

## *Chaplain Intern Orientation*

- I. INTRODUCTION & CARING ABOUT OTHERS  
EXERCISE 1 – ON THE 3 C'S OF PASTORAL CARE
  
- II. BASICS OF SPIRITUAL ASSESSMENT  
EXERCISE 2 –A SPIRITUAL SELF ASSESSMENT
  
- III. BASICS OF THE CHAPLAIN VISIT  
EXERCISE 3 – PROTOCOL TO OPEN CHAPLAIN VISIT
  
- IV. BASICS OF CHAPLAIN CHARTING  
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- V. IN CONCLUSION – DON'T PANIC – HERE'S WHY!  
HOMEWORK – DO A "CHAPLAIN VISIT" TONIGHT

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# LET'S INTRODUCE OURSELVES

- The purpose of this class...
- Who are you?
- Why are you here?

- I. INTRODUCTION
- **CHAPLAIN COMPETENCY: CARING ABOUT OTHERS**
- Definition of the Competency:
- \*\*The Chaplain will care about others.
- \*\*The Chaplain will have the heart of a servant, in a spirit of giving, always aware of The Calling upon him/her in The Divine Name, and keeping the solemn charge placed in his/her hands.
- Behaviour:
- \*\*The Chaplain will, at the minimum, do unto others as he/she would have other do unto him/her, unto his/her family, unto his/her friends and unto himself/herself. The Chaplain will provide competent, courteous and compassionate pastoral care to patients, families, staff, visitors, colleagues – and to himself/herself.

- **RHMC Mission**

- “The Mission of The RHMC is to provide compassionate, accessible, high quality, cost effective health care to the community; to promote health; to educate healthcare professionals; and to participate in appropriate clinical research.” [1]

- **Chaplain Dep’t Mission**

- “...is expressed through the metaphor of ‘open arms.’ Chaplains come with open arms as sign and symbol of The Sacred. We focus on wholeness as the intention of The Divine; drawing out the person’s spiritual perspectives and gifts.”

- **Chaplain Dep’t Vision**

- “...is one of ‘transformation’ and ‘healing.’ We see Chaplaincy as a transforming presence, fostering the healing spirit throughout the hospital community.” [2]

- [1] Orientation Manual Aug 2008.doc, p 2.

- [2] Orientation Manual Aug 2008.doc, p 3.

# 1. COMPETENCY – WHAT WE DO

- \*\*Our minimal standard of care
- \*\*that we as pastoral caregivers are able to manage and maintain a minimal level of functioning, skills & service
- \*\*regularly, consistently and without fail
- \*\*defines an entry level skill and not beyond that
- \*\*such that, if it is not being met, we go back to learn, study, collaborate & train more
- \*\*NOT perfection but our baseline
- \*\*spurring the dedicated caregiver on to excel beyond minimal levels of care

## 2. COURTESY – WHAT WE SAY

- interacting with everyone (patients, families, staff & peers) in a way that
  - \*\*conveys grace, acceptance and understanding
  - \*\*reflects the RHMC core value of respect for others
  - \*\*being committed to a deepening understanding of & sensitivity to
    - ----social, ethnic, cultural and religious differences
    - \*\*delivering emotional, spiritual & religious care
    - ----that shows respect in all that we do, say and feel as we care for others
    - ----that is focused on the needs of those placed in our charge, rather than meeting our needs
    - ----that is based on needs of those we care for and not ours
    - ----that honors the beliefs and values of those we minister to

### 3. COMPASSION – WHAT WE FEEL

- Respect and courtesy opens our hearts to feel and live out compassion
- \*\*which allows us to draw closer to the pain and needs of others
- \*\*standing in the shoes of another for a time and feeling the experience of another
- ----but always realizing the shoes belong to the other, and not to us
- \*\*avoiding the opposite, the enemy of compassion, judgmentalism
- ----which lets us distance ourselves from what we don't understand or accept

