Be an Active Member of the Recovery Team

Advice to family and caregivers

- Learn as much as you can about your service member's condition. Talk to doctors, nurses, and other care providers. Read any written medical information they provide. Knowledge will alleviate fear of the unknown, and help you make better decisions.

- Know who is providing care. Learn the names and specialties; refer to the list of specialties listed in this section of the notebook.

- Learn the hospital schedule and routines. Be there to take notes when the Recovery Team visits with your service member. Be aware of shift changes and times, when staff is less available.

- Take care of yourself. Eat regular meals, drink plenty of water try to get sleep, and take the necessary medications. Take breaks when you need them.

- Ask for explanations of procedures and medications. If you don't understand, ask questions until you do understand.

- Write down your questions ahead of time. It can be easy to forget things when you don't have them written down.

- Remember, the diagnosis and treatment plan can change. Be flexible and stay positive – it will help you and your service member cope with the inevitable changes.

- Be confident your observations are unique and valuable. You will spend more time with your service member than the health care team, and you may observe things they cannot.

- Take note of your service member's moods and feelings. The healing process involves both the physical and emotional, so speak up about the behavioral changes you notice.

- Learn patient and caregiver rights and responsibilities.

Information provided by Military OneSource
www.militaryonesource.com

Key People in the Non-Medical Care Team	
Title	Definition
Family Readiness Officer (FRO)	Supports and provides direct coordination for the unit family readiness program. The FROs are employed on a full time basis and are located at the Wounded Warrior Regiment and Battalions.
Family Support Coordinator/Deputy (FSC)	Supports and provides direct coordination of family support resources. Is in addition to the Family Readiness Officers and primarily supports the WII of the unit. Appointed and trained full time and collateral duty Deputy FSCs are located at all Marine Detachment locations.
Recovery Care Coordinator (RCC)	Individuals who oversee and assist the Service member throughout the care, management, transition, and rehabilitation services provided by the Federal Government (including those provided by the Departments of Defense Veterans Affairs, and the Social Security Administration) The goal of the RCC is to get you the right care at the right time from the right resource.
District Injured Support Cells (DISC)	Geographically dispersed Mobilized Marine Reservists who conduct face-to-face visits and telephonic outreach to Reserve and former Marines located throughout the country.
Home Town Links (HTL)	Drilling Reserve Marines assigned in their hometown to assist Marines returning to that area. HTLs report to the WWR via Marine For Life.
Non Medical Care Managers (NMCMs)	Individuals who communicate with Recovering Service Members and their families regarding non-medical issues; assist in providing oversight for the Service members welfare and quality of life; and assist in resolving financial, administrative, personnel, transitional, and other issues that may arise during care, recovery, or transition.

Marine Detachment Teams	Serve in the non-medical care management role primarily during the acute and recovery phases. They are located in the Military Treatment Facilities and VA Poly Trauma Centers and serve the inpatients and outpatients at those locations.
Marine For Life Program	The mission of the Marine For Life Program is to provide transition assistance to marines who honorably leave active service and return to civilian life and to support injured Marines and their families.
Federal Recovery Coordinator (FRC)	A Federal Recovery Coordinator (FRC) develops a Federal Individualized Recovery Plan with input from the service member or veteran's multidisciplinary heath care team, the service member or veteran, and their family or caregiver. They track the care, management and transition of a recovering service member or veteran through recovery, rehabilitation, and reintegration. To get into the Federal Recovery Coordination Program, you must be seriously wounded, ill or injured and be referred. Determination of assignment to an FRC is made on a case by case basis.

