Chris Jones Part Two

(As published in The Oak Ridger's Historically Speaking column the week of October 5, 2026)

Benita Albert brings us part two of her insight into Chris Jones. You will find more here about the book, *The Disease of Me* that he has just recently published.

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=R. Christopher Jones M. D. (Chris) is a 1989 Oak Ridge High School graduate who serves as a Cardiac Electrophysiologist and the Chief Wellness Officer for Centennial Medical Center in Nashville, TN. His specialty is becoming an increasingly in-demand procedure for heart patients, a demand that is being challenged by the numbers of trainees and practicing physicians in his field.

I asked Chris to describe Electrophysiology and to summarize his typical work week.

"The human heart has four basic parts: muscle, valves, arteries, and the electrical system. My specialty is Cardiac Electrophysiology (EP) and as the name implies, we study, diagnose, and treat disorders of the heart's electrical system. My training was medical school, then residency in internal medicine, then fellowship in cardiology, then sub-fellowship in EP. The specialty of EP has a lot of variety in our work week. Some days I see patients in the clinic. Some days I perform surgeries (putting in pacemakers or defibrillators). Some days I do cardiac ablations (placing burns in the heart).

"We see adults of all ages. Sometimes we see people for just one or two times—I may see a patient in the clinic, schedule and then perform an ablation, and then see them once in follow-up. But I also follow some people longitudinally over time. I just saw a lady yesterday that I have now followed for twenty years. People come to see us for a variety of problems, but the problems generally can be divided into the heart going too slow, going too fast, or beating irregularly."

"My current schedule is to do procedures on Monday, clinic on Tuesday, procedures on Wednesday, half and half on Thursday and Fridays. We see consults in the hospital on inpatients every day. I reserve the 8-9am on Tuesdays for meetings. Other leadership responsibilities and ad hoc meetings occur at the bookends of the days. A typical day starts a little before 7am and ends around 6pm."

The leadership responsibilities Chris mentioned above are impressive. Those assignments have exposed Chris to the broader, personal and professional challenges within the healthcare community. I asked Chris to share the experiences that led him to write the recently published book, "The Disease of Me."

"Five colleagues started our cardiology practice at TriStar Centennial Medical Center (CMC) in 2007. We had been in a 10-man group that separated during a city-wide shake-up of cardiology. The five of us have grown to now 28 cardiologists of many different subspecialties. From our first arrival at CMC, I volunteered for hospital committees and was fortunate to serve as Chief of Cardiology for over a decade, and in 2018, I was asked to serve as Chief of Staff."

"While my professional life was flourishing, I went through a divorce in 2014 that was jarring, to say the least. I retell a story in my book where a mentor tells me that I 'was a dime a dozen,' meaning that many doctors had similar stories to mine. That comment stuck with me and became an important motivator for the book as I'll explain in a moment."

"Upon being asked to serve as Chief of Staff, I realized that I was unprepared to lead in that large a capacity. CMC is an 800-bed, quaternary referral center with over 1,400 doctors and nurse practitioners. Moreover, while the medical staff has a small operating budget, the Chief position does not come with 'hard' authority, like hiring/firing, and so the role becomes largely ceremonial if the Chief does not develop the ability to influence.

"I initially read several leadership books, but all appeared to start mid-stream, touting leadership qualities like 'accountability, professionalism, good communication skills, service-mindedness, empathy/emotional intelligence, and character' (from *All Physicians Lead*, by West Point graduate and pediatric neurosurgeon Dr. Leon Moores). These are great traits, and who wouldn't agree? But how does one develop these traits? I regularly witnessed physicians who would have agreed that these traits were the ideal but regularly fell short of them. Why the disconnect?"

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"I searched for examples of successful leaders who led via influence and found a flimsy parallel in Mahatma Gandhi. This discovery was life changing. Gandhi's writings reveal a man whose leadership was grounded in his spiritual faith. He was driven by his mission and not by personal gain ("You have the right to work, but never to the fruit of work. You should never engage in action for the sake of reward, nor should you long for inaction."—Bhagavad Gita).