## EXERCISE 1 - ON THE 3 C'S OF PASTORAL CARE

- 1. Picture your closest loved one unconscious on a ventilator in the hospital ICU.
- 2. Give the experience a 3-4 word title.
- 3. Picture yourself sitting at the bedside crying quietly.
- 4. The Chaplain offers to visit with you and you accept.
- 5. What would competent, courteous & compassionate pastoral care look like?
- 6. Write 1 sentence for each category that you would want to hear the Chaplain say or see the Chaplain do – competent; courteous; compassionate.
- *Let's share.*



## **II. CHAPLAIN COMPETENCY: SPIRITUAL ASSESSMENT**

- **Definition of the Competency:**
- \*\*Chaplains have a working understanding of the Department's spiritual assessment criteria and are able to use it in assessing patient or family member's spiritual beliefs and support needs.
- **Behavior:**
- \*\*the Chaplain identifies in documentation the verbal and behavioral cues using the criteria for functional spiritual states defined in the spiritual diagnosis taxonomy.
- \*\*The Chaplain writes justification for their functional assessment using the appropriate criteria
- \*\*the Chaplain conducts spiritual assessment interviews using the Department's assessment interview methodology and uses the information to frame desired contributory outcome.

## WHAT ARE WE ASSESSING? WHAT IS SPIRITUALITY? [1]

- Spirituality [from Nursing Spiritual Diagnosis]
- \*\*\*"the life principle that pervades a person's entire being
- \*\*the volitional, emotional, moral-ethical, intellectual and physical dimensions
- \*\*that generates a capacity for transcendent values
- \*\*which integrates and transcends the biological and psychosocial nature."

[1] Orientation Manual Aug 2008.doc, p 21.

## SPIRITUALITY IS A LIFE PRINCIPLE

- **\*\***“one or more core values and meaning constructs held by a person
- **\*\***that shapes beliefs and gives direction to one’s life.
- **\*\***connects values, beliefs, will and action
- **\*\***the organizing role... [in] constructing one’s life as a meaningful whole
- **\*\***creates perspective that permits one to rise above manifest difficulties.”

## SPIRITUALITY IS SUFFICIENTLY BROAD

- \*\*”to encompass both religious and non-religious expressions of spirituality
- \*\*does not equate traditional religious belief with “spirituality
- \*\*does not equate an absence of traditional religious practice with a poor spiritual state.”

# **NURSING DIAGNOSES OFFER A SPECTRUM OF SPIRITUAL HEALTH [1]**

- **\*\*Spiritual Well Being**
  - **\*\*At Risk for Spiritual Distress**
  - **\*\*Spiritually Distressed**
  - **\*\*Spiritual Despairing & Hopelessness**
- 
- *[Please review 2008 Chaplain Orientation Manual, p 22-26.]*
  - [1] Orientation Manual Aug 2008.doc, p 21.

- What is the 4-category sliding scale of spiritual health used at RHMC?
- \*\*A dynamic sliding scale of spiritual health helps guide pastoral care in each visit:
- ***Coping Well (4) - Spiritual Concerns (3) - Spiritual Distress (2) - Spiritual Despair (1) \****

\* We do NOT number levels of spiritual health in practice at RHMC.

This is a learning tool ONLY for our classroom exercises.

## Spiritually Coping Well [1]

- This person is “...coping well with their circumstances by using well-rooted spiritual resources and emotional maturity, even in dire circumstances. People in this category are often a low priority for the Chaplaincy Services.”
- [1] Orientation Manual Aug 2008.doc, p 13.

## Spiritual Concerns [1]

- This person has “emerging spiritual concerns” that “present as pre-crisis states, where people rely increasingly on existing spiritual resources, as they feel more at risk. Chaplaincy here focuses on mobilizing existing resources.”

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[1] Orientation Manual Aug 2008.doc, p 13.



