

**T**he RCSLT Board of Trustees has considered the findings of the outcome measures appraisal exercise (see Powell and Lowenthal, 2014) and agreed that

the existing tool that is currently the 'best fit' with the 11 agreed criteria is the Therapy Outcome Measures – Core Scale (TOMs) (Enderby, John and Petheram, 2006; Enderby and John, 2014).\*

We felt the Core Scale to be the most appropriate to highlight in the first instance because it is the most widely applicable. We acknowledge some may feel TOMs does not meet their needs fully, but it was accepted from the outset that no single tool would be perfect and it is not a 'stand-alone' option. Key considerations in the selection of TOMs were its:

- Compatibility with existing diagnostic tools.
- Compatibility with existing frameworks of practice, eg Care Aims, EKOS.
- Ability to aggregate data from individual to population level.
- Speed of administration (less than five minutes).

Those preferring more detailed condition specific descriptors could use, or may already be using, the adapted scales. This will not affect members' 'opting-in' to the project, or consensus work for condition/setting specific outcomes, so we would urge you to take a look.

TOMs is a first step in the profession's journey to collect a core set of valid and reliable outcomes at national level to help

# TOMs: A 'best fit' tool

**Gaye Powell, Amy Ward and Dominique Lowenthal outline the progress of Phase 1 of the RCSLT Outcomes Project**

demonstrate the impact of our services. In Phase 2, members will define and refine core outcomes and indicators specific to conditions and settings.

## 'Opting-in'

We hope that anyone who wants to be involved in national data collection will try to start using TOMs from 1 April 2015, acknowledging that some are already using it and others will join later.

One-day training is advisable – currently offered through the Community Therapists Network ([www.communitytherapy.org.uk](http://www.communitytherapy.org.uk)) (up to 30 participants) and there is a half-day 'train the trainers' workshop for experienced users who can then cascade training. Professor Enderby can attend RCSLT Hubs to run workshops for members. You will need to read the TOMs book (approximately £35) in order to

understand the rationale/research behind it and to become familiar with the scoring system on a minimum of 10 cases.

## Data collection

We are exploring how best to do this so members can input and access their own data and eventually benchmark against others anonymously, taking into account that individuals and services are at different places in their data capture and reporting (from IT to paper based). We will let you know about this as soon as possible.

We would be grateful if all members/ services already using TOMs and those hoping to begin data collection from April or later, could please contact us. ■

**Gaye Powell, RCSLT Project Manager; Amy Ward, Project Officer; Dominique Lowenthal, Head of Professional Development. Email: [Amy.ward@rsl.org](mailto:Amy.ward@rsl.org)**



## References & resources

Enderby P, John A, Petheram B. *Therapy outcome measures for rehabilitation professionals* 2nd edition. London: Wiley 2006.

Enderby P, John A. *Therapy outcome measures for rehabilitation professionals* 3rd edition. Guilford: J7R Press, 2015. <http://tinyurl.com/n7kzc2k>

Powell G, Lowenthal D. Outcomes and outcome measures. *RCSLT Bulletin* September 2014; 749, 22-24. World Health Organisation. *International classification of functioning, disability and health – Children and youth version*. Geneva: World Health Organisation, 2007

\* The Core Scale and additional adapted scales are published in the book's 3rd edition (November 2014) and includes a CD for printable forms. The 3rd edition should be available by the end of 2014.

## TOMs overview

TOMs scales address four dimensions of an individual – impairment, activity, participation and wellbeing – in line with the International Classification of Functioning, Disability and Health (WHO, 2007). Each is measured on an 11-point ordinal scale with six defined descriptors, ranging from 0 (worst case scenario), to 5 (best possible presentation).

- **Impairment** describes the severity of the presenting difficulty/condition (from 0 – the most severe, up to 5 – no impairment). This domain does not look at functioning per se, but can show the impact of intervention on progress and reducing or maintaining the severity of the difficulty.
- **Activity** looks at the impact of the difficulty on the individual's level of independence (from 0 – totally dependent/unable to function, to 5 – able to function independently).
- **Participation** looks at levels of social engagement and autonomy in recreation, work, and education.
- **Wellbeing** ranges from 0 – high and constant levels of concern/anger/severe depression unable to express or control emotions appropriately, to 5 – well adjusted, stable and able to cope with most situations; accepts and understands own limitations.