

# RTSS Resources

Please use these examples as references, guides, and/or inspiration for integrating RTSS into educational and clinical materials.

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# Sample Assignments for SLP & OT Students



## SLP 742: Clinical Skills Lab IV Assignment: Application of the RTSS

### Assignment Target:

The target of this assignment is to increase your skill in applying the RTSS for designing a treatment program. In this assignment, you will use the RTSS as you would as a practicing clinician. You will begin with a treatment target that requires change; consider the group in which the target fits (Organ Functions, Skills/Habits, Representations), and select ingredients that would achieve the desired behaviour change.

### Aim:

To prepare you for excellence in clinical practice, by developing your clinical knowledge and skills.

### Ingredients provided:

1. A case description.

You will be provided with a case example related to a voice disorder. Based on the provided case, select and design a plan for a single treatment session. Use at least one journal article, in addition to the RTSS papers and manual, to support your choices of targets and ingredients.

2. A reference article (Hart et al., 2019) and a treatment manual as resources.
3. One week to complete the assignment.
4. Instructions to complete the assignment, including point allocations for each section:

Prepare a 1-2-page summary that includes the following:

- a) A completed chart that lists your selected treatment components, treatment targets, target group, ingredients, aspect of change, and how you will measure outcome. For example, a plan for aphasia therapy (which is **not** this assignment) could include two treatment components: teaching vocabulary of aphasia to the patient and teaching a word-retrieval strategy. For the first component, the target is in the R group, the aspect is "increased", and the outcome could be measured by asking the patient to explain the meaning of aphasia-related words. (12 points)
- b) Your rationale for the selected *target(s)* and evidence supporting your choice. (3 points)
- c) Your rationale for the selected *ingredients* and evidence supporting your choice. (3 points)
- d) A reflection on additional considerations that may be important for your assigned case. (2 points)

You may submit your completed assignment in hard copy or electronic format. This assignment will be worth 10% of your grade.

5. Encouragement

You have the knowledge, resources and skills to complete this!

**Outcome Measure:** Total points as indicated in #5 above.



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**OT Clinical Reasoning using the Rehabilitation Treatment Specification System (RTSS):  
 Template Draft**

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- I. Review case information, including:
  - a. Client/patient information regarding personal factors & environmental context per OT Practice Framework
  - b. Evaluation results including data collected from Occupational Profile and/or standardized assessments
- II. Create a problem list to address concerns identified during assessment, noting impairments & limitations across ICF domains (body functions/structures; activities; participation)
- III. Identify one OT goal to address a problem listed above
  - a. Utilize COAST or SMART goal setting – ensure that goal(s) are occupation-based and measurable.
    - i. Example: Client will prepare 3-step meal in rehab kitchen with modified independence from wheelchair level within 2 weeks.
- IV. Use the RTSS framework to describe 1-2 treatment components that you will address during your OT session(s). Use the table below to articulate your selection of target(s), treatment group, ingredients, & mechanisms of action/clinical reasoning.

<b>Target</b> <i>Aspect of functioning directly targeted for change</i>	<b>Group</b> <i>Organ functions Skills &amp; habits Representations (O, S, R)</i>	<b>Ingredient(s)</b> <i>Actions, activities &amp; objects chosen &amp; administered by clinician</i>	<b>Mechanism of Action/Clinical Reasoning</b> <i>How/why are the ingredients expected to work? What theory or evidence supports your choice of ingredients?</i>

**Note:** this activity may be graded up/down based on students' knowledge of RTSS concepts and understanding of occupational therapy theory/models of practice. Bloom's Revised Taxonomy of Educational Objectives (Anderson & Krathwohl, 2001) may be useful for structuring learning activities and scaffolding the application of RTSS concepts within and across courses.



### Sleep Hygiene – Self-Reflection Discussion Board Assignment

According to the OTPF 4<sup>th</sup> ed., “the goal of engagement in sleep and health management includes maintaining or improving performance of work, leisure, social participation, and other occupations.”<sup>1</sup>

The purpose of this assignment is to identify A TARGET and INGREDIENTS needed to achieve such target in order to successfully improve sleep hygiene in OTD students. (See required reading on Blackboard for ideas of potential targets).