Key People in the Medical Team	
Doctor/Specialist	Definition
Anesthesiologist	Provides and monitors anesthetics during procedures, ensures a patient doesn't feel pain
Cardiologist	Specializes in treatment of the heart; may do special procedures to correct some heart problems, but refers most surgery to cardiac surgeon
Dermatologist	Specializes in treatment of the skin, including burns and skin infections
Endocrinologist	Specializes in disease of the glands, often treats diabetes
Gastroenterologist	Specializes in conditions involving the digestive tract, including stomach and bowels
Gynecologist	Specializes in the female reproductive system
Neurologist	Specializes in treatment of the neurological system, especially the brain and nerves
Oncologist	Specializes in the treatment of cancer and tumors
Ophthalmologist	specializes in the treatment of the eyes
Orthopedist	Specializes in problems with bones, joints, and muscles
Pathologist	Identifies infectious agents and examines specimens in order to diagnose disease
Psychiatrist	A medical doctor who specializes in treating mental and emotional problems and in counseling patients, and who may prescribe medications
Pharmacist	A person trained to prepare and distribute medicines and to give information about them
Physiatrist	Specializes in rehabilitation medicine for life-changing injuries (also called physical medicine)
Plastic surgeon	Specializes in the repair and reconstruction of parts of the body
Podiatrist	Specializes in conditions of the foot
Radiologist	Specializes in administering, diagnosing, and treating with X-rays and other imaging technology, including CAT scans and MRIs
Urologist	Specializes in the urinary system, including bladder and kidneys and the male reproductive system

Additional Medical Professional Definitions	
Title	Definition
Attending Physician	Has completed all medical training and has received "privileges" - meaning they are allowed to practice medicine at a hospital. An attending physician also supervises residents
Intern	Has completed medical school and received and "M.D.", and is continuing to study in a hospital for their first year after medical school. **An intern may only practice medicine with in the hospital**.
Resident	In is their second or third year after medical school and is continuing to train with in the hospital in a specialty area such as surgery, neurology, or psychiatry.
Fellow	A doctor who has completed three years of residency, and is now completing post-residency studies or a "fellowship" in a sub-specialty, gaining highly specialized skills.
Nurses, Registered nurses and Practical nurses	Provide close care to patients. They monitor the patient's condition and carry out the treatment plan. Like doctors, nurses can specialize in certain areas. **Registered Nurses have more training than Practical Nurses.**
Nurse Practitioners and Physician Assistants	Perform routine physician procedures and **can prescribe medications** under the supervision of a physician
Auditory Therapist	Works with patients who need to improve their hearing, often teaching the best use of hearing aids
Occupational Therapist	Works with patients to help them gain independence in all parts of life, including bathing eating, and using adaptive devices, including artificial limbs
Physical Therapist	Teaches patients how to regain strength and mobility by doing exercises and using their bodies properly
Speech Therapist	Works to help patients who need to improve their speech, often brain

	injury or stroke
Psychologist	Counsels people with emotional or mental problems, may have a Ph.D. and can be called "doctor", but **is not a medical doctor and cannot prescribe medication**
Psychiatrist	A **medical doctor** who specializes in treating mental and emotional problems and counseling patients, **they are able to prescribe medications**
Social Worker	Counsels people about emotional problems and guides them to other resources that may help, usually has a master's degree in social work
Mental Health Counselor	Counsels people with mental or emotional problems, usually has a graduate degree in psychology

Communicating with the Recovery Team

Sometimes it will feel like doctors and military personnel are speaking a different language and you are the only one who doesn't understand. You will be expected to learn new words and acronyms when you are feeling overwhelmed. You may also feel like you are expected to make important decisions when you do not understand all of the facts. It can be difficult to communicate well in these circumstances. Good communication will be key to building trusting relationships with your recovery team. Here are some basic communication tips that have been effective for other service member families.

- Be Assertive in a friendly way. Don't say, "yes, I understand," if you don't understand. Ask for clarification, again and again if necessary. There are no dumb questions when it comes to care of your service members. You cannot afford to be shy, because you need to understand what's going on.

- Remember, the medical team takes care of many patients, but you are there to take care of only one. Speak up to ensure your service member's needs are met, but be patient with the medical team, they are doing their best to help many people.

- Keep in mind, the recovery team is on your side. You are on the same team, rooting for your service member's recovery. Try to trust and support the team.