## Spiritual Distress [1]

- This person is “...most likely to benefit from their initial conversation with a Chaplain. Spiritual Distress is a crisis state requiring a pastoral response that helps draw out and identify points of distress, and helps the person reframe their beliefs and values to better meet the current challenge.”



[1] Orientation Manual Aug 2008.doc, p 13.

## Spiritual Despair [1]

- This person is experiencing a deep hopelessness of withdrawal and failure of spiritual coping of the soul. They generally do “...do not respond well to conversation based, short-term Chaplaincy involvement. The Chaplain must gauge how deeply into despair the person has withdrawn. Chaplaincy with persons in despair requires a longer-term plan, involving regular contacts with the Chaplain, identification of the points of despair, reframing ideas of hope, and a greater degree of interdisciplinary cooperation.”

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[1] Orientation Manual Aug 2008.doc, p 13.

- We can summarize these 4 states of spiritual health as:
- ***\*\*Spiritual Coping Well [score = 4/4]***
- Spiritual Well Being is intact;
- fully functioning; feeling no stress.
- ***\*\*Spiritual Concerns [score = 3/4]***
- Spiritual Well Being is intact;
- fully functioning; under some stress
- ***\*\*Spiritual Distress [score = 2/4]***
- Spiritual Well Being is partly compromised;
- approaching or at limits of functioning; under severe stress.
- ***\*\*Spiritual Despair [score = 1/4]***
- Spiritual Well Being is completely compromised;
- functioning has broken down; completely overwhelmed by stress

- Using The RHMC 4- Category Sliding Scale of Spiritual Health [1]
- Let's picture a linear scale of 4 to 1
- 4 = Spiritually Coping Well
- 3 = Spiritual Concerns
- 2 = Spiritual Distress
- 1 = Spiritual Despair
- 

[1] Orientation Manual Aug 2008.doc, p 13.

- Listen using the 4-Point “Mount Carmel Spiritual Assessment Instrument” [1]

- **1. Concept of GOD**

- *“Do you have a sense that GOD is somehow with you through your illness?”*

- **2. Support Systems**

- *“I am wondering what kind of support you have from family, friends and community?”*

- **3. Hope for & in**

- *“What do you hope for? Where do you put your hope in?”*

- **4. Meaning of Illness**

- *“Are you able to find meaning or make sense of all this in some way?”*

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[1] Mount Carmel Medical Center, Pastoral Care Department, “Spiritual Assessment Instrument [SAI].”

## **EXERCISE 2 – SELF ASSESSMENT - MT CARMEL SAI**

- 1. Think of a difficult time in your adult life.
- \*\*picture the Story – history; experience; feelings
- 2. Give that time a 3-4 word title:
- 3. Draw a 4-quadrant square cross.
- \*\*label the quadrants: Holy; Support; Hope; Meaning
- 4. Write a quick short sentence for each area of spiritual health:
  - \*\*Quadrant I – How did you feel about The Holy?
  - \*\*Quadrant II – What support did you have?
  - \*\*Quadrant III – What did you hope for and in?
  - \*\*Quadrant IV – What meaning did you see?
- 5. Give each quadrant of spiritual health a score of 4,3,2,1.
  - \*\*4 = spiritually coping well
  - \*\*3 = spiritual concerns
  - \*\*2 = spiritual distress
  - \*\*1 = spiritual despair

- 6. Add total and divide by 4. What is your score?
- $\underline{\hspace{2cm}}/4 = \underline{\hspace{2cm}}^*$
- 7. Where were you on the RHMC spiritual health sliding scale of 4 to 1? Circle one:
  - coping well (4) – concerns (3) – distress (2) – despair (1)
- 8. Regarding that same difficult time in your adult life, where are you now? Be guided by how you feel now. Circle one:
  - coping well (4) – concerns (3) – distress (2) – despair (1)
- 9. What pastoral care was given to you then? By whom? How was it helpful? How was it not?
- 
- *Let's share*

- *\* We do NOT use number grades for spiritual assessment at RHMC. This is only an exercise tool.*

### III. THE CHAPLAIN VISIT – INITIATION OF CARE, ETC

- **Definition of the Competency:**
- \*\*The Chaplain communicates their name, their role, the reason for initiating contact, and asks permission to spend time with the patient/family – in a manner that is clear and understandable to the patient/family.
- **Behavior:**
- \*\*The Chaplain follows Department authorized care initiation scripts when meeting patients and families
- \*\*The Chaplain asks permission to speak with the patient or family
- \*\*The Chaplain accepts and documents patient or family refusal of services.