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#### Key terms:

Target = Any aspect of functioning that is hypothesized to be *directly* changed. It is always observable and measurable.<sup>2</sup> For example, a target should not be “sleep hygiene” – but an aspect of sleep hygiene, such as increase # of hours slept/night or decrease exposure to stress/anxiety-provoking activities before bed.

Ingredients = Observable actions, devices, or forms of energy that are selected to effect the desired change in target. Ingredients can be aspects of the environment, external aids or other devices, and/or strategies.<sup>2</sup> They can also be teaching/training methods, opportunities to practice an infinite number of skills, use of motivational aids, or provision of educational materials. (e.g. a reminder/alarm to stop cell phone use before bed, dimming of lights 1 hour before bed, favorite stuffed animal/blanket on the bed, breathable sheets, scented candle, etc.)

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#### To-Do:

1. Fill in the chart below to include the various ingredients required to achieve your self-selected sleep hygiene target. Remember, a target must be an *aspect* of sleep hygiene and should not be “sleep preparation” or “sleep participation.” Your ingredients will likely include the behaviors, actions, and environmental factors needed to successfully achieve the given target.
2. Starting the week of November 15, keep a two-week log/diary to track possible change in your sleep target. Be sure to include a checklist of your ingredients and note if the checklist was adhered to or not.



3. On Blackboard (in a Discussion board post), submit a self-reflection (1-2 paragraphs) of your experience. Was it easy or difficult to adhere to the ingredients checklist? Did you notice an improvement in your sleep target in week 2 compared to week 1? Why or why not? Would you change the list of ingredients? Why or why not?

Ingredients	Target



References:

1. American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
2. Hart T, Whyte J, Dijkers M, Packel A, Turkstra L, Zanca J, Ferraro M, Chen C, Van Stan J. Manual for Rehabilitation Treatment Specification (Version 6.2). 2018; <https://acrm.org/acrm-communities/rehabilitation-treatment-specification/manual-for-rehabilitation-treatment-specification/>.

# Sample Educational Tools for Clinical Practice

## Treatment Planning Sessions Utilising PPIF, the RTSS, & COM-B

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*Table 1: Case discussion preparation table. A summary of a clinical case can be prepared by populating the table which includes basic demographics, and the PPIFF (Pathology-Prognosis/Individual/Function-Fitness) details*

<b>Patient Hospital No:</b>	<b>DOB/Age:</b>
<b>Sex:</b>	<b>Admission Date/LOS:</b>
<b>Resident Borough/Town/City:</b>	

**Pathology-Prognosis:** (Clinical Diagnosis(es), Rate of change, Predicted Disease/Treatment Trajectory, Predicted Rehabilitation Approach e.g. Preventive or Maintenance / Restorative / Supportive or Adaptive / Palliative)

**Individual:** (Factors Influencing Rehab: Consider COM-B factors [1] (Figure 1below)/ Mood / Cognition / Self-Efficacy / Social Support / Social Environment / Socioeconomics / Community Integration)

**Function:** (Premorbid Functional level / Current / Potential / Movement Systems Assessment & Measures)

**Fitness:** (Premorbid & Current PA/Exercise / Expectations / Endurance / Ex tolerance / Dosing - FITT principles [2])

COM-B – capability, opportunity, motivation behavior model [1]; DOB – date of birth;  
FITT – frequency, intensity, time, type [2]; LOS – length of stay; PA – physical activity

## Expectations of Treatment Planning Session

1. The number of patients to be discussed per session will be predetermined to plan timings.
2. You should be able to present a brief, spoken summary of the patient you are bringing to the case discussion and treatment planning session. Aim to present PPIFF per patient in  $\leq 15$ mins
3. The PPIFF summary can include relevant presenting condition, history of presenting condition, length of stay, past medical history and significant medical interventions to provide context
4. You should aim to discuss the PPIFF as a summary to provide the context for any challenges you are facing and why. You should be able to make suggestions on how their rehabilitation and discharge planning is likely to progress in light of the PPIFF information you have.
5. You will be expected to have at least attempted to have specified treatment targets and ingredients using the RTSS format and that these will encourage discussion within the session to ground an appropriate treatment plan.
6. You should be able to generate discussion about progressing your treatment and integrating and synthesising other valid treatment ideas from other team members and you will be encouraged to lead that discussion.
7. You will be expected to chair and respond to questions and take part in the clinical discussion, but the session is an opportunity to utilise the breadth of experience and thought in the room