- Recognize that when you are stressed, scared, and confused, you may need to take a step back from your emotions in order to communicate effectively. Count to ten or step outside, and take some time to calm down. If you feel rushed to make a decision but can't think clearly, ask for a few minutes to clear your head. It is better to have a slight delay than to say or do something you will later regret.

- Make friends with the people around you, and you will find they can help you in surprising ways.

- As you communicate, try to see things from other people's point of view, and think about how they will respond to your words.

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Learning the Language of the Recovery Team

The Most Commonly Used Marine Corps Acronyms	
Acronyms	Definitions
AD	Active Duty
ARC	American Red Cross
ASAP	As Soon As Possible
BAH	Basic Allowance for Housing
BAS	Basic Allowance for Subsistence
BEQ	Bachelor Enlisted Quarters
BN	Battalion
BOQ	Bachelor Officer Quarters
CCUS	Childcare in a Unit Setting
CDC	Child Development Center
CE	Command Element
CG	Commanding General
CMC	Commandant of the Marine Corps
CO	Commanding Officer
DECA	Defense Commissary Agency
DEERS	Defense Enrollment Eligibility Reporting System
DET	Detachment (of a larger organization)
DLA	Dislocation Allowance
DoD	Department of Defense
DLA	Dislocation Allowance
DoD	Department of Defense
EAS	Expiration of Active Service
ETA	Estimated Time of Arrival
ETD	Estimated Time of Departure
FAP	Family Advocacy Program or Fleet Assistance Program
FMEAP	Family Member Employment Assistance Program
FMF	Fleet Marine Force ("The Fleet")
FRO	Family Readiness Officer
FSA	Family Separation Allowance
FSC	Family Support Coordinator
FTE	Full Time Employee
I&I	Inspector & Instructor (Reserve Unit Staff)
IMA	Individual Mobilization Augmentee (or called an IA)
IPAC	Installation Personnel Administration Center
IRR	Individual Ready Reserve
JAG	Judge Advocate General
JRC	Joint Reception Center
L.I.N.K.S	Lifestyle Insights, Networking, Knowledge and Skills
LDO	Limited Duty Officer
LES	Leave & Earnings Statement
MCCS	Marine Corps Community Services

MCFTB	Marine Corps Family Team Building
MCRC	Marine Corps Recruiting Command
MCTFS	Marine Corps Total Force System
MCX	Marine Corps Exchange
MOA	Memorandum of Agreement
MOL	Marine On Line
MRE	Meals, Ready-to-Eat
NCO	Noncommissioned Officer
NCOIC	Noncommissioned Officer in Charge
NJP	Non-Judicial Punishment
NMCRS	Navy Marine Corps Relief Society
NMFA	National Military Family Association
NPSP	New Parent Support Program
OEF	Operation Enduring Freedom, operations in Afghanistan
OIF	Operation Iraqi Freedom, operations in Iraq
OSD	Office of the Secretary of Defense
OCONUS	Outside the Continental United States
OIC	Officer in Charge
OOD	Officer of the Day
OPS	Operations
PAO	Public Affairs Office
PCS	Permanent Change of Station
PDS	Permanent Duty Station
PFT	Physical Fitness Test
PNOK	Primary Next of Kin, as defined by federal law
POA	Power of Attorney
POC	Point of Contact
POV	Privately Owned Vehicle
PTAD	Permissive TAD
PWST	Peacetime, Wartime Support Team
RAP	Relocation Assistance Program
RC	Reserve Component
RED	Record of Emergency Data
SAC	School Age Care
SACC	Substance Abuse Counseling Center
SBP	Survivor Benefit Plan
SECDEF	Secretary of Defense
SECNAV	Secretary of the Navy
SERAD	Selective Early Release from Active Duty
SGLI	Service-members Group Life Insurance
SI	Seriously Injured
SMCR	Selected Marine Corps Reserve
SMMC	Sergeant Major of the Marine Corps
SNCO	Staff Noncommissioned Officer
SNOK	Secondary Next of Kin, as defined by federal law