"He saw his opponents as honorable, not enemies ("Let us… honor our opponents for the same honesty of purpose and patriotic motive that we claim for ourselves" —Gandhi). He worked his best but did not tie his self-worth to the results ("Just as the ignorant act with attachment to results, the wise must work selflessly, seeking the welfare of the world."—Bhagavad Gita). Gandhi's faith was the bedrock upon which he developed traits like the ones I listed above."

"Reading Gandhi's writings led to an exploration of Hinduism, then Buddhism, and then back to my roots in Christianity. Perhaps not surprisingly, these major religions all teach similar lessons, one of the most important being 'love your neighbor as yourself.' This exploration in 'leadership' was an unwitting exploration on how to live a life. While I started out looking for ways to be a better leader, I found ways to be a better father, husband, and man. I had remarried by this time in my life, and I am fortunate that my wife and kids stuck with me while I learned the lessons I should have learned at a much earlier age."

"As I started my tenure as Chief of Staff, I was surprised by the number of doctors that needed support. National statistics estimate that approximately 50% of physicians demonstrate symptoms of burn-out or depression. I began to see myself in many of the physicians who presented in need of counseling, mentorship, and guidance. My earlier mentor's comment that I was a 'dime a dozen' hit home."

"Our medical executive committee recognized that we needed to address the problem of physician burn-out, and we formed a wellness committee. Our first chair was a gifted and compassionate infectious disease physician, Dr Sydney Hester. Dr Hester and the committee developed programs, purchased support services, provided professional counseling services, hosted dinners, etc., but with very little movement in the number of physicians reporting burn-out. The problem of burn-out seemed nearly intractable to all of our efforts. It was then that I decided to write a book."

"Firstly, I wanted to consolidate my thoughts. While I could recall and quote spiritual and philosophical guidance, my thoughts were completely disorganized. I needed a framework to distill what I had learned, if only to synthesize it for myself. Secondly, by the end of my Chief years I had counseled many physicians that were in need of help. Maybe my experience could benefit some that I was unlikely to encounter in person."

"The Chief of Staff position is a 3-year term, and upon completion at the end of 2020, I stepped down and used the freed-up time to begin writing. The book took about four years to write, starting from conception to publication. Subsequently, Dr Hester stepped down from the Chief Wellness Officer position, and I moved into that role."

Since his Chief of Staff tenure overlapped with the onset of the COVID-19 pandemic, I asked Chris to describe that time. He wrote:

"I was very fortunate that COVID hit in my third year as Chief of Staff. I was more experienced by then and had great working relationships with the members of the hospital C-suite, including our CEO Scott Cihak, a man with a quick and pragmatic mind for hospital operations. We also had a strong medical executive committee that could debate and then move forward with a plan. My practice as a cardiac EP slowed down by 25% during this time as elective procedures were delayed, but my commitments as Chief doubled or tripled. On a given day, I would field a call from a physician telling me that we were unethical for doing any elective procedures, and not an hour later hear the same complaint because we were not doing elective procedures."

"Organizing the medical staff, maintaining morale, ensuring medical staff and patient safety, developing contingencies in case we ran out of supplies were just a few of the many tasks we tackled. While it was a challenging time, it was so heartening to see how the doctors and other healthcare workers responded. We sent out a survey to the doctors asking for volunteers in the event that the ICU and ER staff became overwhelmed. I received responses like 'I am an eye surgeon but will happily empty bedpans if that is what is needed.' I was, and am, very proud to be part of our hospital."

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"I had the opportunity early during the COVID pandemic, Spring 2020, to address the TN State House of Representatives. Speaker Cameron Sexton (ORHS Class of 1989), a close friend from high school, asked me and two others to speak to the House regarding the looming crisis and the measures that would likely need to be taken. The preparation for this talk helped for the remainder of the crisis as we spoke with our communities and local media."

I asked Chris to mention a couple of professional accomplishments of which he is proudest. My apologies to Chris for limiting him to only two, as I truly believe his contributions to medicine are manifold. He replied:

"As I mentioned earlier, my practice, Centennial Heart, started out as a 5-doctor group. We faced a lot of obstacles at the outset: we were an unknown quantity but needed to recruit quickly to not become burned out from the call responsibilities, the hospital at that time needed major investments in new technology, the culture of the hospital needed to adapt to the time pressures of providing intensive cardiac care, and others.

