability, etc. Transparent promotions and divisional staff plans. Clear expectations regarding promotions and each academic level. Fair and supportive work agreement process.
3. Strive for adaptable working arrangements that improve productivity and promote well-being for all in an equitable manner.	Advocate, design and implement flexible working models.	Staff and management satisfaction with working arrangements.
4. Cultivate a culture that promotes well-being and facilitates belonging, collaboration, team spirit, involvement instead of exclusion, accountability in team.	Reward and acknowledge staff based on SU promotion guidelines and other award mechanisms.	Awards created within the division or department; engagements with transformation office; climate analyses and implementation of recommendations. Social and support engagements designed to foster a departmental identity and a sense of belonging. Evidence of involving others in processes/ projects/initiatives; evidence of cultivating a collaborative approach. Collegiality (360 feedback). Collaborative leadership at all levels.

DH, Departmental Head; DMT, departmental management team; EE, employment equity; HoD, Head of Department; SU, Stellenbosch University.

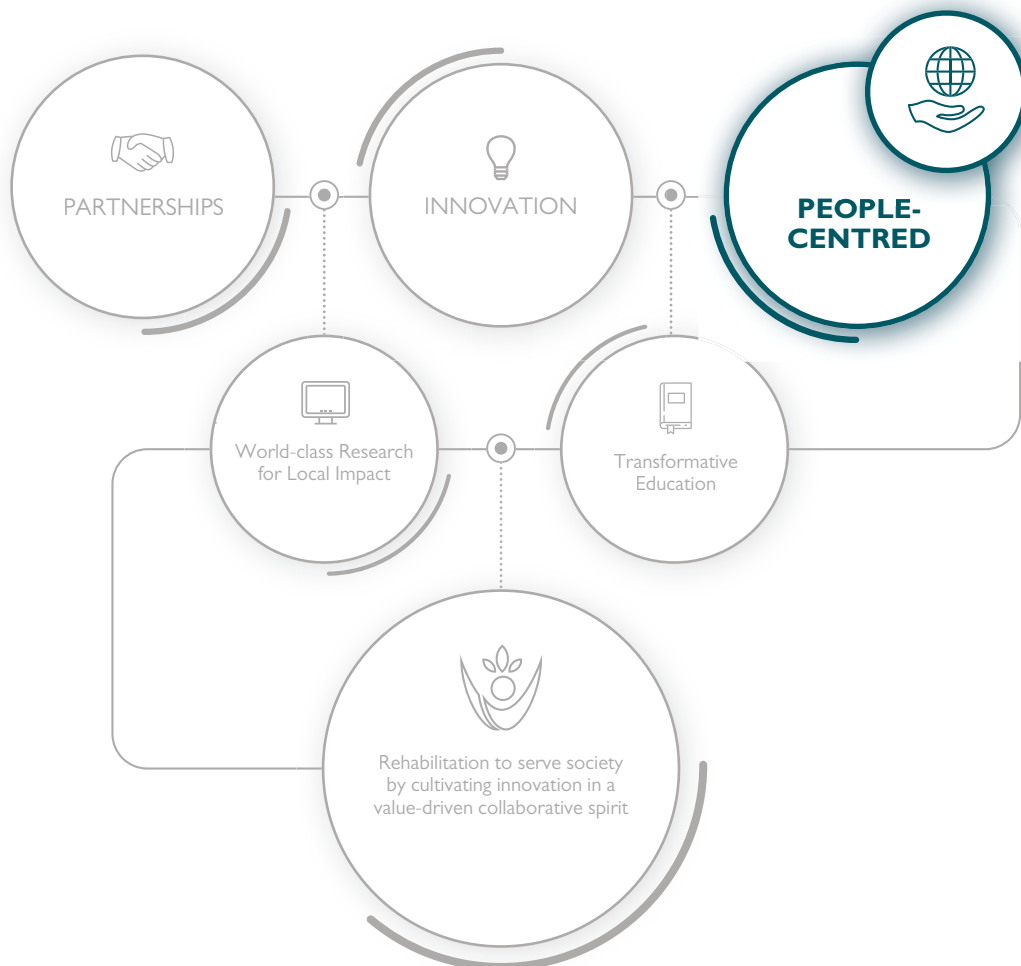




Table 4. Strategic output 1

## TRANSFORMATIVE EDUCATIONAL EXPERIENCE

Output	Actions embodied in Innovation, Partnerships, and a People-centred Culture	Metrics
1. Implement a coordinated, shared teaching and learning strategy that facilitates collaboration and efficiency on clinical the platform.	Integrated and collaborative clinical training for IPE.	Evidence to show mapping initiatives (timetabling), activities and strategies towards the integration of clinical training
2. Redesigning our teaching and learning model to facilitate integration and collaboration in under- and postgraduate training.	Integrated and collaborative teaching and learning model (as appropriate).	Evidence of initiatives to steer collaborative and shared learning opportunities (or modules) culminating into IPE outcomes and graduate attributes.
3. Transform the clinical training.	To introduce new and innovative learning opportunities and outcomes towards IPC and patient-centred approaches.	Strategies to renew clinical models to enhance IP training; evidence of innovative initiatives facilitate IP clinical training.
4. Strive for excellence in programs, producing competent graduates who excel and serve.	Compliance with Professional Accreditation Bodies.	Positive accreditation reports and feedback; peer, line-management and student feedback .
5. Support life-long learning of staff, alumni (and practitioners).	Staff engaged in postgraduates or other continuous development programs (or micro-credentialling); increase short course offerings.	Number of staff engaged in M&D and other programs; number of short course offered by division (research transformed into short courses); arrange symposia and conferences; number of staff engaged in or completed CPD/ other courses; staff meeting HPCSA CPD requirements; develop short course strategy.
