

On Chaplaincy: A Day in a Chaplain's Life
Clio Pavlantos, M.A., C.M.A., M.Div., B.C.C.

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Before I begin, I want to say that I am a graduate of St. Vladimir's MDiv Program and proud of it. It has been an immeasurable help to my Chaplaincy. I also want to say that I am not alone: Beryl Knudsen and Sarah Byrne Martelli are also MDivs currently working as Staff Chaplains, and there are more Orthodox women, probably about ten of us, working throughout the country. I'm going to start by telling you about a typical day in my life and then talk about how to become a Chaplain.

A DAY IN THE LIFE

My day begins early. There's a lot to do before I walk onto the floor to make the patient visits that form the core of my Chaplaincy. First and foremost, I have to do all that I can to clear the way within my own heart and head to welcome Christ into myself. My time with prayer and scripture is my foundation for the day, no matter how tired I may be, no matter how perfunctory my reading and prayer may be. I have come to see that something essential happens within me during prayer that makes my spiritual connection with staff and patients possible. Lest you think I'm some kind of remarkable person, I have to tell you that this spiritual communing only lasts about 10 minutes.

Then I have to prepare myself physically. I've been a mover all my life. It's essential to my well being and self care. Moreover, if I don't work up a good sweat

and trigger the endorphins in my brain, I'm actually not a very nice person to be around and I'm not able to sit still and listen to patients. So I walk to work and stop off at the gym along the way. I am blessed to walk through Central Park on my commute and I am always grateful when the tall trees rise around me and the light is filtered through the green pattern of leaves over my head. I can hear birds. I join the flow of other New Yorkers on their way to work on foot and on city bikes. As I walk, I pray, trying not to think about what may be waiting for me at the hospital or the problems I have left behind at home. It's not always easy, but I've learned that this is another part of my prayer time. As I come into the neighborhood around Memorial Sloane Kettering Cancer Center, I make my change from citizen to Chaplain.

As a Summer Intern, my Clinical Supervisor Johny C. Bush said to me: your Chaplaincy floor is your parish and everyone on it is part of your congregation, whether or not they choose to avail themselves of your services. When I walk through the door, my work begins. I meet nurses who speak to me about unexpected deaths of patients, I talk to environmental services staff who share their worries about family who are ill, to a young medical oncologist who talks to me as she is rushing out of the hospital to tend to a young child taken sick at school. The very first consult I made at Sloane was with a family member I met in an elevator: I said hello and asked how her day was going, and she burst into tears. We sat down in the Lobby and talked for a half hour. As a Resident Chaplain at the VA in the aftermath of Super Storm Sandy, I was often approached in the halls by staff who needed to talk about camping out in their offices because they had no electricity at home and who missed working at the Manhattan hospital which closed due to flooding. Keeping staff spiritually grounded is half of my ministry: if they are connected then they can concentrate on patient care.

After I log on at my desk, I begin my rounds of the Breast Center. I may attend the early morning meetings of the Medical Oncology or Surgery Conference, or sit on the Patient Care Team Committee meeting. I will often make

presentations to Nursing, Physician Office Assistants, and Oncology Staff. Once a week, I run a Meditation Group for Physician Office Assistants. I've also run Spirituality Groups for Patients, led worship services (although as an Orthodox woman I do not lead Liturgy or give Communion), opened meetings, attended Nursing huddles. I have helped the Catholic Eucharistic Minister from medical imaging administer ashes to staff during Ash Wednesday and I hear stories about the home observance of holy days from Jewish staff. Through meeting attendance and chats in the halls, often without ever speaking directly about theology, I provide a listening ear, a way of providing staff with affirmation and understanding of the importance of the work they do and the lives they lead. I talk to everyone I meet, from the head attending physicians to security guards. They are all part of my Parish.

Mixed in with staff visits, I consult with patients who are in waiting rooms and chemo suites, I make phone calls to patients receiving treatment at one of Sloane's satellite facilities on Long Island and New Jersey. I talk to patients from Connecticut, upstate New York and eastern Pennsylvania. I visit with a patient who flies in from Atlanta for the day once a month for treatment. We talk about her life, and she tells me that I am "her Chaplain." There are patients I will consult with for the months they are in chemo therapy, answering their weekly or monthly requests for a visit. There are others patients I will minister to for years, seeing them through their first treatments into Hospice. I have spoken with patients at their first chemo treatments, helping them to take the long view of their experience, to find the hope that lies within almost every catastrophe, and I have spoken with patients within days or hours of their deaths, witnessing to the legacy they leave behind with those they love. I have worked for months over the phone with patients I will never meet face to face. Others hug me after every visit.

Every visit, at heart, is the same. Every visit is about connecting through listening and being present to the other person's experience. What makes this Presence possible is my theology, my ongoing understanding of Christ's

Incarnation and how He is working in my life and in theirs. The outcome of this is a profound experience of the love, the agape, that can become the sustenance of life. When my Chaplaincy works, I am operating out of love in a sea of God, swimming in His creation and seeing his work everywhere. As a Chaplain, I'm interested in what will get my patients through the next five minutes of the fear they find themselves facing. I can only speak from my experience, I can only talk about the things I know that work, or through listening and reflection, help the patient find what will work for her.