SRB	Service Record Book
STACC	Short-Term Alternative Childcare
SSN	Social Security Number
TAD	Temporary Additional Duty
TAMP	Transition Assistance Management Program
TBD	To Be Determined
TLA	Temporary Lodging Allowance
TLF	Temporary Lodging Facility
TMO	Traffic Management Office
TOS	Time on Station
TR	Transportation Request or Transfer
TSGLI	Traumatic Service members Group Life Insurance
UA	Unauthorized Absence
VA	Veterans Affairs
VSO	Veterans Service Organization
WWR	Wounded Warrior Regiment
XO	Executive Officer

Medical Acronyms	
Acronyms	Definitions
BUMED	Bureau of Medicine and Surgery
CAC	Casualty Assistance Officer
CACO	Casualty Assistance Calls Officer
COAD	Continuation on Active Duty
COAR	Continuing on Active Reserve
COS	Combat Operational Stress
CTP	Comprehensive Transition Plan
DES	Disability Evaluation System
DET	Detachment (of a larger organization)
DoD	Department of Defense
EAOS	End of Active Obligated Service
EAS	Expiration of Active Service
ECC	Expiration of Current Contract
EPTE	Existed Prior to Entry
FRC	Federal Recovery Coordinator
FRO	Family Readiness Officer
FSC	Family Support Coordinator
HOA	Home Awaiting Orders
HTL	Home Town Links
I&I	Inspector & Instructor (Reserve Unit Staff)
IRR	Individual Ready Reserve
MCCM	Medical Care Case Manager
MEB	Medical Evaluation Board
MEDEVAC	Medical Evacuation
MOS	Military Occupational Specialty
MTF	Military Treatment Facility
LRMC	Landstuhl Regional Medical Center
NNMC	National Naval Medical Center, also known as Bethesda
NMCSD	National Medical Center San Diego, also known as Balboa
BAMC	Brooke Army Medical Center, Fort Sam Houston. San Antonio
WRAMC	Walter Reed Army Medical Center
NMA	Non Medical Assistant
NMCM	Non-Medical Care Manager
NMCRS	Navy Marine Corps Relief Society
NMFA	National Military Family Association
NSI	Not Seriously Injured
OEF	Operation Enduring Freedom, operations in Afghanistan
OIF	Operation Iraqi Freedom, operations in Iraq
OIC	Officer in Charge
OOD	Officer of the Day

OT	Occupational Therapy
PDRL	Permanent Disability Retirement List
PCS	Permanent Change of Station
PDS	Permanent Duty Station
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
PLD	Permanent Limited Duty
PNOK	Primary Next of Kin, as defined by federal law
POA	Power of Attorney
POC	Point of Contact
PT	Physical Training or Physical Therapy
PTAD	Permissive TAD
PTSD	Post-Traumatic Stress Disorder
RAP	Relocation Assistance Program
RCC	Recovery Care Coordinator
RSM	Recovering Service Member
SCI	Spinal Cord Injury
SI	Seriously Injured
SNOK	Secondary Next of Kin, as defined by federal law
SPECAT	Special Category (of injury)
TAD	Temporary Additional Duty
TAPS	Tragedy Assistance Program for Survivors
TBI	Traumatic Brain Injury
TDRL	Temporary Disability Retirement List
TLF	Temporary Lodging Facility
TSGLI	Traumatic Servicemembers Group Life Insurance
UA	Unauthorized Absence
VA	Veterans Affairs
VASRD	Veterans Administration Schedule for Ratings Disabilities
VSI	Very Seriously Injured
VSO	Veterans Service Organization
WIA	Wounded In Action
WWR	Wounded Warrior Regiment
XO	Executive Officer

Patient Rights and Responsibilities

You and your service member will get the best results if you take an active role in the care process. Become and active participant in the recovery process, not just passive recipients of care. Make it your quest to be an engaged patient and an active member of the caregiver team!