## ■ FOLLOW THESE 3 RULES [1]

- 1. Introduce Yourself in Role – State your title “Chaplain” clearly in your introduction [2]
- 2. Explain Your Visit – Let the patient or family member know the reason for making contact with the patient or family.
- 3. Establish Consent – Ask the patient’s/family’s permission to talk with the patient or spend time with the family.



[1] Orientation Manual Aug 2008.doc, p 6.

- [2] Except initially in emergency room trauma cases

# THE RHMC CHAPLAIN VISIT PROTOCOL

## ■ I. INTRODUCE YOURSELF TO THE CORRECT PATIENT

- \*\*Verify the correct identity of the pt
- *“Hello, Sir. May I ask your name please? Thank you, Mr. Jones.”*
- \*\*Your name, title, place in pt care team & reason for being there
- *“My Name is hospital Chaplain Bill Smith. I am part of your care team on this unit. I would like to offer to visit with you to see how we might be able to support you further.”*

## ■ II. OBTAIN PERMISSION

- \*\*Ask permission to visit. If pt/family decline, graciously accept.
- *“Would that be okay?”*

## ■ III. ASK THE MAGIC QUESTION

- \*\*Elicit the pt’s story and be prepared to listen. Use “open-ended” questions that can not be answered with a simple “Yes” or “No.”
- *“What problem brought you into our hospital?”*

## ■ IV. GIVE BACK A REFLECTIVE SUMMARY

- \*\*Give back a summary of pt's story [history, experience, feelings) to validate, correct, affirm
- *“You were just diagnosed with a heart problem. You've been through a very scary time the last 24 hours. It came as a shock and you feel overwhelmed. Did I hear you right?”*

## ■ V. ASK SECOND PERMISSION & TRANSITION QUESTION

- \*\*Ask for permission to delve deeper with open ended questions
- *“I'm curious to know more. Would it be okay if I asked you about some of these things in more detail? What are the important things in your life right now?”*

## ■ VI. ASSESS USING THE MOUNT CARMEL MODEL [1]

### ■ \*\*The Holy – spiritual; religious:

■ *“Do you have a sense that GOD is with you through this? How so?”*

### ■ \*\*Support – connectedness to family, friends & Faith community:

■ *“What kind of support do you have around you from your family, friends & Faith community?”*

### ■ \*\*Hope - hope for temporal things; hope in things beyond self:

■ *“What do you hope for now? And what do you put your hope in?”*

### ■ \*\*Meaning - of illness & suffering; purpose of life:

■ *“I wonder if you see a meaning in what you are going through?”*

■ *Coping Well (4) - Spiritual Concerns (3) - Spiritual Distress (2) - Spiritual Despair (1)*

■ [1] Mount Carmel Medical Center, Pastoral Care Department, “Spiritual Assessment Instrument [SAI].”

