Winter 2011

President’s Message

This is my first opportunity to address you in my role as the 2011 President for the Greater Grand Rapids / Kalamazoo Chapter of the Case Management Society of America. I am truly honored to serve as your chapter president. I have to admit it is a little intimidating too. I am assuming this role after having served on the board in several other capacities; Director, Secretary, Education Committee chair and Vice President. Each of these roles helped me understand the workings of this chapter and, I believe, influenced how I view the profession of case management as well as inspired me to continue serving. I am also very fortunate to have served under several excellent previous presidents who are role models for what needs to be completed while in this role. But enough about me...

You have an outstanding CMSA chapter and an extremely dedicated board. Board members are currently in the process of writing Chapter Excellence and Innovation Award nominations for activities completed in the last year with anticipation of winning an award in one or more categories. The process of writing these awards is one of reflection and then “selling” our accomplishments of the past year in the areas of Education, Membership, Print and Publishing, Technology and Public Policy & Advocacy. Yes, this chapter had many noteworthy activities in each of these categories. The process also refines our goals in each of these areas for 2011. CMSA National encourages chapters to be involved in each of these areas. It encourages chapters to lead the profession by goal setting and providing you, the member or case manager in our area, with services that directly benefit you.

2011 is going to be an exciting year. Some of those highlights are:
- 5 General Membership and Educational Meetings
- CCM Preparation Course
- Opportunities to give back to the Community
- Quarterly Newsletters with news you need
- Chapter attendance at the Public Policy Summit in Washington DC
- Chapter attendance at the CMSA National Conference in San Antonio Texas
- Chapter involvement in State of Michigan policy that impacts nursing and case management
- Further improvements to the Chapter Website
- Pay Pal and on-line registration for Meetings

Look for details on these items in this Newsletter, in future issues or through emails. We will keep you informed.

Before I sign off for this issue, I want to personally invite you to feel the excitement and pride in this Chapter that I do. There are so many ways you can be involved. Consider volunteering for one of our many committees. Take the time to attend the CMSA National Conference and become aware of the scope and size of our profession. Invite someone you know to one of our General Membership & Educational meetings. Provide your thoughts and ideas when you complete meeting reviews or get an on-line survey. Meet and thank each of our wonderful vendors who support our chapter. Finally, consider the option of nominating your skills and time to become a board member.

In closing, I look forward to serving as your chapter President in 2011. It is a big job but one that I am excited about. 2011 is going to be a great year! Be a part of it.

Rick Eisen
2011 President, Greater Grand Rapids Kalamazoo Chapter of CMSA
January 18, 2011 General Meeting

The Greater Grand Rapids/Kalamazoo Chapter CMSA held their January General Educational Meeting at The Bluff in Grand Rapids on Tuesday, January 18. Case Management: A Journey with Older Adults & Medicare; presented by Sallie Prins, RN, BSN, CPHQ, BC and Sarah Bolter, LMSW.

The presentation reviewed and discussed:

- The baby boomers, physical & social health care demands, and Health Care Reform affecting the older adult.
- The components of a Medicare Advantage Plan and comparing the differences and similarities of traditional Medicare.
- Signs of “normal” or “typical” aging, physical changes, psychological/cognitive changes and social changes. Presented case management principles related to older adults with senior specific assessment, MSW assessment, preventative health/clinical practice guidelines, care transition, and community resources.
- Chronic disease as the leading cause of death and disability among Americans, identified and discuss the top five chronic diseases affecting the older adult.
- Discharge planning principles unique to the older adult and Medicare.
- Coordinating person-centered care with outpatient case manager, inpatient case manager, care facilitators, providers and post acute care providers – team approach for a safe senior discharge.
- A team collaborative approach to case management, centered to meet unique & individual needs, – physical, social and spiritual.

Meet our Platinum Tier Sponsors for 2011

These sponsors are our top program donators at $1875 (limit: 5). As Platinum level sponsors, they will be offering short presentations at 5 meetings during the year. Thank you for supporting CMSA!
2011 CMSA Board

President      Rick Eisen
Vice President Bobbie Pilger
Secretary      Lorraine Zorbo
Treasurer      Jan Bosma.
Past President Connie Keene

Board of Directors:
Kim Doherty, Linda Hayden, Christine Porter, Carolyn Reilly,
Sharon Rubik, Karen Sjoerdsma, Jan Taylor, Christine Tocco

Upcoming Events
Mark your calendars!