6. Improve mental health support for students.	Initiatives in collaboration with faculty and university to ensure that students who require mental health support have an equal opportunity to graduate.	Evidence that students were referred when needed; facilitate access to faculty support structures.
7. Offer a learning-centred student experience that prepares students for success.	Review annual targets for UG and PG success and throughput rates for each year of the new strategy.	Evidence of strategies to enhance student experiences; UG and PG throughput rates.

CPD, continuous professional education; DH, Divisional Head; HoD, Head of Department; HPCSA, Health Professions Council of South Africa; IPC, interprofessional care; IPE, interprofessional education; IPT, interprofessional training; PG, postgraduate; UG, undergraduate.





Table 5. Strategic output 2

## WORLD-CLASS RESEARCH FOR LOCAL IMPACT

Output	Actions embodied in Innovation, Partnerships, and a People-centred Culture	Metrics
1. Facilitate collaborative research in the department, facilitated by overarching research theme(s) or focus area(s) - DHRS theme.	Pursue collaborative research to advance rehabilitation.	Number of ongoing and new collaborative projects; evidence to mentoring and involving colleagues, especially junior (SL & Profs).
2. Design a research strategy that meets local needs of our stakeholders and communities.	Participatory research approaches.	Evidence of stakeholder meetings or involvement of stakeholders in research; mapping research; disseminating and monitoring impact.
3. Increase research capacity.	Intentional divisional strategies and re-organisation of roles and functions.	New and consolidation of strategies to support collaborative research; enhance HR for research (post-doctoral fellows; appointed research assistants; extra-ordinary profs).
4. Increase and set measurable research output goals for the department and clarifying expected (individual) contributions thereto.	Create standardised output (students, grants and publications) for all academic levels.	Clearly formulated research outputs relevant to all academic levels; bias output of senior staff to increased output.
5. Creating a supportive environment (and funding/resources/other) that facilitates research and research outputs.	Increase financial resources for research; upskill team; create support structures; innovative teaching arrangements to free more time for research, etc.	Evidence of initiatives to create and foster a supportive research culture.
6. Optimise research dissemination and impact.	Responsible and appropriate communication of all research findings.	Evidence (number and mode) of research dissemination (public and social media; feedback to communities where research was conducted, number and type of conference presentations, invited presentations etc.); policy briefs, training emanating from research, etc.

DH, Divisional Head; DHRS, Department of Health and Rehabilitation Sciences; HoD, Head of Department; HR, human resources; Prof, professor; SL, senior lecturer.



# CONTRIBUTORS



We would like to express gratitude to all the key contributors of the strategic plan.

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