## ■ VII. OFFER PASTORAL CARE

- \*\*Listen, explore more deeply, accompany, affirm the story
- \*\*Conversation, Scripture, prayer, religious needs, other needs, referrals
- *“Would you like me to pray with you about these things? What shall we pray about?”*

## ■ VIII. CLOSE THE VISIT

- \*\*Thank pt/family for allowing you to visit. Advise how to have Chaplain contacted.
- *“Thank you so much for allowing me to visit with you. Please have your Nurse page us at any time.”*

### EXERCISE 3: USE PROTOCOL TO OPEN CHAPLAIN VISIT

- 1. Break into pairs: 1 person is Chaplain, the other the patient.
- 2. Scenario:
- *It is 06:00 hours. You have arrived to the ICU after being paged by the pt's Nurse. Mr. Abc Def was admitted yesterday at RHMC for chest pains. His heart Doctor found a coronary artery that was severely blocked during a coronary catheterization exam yesterday. Staff are preparing Mr. Def to go to the operating room now for coronary artery bypass surgery. He had a short episode of "straight-line" heart rhythm this morning for about 30 seconds, during which time he passed out. The Nurse reports he has a wife and kids, who were in until late last night. He is quietly reciting PSALM 23 as you enter the room.*

- 3. Apply the RHMC Chaplain protocol to open the visit:
- **\*\*identify the patient**
- EX: “Hello Mr. Def.”
- **\*\*identify your self by your name and your role/title**
- EX: “My name is Mno Pqr. I am the hospital Chaplain on duty this morning.”
- **\*\*state why you are there**
- EX: “Your Nurse tells me that you are going for some major surgery this morning and that you’ve had a difficult night. She asked if I could come by this morning to visit with you now.”
- **\*\*ask permission to visit**
- EX: “Would that be okay?”
- **\*\*begin the Chaplain visit and ask the magic question**
- EX: “Mr. Def, what happened that brought you into our hospital?”
- **\*\*role play for a few minutes with the Story and the roles.**
- 4. Go. Feel free to be creative
- 5. Stop. Switch roles. Go.
- Let’s share.

## IV. CHAPLAIN CHARTING - DOCUMENTATION

### ■ Definition of the Competency:

- \*\*The Chaplain is knowledgeable of all Department protocols and documentation requirements and uses them when filing all forms of documentation.

### ■ Behavior:

- \*\*The Chaplain completes the following forms of documentation accurately according to Department policy and procedure



- **Chaplain documentation in the medical record is NOT optional.**

***Who says so?***

- \*\*Joint Commission for the Accreditation of Hospital Organizations
- \*\*American Hospital Association
- \*\*The RHMC and our hospital Chaplain Dep't
- \*\*professional standards of Chaplain Associations

- **The Chaplain chart note is NOT the pt**
- \*\*but it does document your pastoral assessment & care
- \*\*is part of the pt care & collaboration with other staff
- \*\*communicates to other staff that you were there & what you found
- \*\*brings closure & self-debriefing to Chaplain before going to next case
- \*\*is a legal document and it is required!

- **Therefore...**
- **\*\*try to document cases as they occur**
- **\*\*reality is you will need to keep notes**
- **\*\*don't let chart notes pile up past 24 hours**
- **\*\*completed chart notes belong in the chart!**

- **The Chaplain chart note should be...**
- \*\*free of confidential confessional information
- \*\*professional
- \*\*complete
- \*\*legible – worthless if only you can read them!
- \*\*timely
- \*\*in common language that staff can understand
- \*\*date, time, duration
- \*\*signed with your legal signature & title
- \*\*contribute and communicate something of value to the patient care team
- \*\*enable next Chaplain - including you - to be aware of & build on pastoral care work

- **Some general guidelines for Chaplain chart notes [1]**
- **\*\*Write notes in black ink only.**
- **\*\*Write notes legibly in spaces provided**
- **\*\*Sign or initial notes as required**
- **\*\*This legal document requires your legal signature**
- **----First and last name, title and rank – “Fred Rogers, Chaplain Intern.”**
- **----error – 1 line through, write “error,” your initials.**
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[\[1\]](#) Orientation Manual Aug 2008.doc, p 18, 45-46.