## RTSS Treatment Planning

*Table 2: RTSS (Rehabilitation Treatment Specification System) Treatment Planning Table. Process of specification begins at a target before working through a mechanism of action and to a set of ingredients. Additional targets beyond 4 can be inserted as clinically relevant.*

<b>Targets</b> (What and in what way? How will you measure?)	<b>Group</b> (Organ, Skill, Representation)	<b>Volition Type</b> (Volitional, Direct volitional, Non Volitional)	<b>Mechanism of Action</b> (How will your treatment achieve your target)	<b>Ingredients</b> (What will your treatment consist of?)	<b>Dosing &amp; Progression</b> (FITT [2] Principle, When will you progress? how will you progress?)
<b>1<sup>st</sup> target:</b>					
<b>2<sup>nd</sup> target</b>					
<b>3<sup>rd</sup> target</b>					
<b>4<sup>th</sup> target</b>					

FITT – frequency / intensity / time / type [2]; LOS – length of stay; PA – physical activity

## COM-B Model

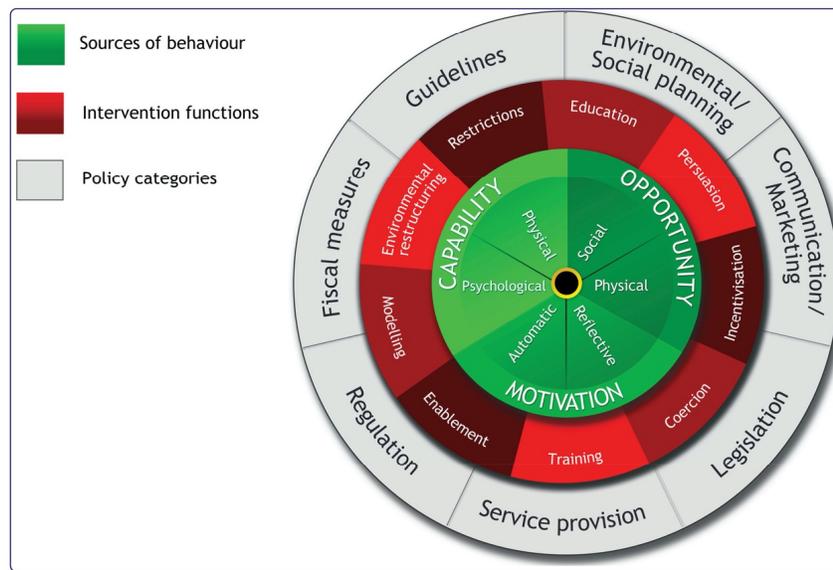


Figure 1: The Behaviour Change Wheel (Michie et al 2011 [1])

A framework used to conceptualise behaviour based on six factors. Given there is sufficient Motivation (all given automatic and/or reflective brain processes that energise and direct behaviour), then if an individual has Opportunity (all social and/or physical factors external to the individual that make the behaviour possible or prompt it;) and the Capability (the requisite psychological and/or physical knowledge and skills), then theoretically the individual has agency that allows the factors to interact without constraint to volitionally change behaviour. If there is evidence of limitation(s) in any of the behavioural factors, then the model offers intervention prompts that can be utilised depending on which behavioural factors are the target. It equally offers factors whereby policy makers might influence behavioural targets [1].

## References

1. Michie S, van Stralen MM, West R: **The behaviour change wheel: a new method for characterising and designing behaviour change interventions.** *Implement Sci* 2011, **6**:42.
2. Liguori G, Medicine ACoS: **ACSM's guidelines for exercise testing and prescription**, 11th edn. Philadelphia, PA: Lippincott Williams & Wilkins; 2020.