04/04/11  CMSA Madison Spring Conference  www.cmsamadisonwi.com
Case Managers Ready for Change

04/5-6/11  CMSA's 2011 Public Policy Summit, Washington, DC
http://www.cmsa.org/PolicyMaker/PublicPolicySummit/PublicPolicySummitInfo/tabid/474/Default.aspx

05/17/11  Educational Meeting for Membership (Muskegon/Lakeshore, Topic = Pain)

06/14-17/11 CMSA National Convention in San Antonio Texas
http://www.cmsa.org/conference/tabid/570/default.aspx

09/20/11  Educational Meeting for Membership (Grand Rapids)

10/9-15/11 Case Management Appreciation Week

11/15/11  Educational Meeting for Membership (Kalamazoo)

Capital Area Case Management meetings:
04/21/11
07/21/11
10/20/11
November 16, 2010 Meeting

On November 16, 2010 Nancy Skinner presented an educational session for over 70 attendees at the Greater Grand Rapids and Kalamazoo Chapter of the Case Management Society of America (MI-4) General Membership Conference. Nancy presented The Importance of Ensuring Appropriate DVT/VTE Prophylaxis and Treatment Across the Continuum of Care.

Weaving the intricacies of providing Case Management for patients suffering from VTE, Nancy defined and explored the continuum of care as it relates VTE management. Venous thromboembolic disease (VTE) is a term encompassing deep vein thrombosis (DVT) and pulmonary embolism (PE), or a combination of both. DVT is a condition that arises from the formation of a blood clot in the deep veins of the circulatory system where a thrombosis develops. PE occurs when a segment of the thrombosis detaches from the wall of the affected vein and then travels through the bloodstream to the pulmonary artery. The consequences and sequelae of VTE impacts the financial viability of our healthcare system costing upwards of $15.5 billion in America alone.

Nancy integrated each component of care as it relates to Case Management of these patients’ care along the healthcare continuum. The session focused on awareness of VTE and the best ways to prevent this condition. The causes and symptoms of VTE were reviewed as well as, identification of patients who are at a high risk for VTE. VTE prevention strategies including lifestyle changes, mechanical measures and pharmacological options were discussed and tied into the pivotal role case and care managers play in the management of this illness.

As Principal Consultant at Riverside HealthCare Consulting, Nancy has developed programs for payers and providers that reflect the state of the science of case management and other related medical management strategies. In 2002, Nancy was recognized as the CMSA National Case Manager of the year. Nancy has also served on several case management advisory boards including the Commission/URAC Case Management Advisory Committee, CDC Case Management External Workgroup, American Society of Consultant Pharmacists Research and Education Foundation 2002 Thrombosis Prevention and Management Education Program and Traineeship Planning Committee, the National Managed Healthcare Conference Advisory Board, the Coalition to Prevent DVT, and MC Biologics Advisory Group.

Writers Wanted!!

We are looking for individuals interested in writing case management related articles for your Greater Grand Rapids/Kalamazoo CMSA newsletter. The key goal of your newsletter is communication of a variety case management related experiences that facilitate education, networking and/or the promotion of practice.

Case managers face many challenges in unique work settings. We can support each other by sharing work experience, knowledge and expertise. Your newsletter provides a venue to share this valuable information. We can all learn from each other!

Additionally, it provides an opportunity to publish an article.

You do not have to be a professional writer. There is not a specific article length requirement. If you are interested in submitting an article or just want to learn more about this opportunity, please feel free to contact Linda Hayden at lhayden@uhc.com or call 269-552-3040.

Thank you!

NATIONAL CMSA’S VISION

“We envision case managers as pioneers of healthcare change ... key initiators of and participants in the healthcare team who open up new areas of thought ... research and development ... leading the way toward the day when every American will know what a case/care manager does and will know how to access case and care management services.”

NATIONAL CMSA’S VALUE STATEMENT

“Case/Care managers believe patients need an advocate ... someone who helps clients understand what’s wrong with them, what they need to do about it and why those treatments are important. In this way, case and care managers serve as catalysts. By participating in the equation, case and care managers enable their clients to achieve goals more effectively and efficiently.”
Diamond Tier Sponsors for 2011
Gold Sponsors may give short presentations at 4 CMSA meetings. Sponsorship: $1600

Allegan General Wound Care
Care One Home Health Care
Spectrum Neuro Rehabilitation Services
Walgreens-OptionCare

CCM® Certification Exam

The CCM® is the first nationally accredited case manager credential. Case managers who have earned the Certified Case Manager (CCM®) credential have the expertise, knowledge, and professional experience to provide the right services to patients with serious or complex medical conditions, and/or catastrophic injuries and illnesses.