- \*\*Do not give personal opinions
- \*\*Do not record pt comments or complaints re quality of care
- \*\*Limit notes to statements or facts related to spiritual needs assessment & care
- \*\*Confine notes to relevant facts & issues
- \*\*Do not give opinions on matters outside of your role as hospital Chaplain

- **Further...**
- \*\*if you see a pt or review a chart, you write a note
- \*\*this is protected information
- ----not to be shared outside of hospital
- ----not to be shared in public areas in or out of this facility
- ----not to be shared outside of appropriate care areas
- ----not to be shared with staff not directly involved in care
- \*\*Place Chaplain note in chart progress note section in timely manner

- **Avoid using medical diagnostic language, unless quoting pt**
- **\*\*do NOT write, "Pt is depressed."**
- **----you may write, "Pt seemed sad."**
- **----you may write, Pt stated to me, "I feel depressed."**
- **\*\*do NOT write, "Pt is anxious."**
- **----you may write, "Pt seems agitated."**
- **----you may write, Pt states to me, "I feel anxious."**



# ■ Use everyday language to write of issues [1]

- \*\*existential crisis
- \*\*hopelessness
- \*\*realism
- \*\*despair
- \*\*guilt
- \*\*shame
- \*\*anger at GOD
- \*\*anger at others
- \*\*feeling abandoned by GOD or others
- \*\*not being remembered
- \*\*lack of trust

■ [\[1\]](#) "Turing in to Spiritual Themes." The George Washington University. 2008.

- **RHMC Chaplain chart form follows "SOAPIE" [1]**
- S – Subjective
- \*\*What the patient said.
- O – Objective
- \*\*How the pt acted
- A - Assessment
- \*\*The Holy; Support; Hope for & in; meaning
- \*\*coping well – concerns – distress - despair
- P – Plan
- \*\*What you planned to do for this pt?
- I – Implementation
- \*\*How you carried out your pastoral care
- E – Evaluation
- \*\*How the patient responded in words and behavior
- [1] Mount Carmel Medical Center, Pastoral Care Department, "Spiritual Assessment Instrument [SAI]."

- Insert spiritual care form of choice here

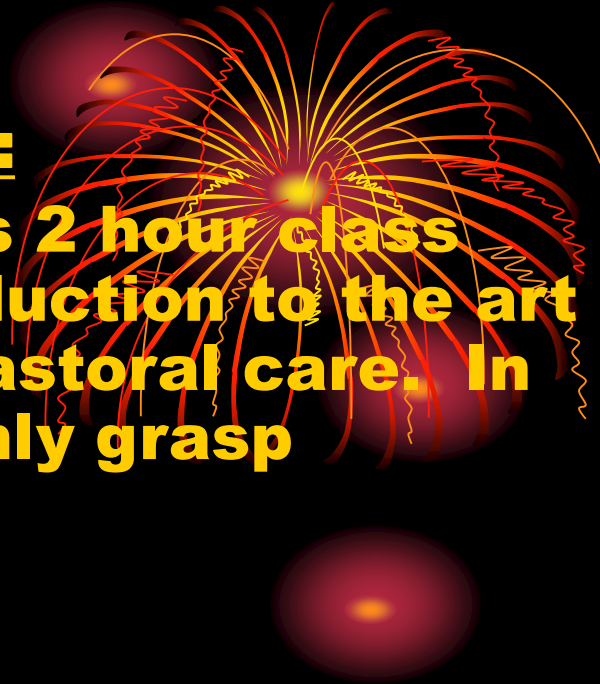
## EXERCISE 4 – WRITE A HYPOTETICAL CHART NOTE

1. Consider the same scenario:

*It is 06:00 hours. You have arrived to the ICU after being paged by the pt's Nurse. Mr. Abc Def was admitted yesterday at RHMC for chest pains. His heart Doctor found a coronary artery that was severely blocked during a coronary catheterization exam yesterday. Staff are preparing Mr. Def to go to the operating room now for coronary artery bypass surgery. He had a short episode of "straight-line" heart rhythm this morning for about 30 seconds, during which time he passed out. The Nurse reports he has a wife and kids, who were in until late last night. He is quietly reciting PSALM 23 as you enter the room.*

- 2. Break into pairs. 1 person is Chaplain, the other is patient.
- 3. Take a deep breath and picture yourselves in the scenario.
- \*\*Can you envision the Story?
- \*\*Talk with each other as patient and Chaplain for a few minutes. Creatively expand a hypothetical story line together.
- 4. Stop. Switch roles. Go.