Active engagement in the recovery process is two-fold; the patient has rights that need to be safeguarded and responsibilities that will improve treatment outcomes.

"SPEAK UP:" Be a partner in care

S *Speak up* when you have questions or concerns
P *Pay attention* to the care you are receiving
E *Educate yourself* about your health conditions
A *Ask* a family member or friend to be your *advocate*
K *Know your medications* and why you take them
U *Use the resources* available to help you
P *Participate* in decisions about your care

Patient's Bill of Rights

Quality Care – You have the right to quality care based on your needs, regardless of race, creed, sex, national origin, or religion

Respect and Dignity – You have the right to respectful care, with recognition of your family's religious and cultural preferences. You have the right to wear appropriate religious or symbolic clothing as long as it does not interfere with treatment or procedures.

Privacy and Confidentiality – You have the right to privacy and confidentiality concerning medical care. Any discussion or consultation about your care should be conducted discreetly and privately. You have the right to expect that only people involved in your care will read your medical record. Other individuals can read your record only when authorized by you or your legally authorized representatives. You have the right to consent prior to any recording or filming,

including digital telephones and PDAs or for teaching or research purposes. You have the right to designate family members or loved ones to be informed of your condition.

Personal Safety and Security – You have the right to a sage, secure environment in the hospital. You have the right to access protective and advocacy services. You have the right to a chaperone upon request.

Information Access – You have the right to complete and current information about your diagnosis, treatment, medications, and the expected outcomes in terms you can understand.

Consent – You have the right to be informed and to consent to all procedures, treatments, and admissions.

Communication – You have the right to expect your needs will be communicated to the health care team, including access to an interpreter when language barriers are a problem.

Pain Management – You have the right to a complete evaluation of any pain you may have, as well as the right to be treated appropriately for that pain.

Refusal of Treatment – You have the right to refuse care, treatment, and services in accordance with applicable law and regulations.

Advance Directive – You have the right to formulate an advance directive (living will and /or durable power of attorney for healthcare), and to take part in the resolution of ethical issues pertinent to your care.

Transfer and Continuity of Care – You have the right to information if you are transferred to another facility. Discharge information about your condition and ongoing healthcare needs will be provided when you are discharged from the hospital.

Hospital Rules and Regulations – You have the right to information about hospital rules and regulations that apply to you.

Research – You have the right to a second opinion with a specialist at your own request and expense.

Patient Responsibilities

Providing Information – You are responsible for providing accurate and complete information about present complaints, illnesses, hospitalizations, medications, and other matters relating to your health. You should report unexpected changes in your condition. You must tell your health care team if you do not clearly understand the plan of care and what is expected of you. Concerns, questions, and complaints should be given to the appropriate facility authorities. This will help management provide the best possible care for all patients.

Compliance with Instructions – You should follow the treatment plan given by your doctors and health care workers. This includes keeping appointments, and notifying necessary people when you are unable to do so.

Maintain Positive Health Practices – You have the responsibility to develop and maintain healthy habits, including nutrition, adequate sleep and rest, and routine exercise.

Refusal of Treatment – You are responsible for your own actions when your refuse treatment or do not follow the doctor's or health care worker's instructions.

Hospital Rules – You are responsible for following hospital rules and regulations, including smoking policy.

Hospital Charges – You are responsible for paying hospital bills as soon as possible.

Respect and Consideration – You are responsible for treating hospital staff and other patients with respect and consideration.

Protecting others from illness or infection – Do not let friends or family visit if they are sick or have been exposed to a communicable disease. You and your visitors should wash your hands frequently.

Medical Records – You must return your outpatient medical records to your assigned treatment facility after medical consultation or appointments are finished. All medical records are the property of the U.S. Government and must be returned to the appropriate facility in order to maintain a complete record of your care.

Information provided by Military OneSource
www.militaryonesource.com and The American Hospital Association