Certified Case Managers have proven experience working providing services such as:

- Designing and monitoring a care plan;
- Coordinating care by several physicians, clinicians, and other care providers;
- Facilitating communication among the patient, family, doctors, hospitals, insurance companies, and other parties;
- Evaluating patient progress and revising the care plan if needed;
- Tracking outcomes such as improvement in the patient’s medical condition, satisfaction of the patient and family, and the financial cost savings to the individual/family as well as the insurer or other third party.

The CCM® credential means that case managers are committed to uphold the highest professional and ethical standards.

To maintain certification, Certified Case Managers must comply with the Code of Professional Conduct for Case Managers, which is enforced by the CCMC.

A Certified Case Manager acts in the individual’s best interest in a complex and fragmented health care system.

In today’s fragmented health care environment, patients with complex or severe illnesses, injuries, and medical conditions need an advocate on their side. A Certified Case Manager has the expertise, experience, knowledge, and professional background to act on behalf of ill or injured individuals and their families.

More information can be found at the Commission for Case Manager Certification Website www.ccmcertification.org.
Part 3 – Revised Standards of Practice for Case Management: Ethics and Case Management Services by Elizabeth E. Hogue, Esq.

Standards governing the practice of case management were first published in 1995 by the Case Management Society of America (CMSA). The standards were revised for the first time in 2002 and then again in 2010. This is the third in a series of articles about the legal and ethical implications of the standards revised this year. Standards by CMSA clearly require case managers to behave and practice ethically. Specifically, according to CMSA’s standards, case managers must comply with this Standard by demonstrating:

Awareness of the five basic ethical principles and how they are applied: beneficence (to do good), nonmalefance (to do no harm), autonomy (to respect individuals’ rights to make their own decisions), justice (to treat others fairly) and fidelity (to follow-through and to keep promises).

In order to honor patients’ autonomy, healthcare practitioners often seek consent from patients or their legally authorized representatives. Case managers/discharge planners must also seek consent from their patients/clients in order to comply with applicable national standards for their profession. Below are some frequently asked questions (FAQ’s) about consent that case managers/discharge planners often ask:

1. Are there any prerequisites to valid informed consent?
   Yes, the two prerequisites to valid consent are:
   a) Capacity
   b) Voluntariness

2. What does capacity mean?
   There are two aspects of this term that case managers must take into account:
   a) Chronological age
   b) Whether patients are able to understand information given to them
   These criteria must be satisfied in order to conclude that patients have capacity to consent to case management services.

3. How old does a patient have to be in order to be able to consent to case management services?
   Generally, patients must have reached the age of adulthood. The age at which individuals become adults, as opposed to children or minors, is defined by state statute. The age of adulthood, therefore, varies from state to state.

4. Are there any exceptions to this rule?
   Yes, patients who are not adults, but who are seeking certain types of care; such as treatment for sexually transmitted diseases or mental illness; or who are “emancipated” in the sense that they have borne a child or are self-supporting, may consent on their own behalf depending upon the law in a particular state.

5. What tools can case managers use to document the ability to understand information provided in the process of case management?
   Practitioners should use a mental status exam or a mini-mental status exam to determine capacity. Case managers should document the results of the exam.

6. What does “voluntariness,” the second prerequisite to valid informed consent, mean?
   This term means that consent was obtained without fraud or duress.

7. If the prerequisites for valid informed consent are met, what should case managers do next?
   They should obtain consent by providing patients with the following information:
   a) A specific description of proposed services
   b) Possible benefits of receiving the proposed services
   c) Significant risks associated with proposed services
   d) Possible alternative services
   e) A statement that patients have the right to refuse case management services

8. What evidence of valid informed consent should case managers obtain? Case managers may:
   a) Ask patients to sign a consent form,
   b) Document consent in the patient’s record with or without the patient’s signature on the note,
   c) Videotape the consent process, or d) Utilize any other credible form of evidence of consent.

9. If patients cannot consent to case management services, who can consent on their behalf?
   Generally, parents may consent on behalf of their minor children. Consent may be provided on behalf of incapacitated adults by:
   a) Attorneys-in-fact, i.e. individuals who have authority under durable powers of attorney
   b) Individuals authorized to consent under a state substitute consent statute, often called health care agents
   c) A court-appointed guardian or conservator of the person d) A court

The discipline of case management continues to mature. Case managers must continuously monitor developments in their profession in order to avoid legal pitfalls.