"Part of our ethos for recruiting is to recruit someone smarter than the last. It has become an impossible task. We have grown into a 28-physician group, along with a new state-of-the-art medical center, and we provide world-class care. The doctors we have recruited are some of the world's best, literally. I'm very proud of this group (and am glad that I was one of the founders as I wouldn't meet the current standards of our newest recruits!)."

"I am also very proud of the work we accomplished as a medical staff during COVID. The circumstances were ripe for infighting and visions of a 'zero sum game' where if some doctors/specialties win, others would lose. We built a culture of cohesion and support that energized us during the crisis and brought us closer together."

"Although not a professional accomplishment, I am most proud of my wife and our blended family of five children. Each has faced adversity in some form or another, and each is a kind and loving person."

As I typically ask of all my ORHS alumni, I asked Chris to share more about his educational background and to give advice to high school students who are considering a medical career.

"The two most important traits for accomplishing any goals are curiosity and perseverance, and those two are the most important for a career in medicine as well. My trajectory was circuitous—I didn't decide on medicine until spring semester, senior year of college. It was fortunate that the specialty of nuclear engineering was somewhat novel; that novelty appeared to open some doors in the medical school application process. However, the unfamiliarity with many of the core curricula in medical school—biochemistry, physiology, anatomy, etc.—made the first year more challenging for me than for many of my peers."

"I mentioned earlier that burn-out is a challenge for the medical profession in 2026. A significant part of that is a changing perception of the work. Doctors in years past were not employees but rather were responsible for their own practice. Not so in 2026 when more than 70% of physicians are employed. The upside of employment is a stable income, but the downside is loss of autonomy. That loss of autonomy has led many in the profession to no longer view medicine as a calling, but rather as a job. That is understandable, but also a shame.

"I would encourage any younger people interested in medicine to spend time with several different doctors. Find one (or several) who seems to really enjoy what they are doing and ask 'why?' There are lots of aspects to love about the profession: science, service, caring, compassion, witness to the human condition, impactful decision making, etc. Deciding if these are personal motivators is a key part of the path to the profession."

Finally, I could not resist asking to Chris to comment on a major concern I see in modern day society. That question and his thoughtful answer follow.

How do we improve the public trust of medical science and science research?

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"This is a great question and could be a book in response. First, I would observe that public anger during public health crises is an age-old problem: Jews and Catalans were falsely blamed and persecuted for the Black Plague during the 14th century. Oftentimes, public anger toward the medical profession simply comes about because humans intrinsically look for others to blame when something bad happens. During COVID-19, public health professionals who were talking about the pandemic became an easy target. We are unlikely to defeat this blame cycle until people everywhere develop less affinity for the Us/Them construct."

"Countering widespread distrust in the medical community requires at least three things. The first is humility on the part of the medical professionals. We need to be able to say when we don't know something for sure. We have to avoid being paternalistic. We need to not confuse empiric data with public policy. As an example, while data establishes that the measles vaccine prevents measles, it is a public policy decision, i.e. a political decision, as to whether or not a vaccine mandate occurs. Doctors can and should advise politicians, but they risk undermining trust when they conflate "what does happen" with "what should happen". Unscrupulous politicians will use crises, including those in public health, to their advantage. Sometimes they perceive advantage in creating divisions amongst us. Medical professionals need to be careful to not help them."

"Secondly, we need to listen to the reasons behind the public anger. As I mentioned before, I fielded calls from angry doctors during the COVID pandemic. The doctors who wanted to shut down elective cases were frightened—they were afraid for their and their loved ones' lives. The doctors who wanted to keep doing all elective cases were also frightened, but they were scared of losing their livelihoods and not meeting practice payrolls. The anger from the public fell along similar but more varied lines. Hearing the source for the anger helps us connect, and connection builds trust."

"Thirdly, and this is the hardest problem, we need to stop preferentially valorizing secondary education. This country needs well-educated experts with advanced degrees. This country also needs skilled tradesmen. We need laborers. We need our military. We need mothers and fathers. We have over-celebrated obtaining higher degrees and have under-appreciated the high school students who choose to learn a trade. I served a three-year term as a State Commissioner for Education Recovery and Innovation during/after the COVID pandemic, and I was privileged to listen to educators and students of all varieties. Many felt that the Trades had been treated as second-class citizens. The disproportionate celebration of higher education has bred resentment from many that are not part of this group. This resentment has led to distrust in educated experts. Some of the higher-educated show veiled or outright contempt for those with less formal schooling—humans do not listen to someone who doesn't respect them."

