COMMUNICATIVE ACCESS MEASURES FOR STROKE (CAMS)

Introduction

Communicative Access Measures for Stroke (CAMS) is a set of simple and practical surveys to evaluate if your organization or unit is communicatively accessible for people with stroke and aphasia.

“CAMS1” = Administrator Survey
- Targets organizational and/or system level policies and procedures

“CAMS2” = Staff Survey
- Targets attitudes and practices of staff who provide service

“CAMS3” = Patient Satisfaction Survey
- Targets service recipients’ experiences with your facility, in the way of language barriers, as related to their overall satisfaction with your services

With increasing priorities for patient voice in health care, CAMS3 will help organizations gauge the views of patients, clients and residents with aphasia.

CAMS can help to develop:
- Health equity plans
- Accreditation plans
- Service quality improvement initiatives
- Continuing education need assessments

These surveys have been developed with input from many health care professionals and people with aphasia.

This document provides an overview only of the CAMS survey questions.

To use the CAMS online tool – to complete surveys and generate reports – in an account created for your organization:

For Managers/Administrators:
Click HERE for more information and to get started, or visit https://cams.aphasia.ca
CAMS1-Administrator survey – questions only

General Information
1. Number of staff in this unit involved with stroke patients

Policies
2. This facility/unit has a written general accessibility plan/policy about the right to communicative access. (If no, please proceed to question 7)

   If yes, does the accessibility plan/policy address:
   3.1. Communication training for staff
   3.2. Communication resources for staff (e.g. pictographic resources)
   3.3. Signage
   3.4. Accessible forms (e.g. Consent to treatment, treatment information)
   3.5. Methods for people with communication problems to participate in decision-making
   3.6. Person(s) to serve as communicative access champion/advocate or resource

4. Communicative access policies/plans are shared with staff
5. This facility/unit has a written plan/policy requiring evaluation of communicative access

Procedures

Regarding the budget:
6.1. A proportion of the budget is dedicated to communication resources (e.g. pictographic material, other visual aids)
6.2. If no, please elaborate

Training in reducing communication barriers is provided to:
7.1. General staff
7.2. Selected professionals only (e.g. speech-language pathologists)
7.3. Volunteers
8. A person who is trained in communicating with people with communication problems is readily available for staff and clients

9. This facility/unit provides written information regarding commonly occurring procedures for people with aphasia

10. Forms conveying general information or requiring signature are available in communicatively accessible format (e.g. using pictures/key words)

11. The intake procedures of this facility/unit includes questions/materials available in communicatively accessible format

12. If yes: Which of the following forms are available in accessible format?

13. What proportion of signs in your facility/unit are accessible -- to the best of your knowledge? (e.g. use large clear print; key words and pictures placed at eye-level)

14. People with communication problems receive support (e.g. pre-meeting preparation; visual supports) to fully participate in decision-making of all types

Regarding evaluation of communicative access:

15.1. Communicative access is evaluated at this facility

15.2. Frequency of evaluation

15.3. Types of evaluation

16. Would you be interested in receiving training and resources related to decreasing language barriers in your facility/unit?

17. Additional Comments
**CAMS2-Staff survey – questions only**

**Demographics**

1. Gender  
2. Age (range)  
3. Profession  
4. Years of practice  
5. Years of working with stroke population  
6. Please describe any education you received for communicating with people with aphasia

**Survey**

7. My knowledge of aphasia is:  
8. In general: How often do you interact with people with aphasia in your job?  
9. On average: How many interactions do you have with people with aphasia per week?  
10. I tend to limit my contact with people with aphasia  
11. I prefer working with people who do not have aphasia  
12. I feel confident when communicating with people with aphasia  
13. It is difficult for me to get information from people with aphasia and need to ask family members or others for help  
14. I have the necessary skills to communicate with people with aphasia  
15. In general: I am effective at communicating with people with aphasia so that they understand and can respond to me

When communication breaks down:

16.1. I indicate that I understand the person’s frustration (through what I say and what I do)  
16.2. Please give an example of what you might say
I change the way that I communicate when working with people with aphasia. For example:

17.1. People with aphasia usually understand what I am saying or giving them to read because I change the way I present the information

17.2. People with aphasia usually have no way to answer my questions (e.g. something to point to)

17.3. When the answer to a question is really important: I double check to make sure that I have understood the person with aphasia correctly

When interacting with people with aphasia:

How often do you use the following communication techniques/strategies?

18.1. Talking/speaking differently so they understand

18.2. Gesturing/Pointing/Facial expressions

18.3. Marker/pen and paper/pictures/drawings

18.4. Finding someone else who will communicate with the person with aphasia

If used – how effective are the communication techniques/strategies?

19.1. Talking/speaking differently so they understand

19.2. Gesturing/Pointing/Facial expressions

19.3. Marker/pen and paper/pictures/drawings

19.4. Finding someone else who will communicate with the person with aphasia

20. I have enough time to adequately communicate with people who have aphasia

21. If you do not communicate with people who have aphasia – please elaborate

22. I have access to ready-made resources to help me to communicate with people who have aphasia (e.g. pictographic resources; visual aids; communication books)

23. I have received adequate education on how to use resources to help me to communicate with people who have aphasia.

24. The administration or management at my organization/facility supports my efforts to communicate with people who have aphasia. (e.g. provides communication tools; financing workshops)

25. What would help you to be a more effective communicator with people who have aphasia?

26. Additional comments
CAMS3-Patient survey** – questions only

** This survey is available in pictographic format, accompanied by a pictographic informed consent form and a clinician script.

Survey applies to patients, clients and residents with aphasia.

Survey

1.1 Did the staff treat you with respect?
1.2. OPTION: Why do you think this happened?
1.3. OPTION: Because of…

2. Did staff show you that they understand your frustration?
3. Were staff sensitive to your communication needs?

Who helped you with communication?
4.1. Doctors?
4.2. Nurses?
4.3. Physiotherapist / occupational therapist?
4.4. Speech language pathologist?
4.5. Anyone else? Who?

Understanding information about…
5.1. Health problems?
5.2. Treatment?
5.3. Next steps/discharge?
5.4. Did you have to make choices about legal issues?
5.5. OPTION: Did you understand information about legal issues?
6.1. Did you ever want help to answer questions?
6.2. Did you get help to answer questions?
6.3. Did you get to give your own answers?

7. Could you ask questions about things that are important to you?

8. Did you join in important discussions about you?

9. Overall – could you make your own decisions?

10. OPTION: How did this make you feel?

11. How satisfied were you with your experience here at _________________?

12. What are the most important things we can do better to improve communication?

**CAMS3-Patient survey – sample excerpt from clinician script**

**Question 9**

Overall, do you feel you were allowed to make your own decisions? Your own choices?

Never | Hardly Ever | Sometimes | Frequently | All the time