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NATIONAL UPDATE:

- **Conference in Washington DC:** I will have the privilege of representing our chapter for the 2nd consecutive year at this event scheduled April 5-6. The theme for this year’s summit is “Raising the Importance of Quality Care from the Hill.” The goal is to continue to educate Congress on the importance of case management to the effective delivery of health care.

  Peggy Leonard, our PP chair, reports “the term ‘Case Management’ is quickly being incorporated into many pieces of legislation, regulatory language, & state initiatives. While CMSA has been active in DC for the last few years, the time is right for the full membership to become engaged.” To that end, this event is open to all members!

  Connie Keene, CMSA CPC President and our chapter’s past President (2007 and 2010) will be attending as well!

- **Letters to your legislators**—this is a great way to connect with your legislators! Congratulate them on their election or re-election to their office while educating them about case management and the CMSA specifically. Go to our CMSA website and click “Policy Makers” tab. Scroll down to the “Policy Activities” section and click on the “download the sample letter to legislators” tab.

  **Suggestion:** Ashton Randle, our CMSA Government Affairs representative in Washington, urges each of us to submit this letter. Please note however, that Debbie Stabenow will not accept any emails with attachments so I recommend sending this snail mail to her office.

- **MSL Task Force:** On February 3, 2011, I participated in another teleconference with about 30 others from all over the U.S.A. There is a new emphasis/drive behind the NLC (Nursing Licensure Compact) Task Force, urging all states to become a Compact state. During the teleconference Jim Puente, our Associate for NLC with the NCSBN (National Council of State Boards of Nursing), discussed a recent (Jan 24, 2011) updated “Strengthening Our Military Families Report” released from the White House. (www.defense.gov/home/features/2011/0111_initiative)

  He discussed how 2010 brought heightened awareness about our military families and President Obama has renewed his commitment to reducing barriers for military families…In item #3 of this report the goal is to “Develop career and educational opportunities for military spouses….by reducing barriers to employment and services due to different state policies and standards.”

  An example that was used by Jim Puente is that when nurses are in the military they only need a license in one state. However, this does not apply to their spouses. Because of the degree of mobility (the need to move from state to state) for many of our military families this leads to burdensome costs and often timely procedures to obtain appropriate licensure in states that are not Compact states.

  Clearly NLC for all states can be the remedy and this has been brought to President Obama’s attention. So the issue of MSL for nursing as well as other health professions is certainly on the radar at a national level!

LOCAL UPDATE:

In an effort to better understand the needs and positions of our chapter members on current issues our plan is to send periodic surveys via emails. The first one will be sent in the next several weeks and will be addressed to the nurses in our chapter regarding your views on MSL and how this affects (or doesn’t affect) your practices.

In the meanwhile if any of you has questions or ideas as to how our Public Policy committee can continue to serve our members please do not hesitate to contact me at karen@harborrehab.com

Karen M. Sjoerdsma, RN, CRRN
Public Policy Liaison
Meet Our Gold Tier Sponsors for 2011
Silver Tiers Sponsors are invited to present during 3 CMSA meetings in 2011. Sponsorship support: $1200

Byron Center Manor
Guardian Medical Monitoring
Hospice of Holland

Meet Our Silver Tier Sponsors for 2011
Silver Tiers Sponsors are invited to present during 2 CMSA meetings in 2010. Sponsorship support: $900

AMR
Angel Care
Dignitas
Fitness Therapy Limited

Understanding Behavioral Problems after a Traumatic Brain Injury
Becky Gamble, RN, CRNAC, CBIS
www.AdvisaCare.com

Behavioral problems following a traumatic brain injury (TBI) present challenges to the families and those working with TBI individuals. It is hard to predict when behavior problems will show up and typically behavior problems of individuals with TBI include not being able to control their temper, not being aware of proper social behavior, not obeying directions, as well as restlessness and agitation. These behavior problems are caused by the neurological disruption that occurs after a brain injury. It is important to understand that when individuals with TBI display these behavior problems, they are not purposely misbehaving. When working with individuals with TBI learning how to respond to the problem behavior will ease anxiety and lessen the escalation of the behavior as well as allow for understanding.