After 2 to 3 patient visits, I go back up to my desk and log on. Every consult has to be entered into the patient's medical record, and sometimes I will alert their oncologist to life issues that might impact a patient's treatment experience. This is a time of reflection, a chance to think about how a visit has gone and what I may want to think about next time I see them. I recharge. My cubicle is filled with icons. This is a perk of working as a lone Chaplain in a facility. If I shared an office with other Chaplains, I'd have to abide by the culture of the department and keep the religious iconography to a minimum. As it is, I have many reminders of the ones I pray to, of Christ and the Theotokos. It seems to me sometimes as if I have asked for their guardianship as I come to rest and recharge. And of course I have. Without their love and care, I could do nothing. I try to visit the Chaplaincy Services Department at the Main hospital at least once a day. Sometimes I don't make it because the patient visits just don't stop. Outpatient is like a GP's office: there's no real lunch hour and schedules are relative. I do try to go to worship services at the Main hospital: they are a time of nourishment. I often find new poems and writers to draw on in my ministry. Our services are non-denominational and serve as valuable guides about how to relate to other theologies.

At the end of the day, I take off my badge and walk out the building into the noise of NYC, allowing the movement and pace of my fellow travelers to carry me into letting go of the day. Whether the sun is still up or not, the outside air

refreshes me and the park is busy with foot traffic and bicycles. I am grateful once again for the sky and trees, the life around me. After I go home, I will pray again, putting the day and all I have done into God's hands one more time. I don't often take my work home with me. I give it all away so that I can be present for whatever God has in store for me.

HOW DO YOU BECOME A CHAPLAIN?

These days, training begins at Seminary, with an MA or MDiv degree, and takes anywhere from 3 years on, depending on your family obligations. I encourage all who are interested in Chaplaincy to pursue an MDiv degree. The training in Homiletics (there is almost always an element of Homiletics in most visits), the sustenance of Spiritual Formation, the experience of participating in Chapel as a woman, are all vital to training for Hospital Chaplaincy.

The other half of chaplaincy training is CPE, or Clinical Pastoral Education. A four unit minimum is required for Board Certification or being hired to a paid position. Each unit is roughly 400 hours of training comprised of visits with patients, formal seminars and training, electronic charting, and attending hospital meetings as needed. At the midpoint and end of each of each unit, CPE students evaluate themselves and their peers, and are evaluated by their Supervisor. After one unit, a Consultation and Assessment may take place where chaplains from outside the hospital will meet with CPE students to review their work. Successful completion of the C and A allows the student to enter Level 2 CPE, a requirement for Board Certification. Board Certification can take place after 4 units of CPE. A Provisional Certification can be granted on completion of 4 units and a review of a student's work by a board of Chaplains. Full certification requires at least 4 units of CPE and a further 2,000 hours paid or voluntary work of internship as a Chaplain. Board Certification is recognized throughout the US and Europe. A final word about training. Keep all your evaluations and certificates. Keep copies of your C and A and Board packets. Document. Document. Document.

In order to go before a certificate board, a CPE student needs to have recommendations and to be endorsed by her home denomination: she may also be commissioned or ordained but *neither commission or ordination is a requirement for chaplaincy*. At this time, to my knowledge, the GOA and OCA have officially endorsed women MDivs to be Chaplains. In order to be certified, 90 Credit Hours are required, which means a Masters, MDiv, or MST level training are required.

WHAT DO CHAPLAINS DO?

Being a hospital chaplain is about being present in the moment and trusting that whatever is happening is an opportunity for the patient to find their way to their god. Out of that spiritual journey, patients discover their spiritual core. It is who I am as an Orthodox woman that fuels my chaplaincy and allows me to guide my patients. I can only speak out of my own experience of Orthodoxy, but that experience has the ability to speak to others of all different faiths.

MODELS FOR CHAPLAINCY: ORTHODOX WOMEN WHO HAVE GONE BEFORE

That brings me to the role models for my chaplaincy: Mother Maria of Paris and Mother Gavrilia. They are my role models because their lives share some circumstances of my own: they were both in the middle of their lives when they began trying to do God's work; Mother Maria had been married twice and lost a young daughter; and Mother Gavrilia had been a physical therapist and stayed home to take care of her mother. When both of these women did their work, they had no grants, no insurance, sometimes no passport, and certainly not much recognition to begin. They basically stepped out on their faith and conviction that the work was worthwhile. Orthodox women are still doing that and they must continue.

WHAT DO ORTHODOX CHAPLAINS DO FOR THE ORTHODOX CHURCH?

Finally, I want to address the question of what women Orthodox Chaplains do for the Orthodox Church. I believe that Orthodox Chaplaincy is one way for the Orthodox Church to make a difference to the greater communities in which it serves. Although Chaplains aren't Missionaries, and they certainly don't proselytize, they elicit curiosity by virtue of their compassion, understanding and analysis of patient experience. We don't see things the way other Christian denominations do, or Jews, Muslims or Buddhists do. Every denomination is unique. We come from a tradition that is often regarded as quaint, mysterious, picturesque, antiquated or sexist, but it often isn't seen for the strength it gives to those who embrace it. The sheer practicality of Orthodox theology is a surprise to many patients. The fact that Orthodoxy assumes that there is cause for rejoicing in a fallen world, the very physical reality we find in the Incarnation and Resurrection, is a moving surprise to many. It leads to people to ask who we are and where we come from and to find out more. Chaplains are another way into the Orthodox Church. The female diaconate is happening now in Chaplaincy. Women need to learn about what we are all doing. My job didn't exist three years ago. I took the chance to make it happen. When the student is ready the teacher will appear, the help will appear.

Thank you.