- 5. You will now both think as the Chaplain:
- \*\*Write a few words describing the patient's Story:
- \*\*The History; The Experience; The Feelings
- 6. Write a few words for each:
- \*\*The Holy; Support; Hope for/in; Meaning
- 7. Where is the patient on the RHMC spiritual health scale?
- \*\*coping well – concerns – distress – despair
- 8. What pastoral care did you provide? Is follow up or other care needed? What?
- 9. Let's write a BRIEF Chaplain Chart note for this visit together.
- *Let's share*



- **V. CONCLUSION – DON'T PANIC!**

- **DEFINITION OF THE COMPETENCY:**

- **\*\*The Chaplain will not panic! This 2 hour class was designed to give a short introduction to the art and science to a part of hospital pastoral care. In no way are you expected to suddenly grasp everything and be an expert!**

- **Behavior:**

- **\*\*It is reasonable to feel some anxiety. That's part of being human. We learn & grow by being open, sharing & working together in humility & charity. Keep in mind that you are NEVER alone. There are always fellow Chaplains & other staff to ask questions of & [often] to back you up. There are always more ways to grow & serve. And we go forth in The Presence and Peace of The LORD!**

## The LORD is always with us! [1]

- **1: The LORD is my Shepherd; I shall not want.  
2: He maketh me to lie down in green pastures:  
He leadeth me beside the still waters.  
3: He restoreth my soul: He leadeth me in the  
paths of righteousness for His Name's sake.  
4: Yea, though I walk through the valley of the  
shadow of death, I will fear no evil: for Thou art  
with me; Thy rod and Thy staff they comfort me.  
5: Thou preparest a table before me in the  
presence of mine enemies: Thou anointest my  
head with oil; my cup runneth over.  
6: Surely goodness and mercy shall follow me all  
the days of my life: and I will dwell in The House  
of The LORD for ever.**
- **[1] KJV, PSALM 23**





# Therefore we have His Peace!


- **שָׁלוֹם - SHALOM - Peace!**
- **“Blessed be he that cometh in The Name of The LORD...!” [1]**
- **[1] KJV, PSALM 118:26**
- **שָׁלוֹם - SHALOM - Peace!**
- **“Blessed be he that cometh in The Name of The LORD...!” [1]**
- **[1] KJV, PSALM 118:26**



**To be a center of GOD's Peace – for  
ourselves and then for others! [1]**

- **Lord, make me an instrument of Your Peace.  
Where there is hatred, let me sow love;  
where there is injury, pardon;  
where there is doubt, faith;  
where there is despair, hope;  
where there is darkness, light;  
and where there is sadness, joy.  
O Divine Master,  
grant that I may not so much seek  
to be consoled as to console;  
to be understood as to understand;  
to be loved as to love.  
For it is in giving that we receive;  
it is in pardoning that we are pardoned;  
and it is in dying that we are born to eternal life.  
Amen.**
- **[1] Prayer of Saint Francis of Assisi.**



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- **HOMEWORK – DO A CHAPLAIN VISIT TONIGHT**
  - **\*\* Do a “Chaplain visit” with a family member, friend, etc tonight. They are the patient. You are the Chaplain. It can be a real situation or you can create a hypothetical story line. Keep the visit short and simple.**
  - **\*\* Write a hypothetical Chaplain chart note using The RHMC Chaplain chart note form provided. Don’t get complicated.**
  - **\*\* Bring it in tomorrow in the sealed envelope provided and leave it in my mailbox. I will return it to you with my confidential comments.**
  - **\*\* Thank you and welcome to this ministry team!**