In understanding TBI problem behaviors it is important to manage your own behavior and not that of the other individuals. It is not realistic to think that negative behavior can be totally eliminated; minimizing the inappropriate behavior is the most realistic approach. Recognizing that the behavior problem is a neurological problem and not a personal issue will avoid reacting emotionally to what is occurring. It is important to understand that most often TBI occur to the frontal areas of the brain where the damage causes individuals to be unable to hold back their emotional and verbal responses. Individuals with TBI are usually not violent but may have loud outbursts. Typically the event lasts only two to three minutes and then the individual returns back to normal. Remember your response should be remaining calm, remove, if able, the cause of the outburst, do not try to reason or argue, reinforce positive behavior, and/or medicate.

The most important thing to remember in living and working with an individual with TBI is to remain calm and be flexible. Do not take it personally when behavioral problems exhibit. Stay calm and have a sensitive approach while the individual struggles through this difficult time. Remember that the individual with TBI is not able to control the behavior and will need to have a caregiver and family that stay calm and allow the individual with TBI to work towards understanding how to control the outburst. Remaining calm and flexible will allow for the outburst by a TBI individual to dissipate. Remember, the individual with TBI needs to count on the family and caregivers to understand that the outbursts are not intentional and a calm, flexible and warm approach is the way to be.
21st Annual Case Management Conference & Expo

HOT TOPICS FOR TODAY'S CASE MANAGEMENT PROFESSIONAL

SAN ANTONIO

JUNE 14-17, 2011
HENRY B. GONZALEZ CONVENTION CENTER
Meet Our Bronze Tier Sponsors for 2011
Bronze Tier Sponsors are invited to present during 1 CMSA meetings in 2011. Sponsorship support: $500

Extendicare (Tendercare)
Life Care Center Plainwell

Hospital Readmissions

Hospital readmission is a concern for many healthcare facilities. We are anticipating the advent of bundled payments starting as early as 2012. This is placing a lot of pressure on hospitals and extended care facilities (ECFs) to create processes to prevent 30 day readmissions. The Center for Medicare and Medicaid Services (CMS) has projected that 70% of these readmissions could have been avoided.

I am a Care Transitions Case Manager at St. Joseph Mercy Hospital in Ann Arbor, Michigan. In May 2010 my partner and I started to review cases in which ECF residents had been readmitted within 30 days. We partner with facilities to take an honest look at events preceding the readmission, from the facility and the hospital perspective. We identified that the hospital discharge orders were a factor in readmission. Several areas of concern involved patients being discharged after treatment for infections and congestive heart failure. We now review the discharge orders to verify that the existence, dose and duration of antibiotics are in place. We verify CHF discharge orders, making sure a diuretic has been ordered as well as instructions of diet and fluid restrictions and daily weights.

On the ECF side, we ask facilities to share their information about the treatment preceding the hospital readmission. In one case we were able to support the creation of an anticoagulant flow sheet and INR reporting process for residents receiving Coumadin. We also supported the institution of strict monitoring of fluid administration for CHF residents.

Cate Biddinger
MA, LLPC, BSN, RNBC, CCM
CMSA Detroit
St. Joseph Mercy Health Systems
biddingc@trinity-health.org
Leadership Profile: Kim Doherty, Board of Directors

RN, MSN
Director Care Management
Borgess Health, Kalamazoo

I am the Chair of the website.

My work involves the direct supervision of acute care RN care managers and MSW. Team responsible for access/utilization management functions, patient care navigation and patient care transitions.

This is my first role in CMSA. I’m volunteering in CMSA to get involved in the profession beyond work environment.

One of the benefits of CMSA membership is to learn from the rich talents and experience of the membership and foster new relationships.

On the importance of case management certification:
“certification demands increased respect from others…I believe it also portrays a profession who has defined its role and value.”

What is your favorite dessert?
Ice Cream!

What are the core outcomes demanded of case management?
Client perception or verbalization that needs were met, reduction of waste/days, best use to health care dollar (most appropriate level of care), improved health outcomes/disease management.

How do you like to spend your leisure time?
Cooking, watching sports, spending time with my daughter and husband

Leadership Profile: Christine Porter, Board of Directors

BSN, RN, CCM
Case Manager at Borgess Medical Center

I currently work on the Medical Oncology Floor. Most of the focus in my position is not only discharge planning, but even more important—is the new care coordination piece while the patient remains in the hospital. We have a lot of chronically ill patients with many challenges & are also seeing an increase in patients that are uninsured / underinsured.

This is my first position in CMSA. I’m volunteering because I want to become more involved in issues concerning case management.