I am deeply grateful for all that Chris has shared, for his candor and thoughtfulness. I have read "The Disease of Me," and though I have no medical background, I found parallels to so many issues he addressed, similar concerns from my former teaching career. In part, his book is a cautionary tale, an inside look at medical careers and challenges undergoing modern-day transition, but Chris artfully balances his writing with inspired observations on what it means to be a doctor and how to approach change with a constructive open mindedness.

"The Disease of Me" is available through Amazon.com.

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Again, Benita Albert has done an outstanding job of bringing to us insight into an Oak Ridge Schools graduate who has been successful and who has contributed greatly to his profession. Chris Jones is surely an example of someone who was well prepared by Oak Ridge Schools to continue his education and to contribute to the world around him with more than just his technical skills. *The Disease of Me* reflects an extraordinary effort to give back to readers beneficial information learned from is personal experience.

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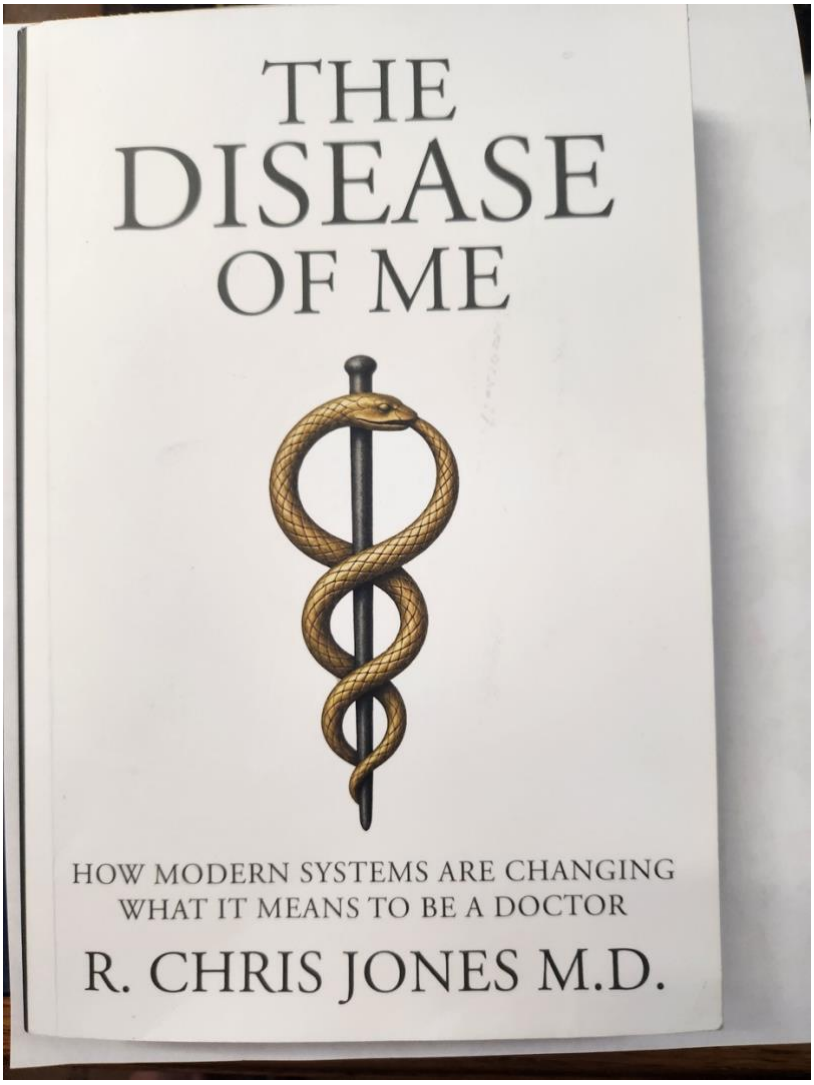

The Disease of Me by Chris Jones