The biggest benefit I see comes from networking with other members. Our members have such a diverse background of experiences—that this networking / information sharing is invaluable. I don’t believe I could get this in any other venue. Being a member also gives me the opportunity to expand my knowledge base regarding all the other areas of case management, along with the educational speakers / seminars. It is a professional membership that provides me with many additional resources that I would not have otherwise – including the sponsors information / offerings, the website, the newsletters, and just being part of a group of my peers all struggling with many of the same issues.

My main concern about my patients is that many have chronic pain control issues. The (lack of) insurance issue is becoming a more prominent concern for many because of being out of work, chronic medical issues—but they don’t meet the qualifications for Medicaid or Medicare disability.

What is your all-time favorite movie?
I’m a huge Disney fan, but I also like the typical ‘chick’ flicks like Pretty Woman & Dirty Dancing. Another great one was the Perfect Storm.

Describe your best friend.
She has been my friend for over 20 years. We have been through the highs & lows & we have shared laughter & tears. She & her husband are called ‘Aunt’ & ‘Uncle’ by my girls, & likewise I am ‘Auntie Chris’ to her daughter. We have shared many professional adventures together as well. Professionally, she’s been a wonderful mentor to me & together we have conquered many challenges in our careers. I can’t imagine life without her being a part of it. To sum it up….she’s the sister you always wished you had, my confidante, counselor, and best friend.
Leadership Profile: Jan Taylor, Board of Directors

The main concern about the clients I see now is the people without insurance. With the job market now there are more people who are uninsured and need resources.

What is your favorite dessert?
Anything chocolate!

How do you like to spend your leisure time?
I like to ride my bike, knit, and do Sudoku.

RN Care Manager, Holland Hospital

I am responsible for the clients on an orthopedic and neuro floor. I follow the joint replacements and make sure that they are able to return home and if they need equipment I order that. If the person is in need of short term placement, I refer the case to the placement coordinators. I check insurance and make sure they have coverage for supplies and also make sure that pt meets criteria to be an inpt at the hospital.

This is the first position I have had within the chapter.

It will also help me to grow in case management and be able to learn from others.

Being a member gives you the chance to talk to others in your field and see what obstacles they go through. It is a good way to brainstorm and have someone to call on if you have a question about something.

WMU Students Who Grew Up in Foster Care Are Waiting for Career Mentors!

The Seita Scholars Program is a support program for Western Michigan University students who have aged out of the foster care system. More than providing an undergraduate education, WMU, through the Seita Scholars Program is developing strategies to help students from foster care transition into young adulthood and develop life skills to achieve their full academic and career potential.

The Seita Scholars program has recently developed a volunteer career mentoring service to assist the Scholars with building a network of supportive individuals during their time as college students and as they transition into the workplace. The Career Mentoring Service links Seita Scholars to professionals, who agree to volunteer by engaging mentees in a variety of activities, such as job shadowing, networking, information sharing, and discussion about career paths and plans. On a recent evaluation of the mentoring service, Desiree a second year Seita Scholar wrote, “I’ve learned so much from my mentor, I’m really excited we got matched. My mentor has taught me a lot of really cool things. She’s extremely intelligent and seems that every time we are together it’s another lifelong lesson that I learn. She gives me tips and really pushes me and she motivates me.”

The Program, established just 3 years ago, has 118 Seita Scholars. One third of the Seita Scholars are majoring in “helping professions,” : 9 Scholars majoring in nursing; 13 majoring in Psychology; 7 in social work; and 2 majoring in interdisciplinary health studies. Angie, a social work major, and second year Seita Scholar is waiting for a mentor match, she recently said, “Having a mentor is important to me because I feel that a mentor would be someone who I trust enough to support me and give me advice in career and life decisions; I do not currently have someone to fulfill this role, outside of the Seita Scholars Staff, and without this person it is easy to get side tracked and life in general seems to be more difficult because you tend to feel more alone.

We are looking for additional career professionals, with a minimum baccalaureate degree, or career equivalent, who are willing to mentor a Seita Scholar. The Seita Scholars Program will match scholars with mentors based on career interest.

Mentors must be willing to minimally commit to the following: an application process; participate in an orientation session, time commitment of one school year, four hours per month (at least half of which the mentor and mentee will spend time meeting together - the rest may be spent in email or telephone contact).

If you are interested in becoming a Volunteer Career Mentor and would like an application or if you would like additional information, please contact Marian Hawkins, Seita Scholars Program Volunteer Coordinator, at 387-8357 or email Marian at marian.hawkins@wmich.edu.