

CDR Antoinette L. Jones, MSOD, RN



I am the co-chair of the website workgroup of the Communications Committee. I began my nursing career in 1987 as a Cancer Nurse Trainee for the National Cancer Institute at the NIH in the inpatient setting. The plan was to return to my hometown Chicago after the nine-month program ended. I fell in love with the work at the Clinical Center (CC) and never returned to Chicago to live. During my time here in Bethesda I have delivered nursing care to patients in both inpatient and outpatient settings, worked as a research nurse and a manager. In 2007, I joined the Office of Workforce Management and Development (OWMD) where my role shifted from a patient focus to and employee focus. As Deputy Chief of OWMD I applied organization development knowledge, skill and strategies to enhance the development and productivity of CC staff at every level.

In November 2013, after a 6-month detail to the Department of Radiology and Imaging Sciences (RADIS) to help them address issues of customer service and patient safety, I was offered a permanent position as the Operations Manager for RADIS. I am responsible for the oversight and management of 5 clinical sections (CT, MRI, NM, IR, Diagnostic XR/US). I joined the USPHS as a Commissioned Officer in 2005. I received my BSN from the University of Illinois at Chicago, a Master of Science in Organization Development from the American University and certificates in the Business of Nursing from Johns Hopkins University, and Leadership Coaching from George Washington University. I reside in Silver Spring, MD, and I am the proud mom of two.

What was/is your most challenging/difficult nursing experience? As an oncology nurse, one of my greatest challenges was nursing one of my best friends. We went to high school together and although I moved to Maryland and she remained in Chicago, we were members of a book club and every other month I flew to Chicago for the Saturday meeting. At age 43 Karen was diagnosed with Stage IV ovarian cancer. She was textbook— a few months of vague non-specific GI symptoms, some constipation, poor appetite, fatigue and abdominal distention. She called me and said her liver enzymes were out of whack, and her doctor asked if she had a drinking problem. We thought that was hilarious, but that's when I knew something wasn't right. I told her to ask for a CT scan, they didn't want to but they did and unfortunately she was full of tumor. Her initial debulking surgery left her with a chest tube and positive lung mets. I felt honored to help her and her family and our friends understand the treatments. For six years and multiple relapses we stood strong. There was times however when I felt like I was living a double life. On one hand, I was the supportive friend who helped teach her how to manage her symptoms, the right questions to ask, and the ear that listened when she cried each time it came back. On the other hand, as a nurse I knew too much. My heart ached each time she called me and her CA125 was rising. I'd put a

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positive spin on things to our friends when they asked questions and I heard the fear in their voices, then I would hang up the telephone and cry. I couldn't tell them the truth. At the end I felt like I couldn't really mourn as her friend because I was the nurse to teach her family and our friends the importance of touching her and talking to her as she became slower to respond. Yes, it warms my heart when I remember guiding her 19 year old to rub her feet with lotion and tell her about college and she smiled when she didn't have the strength to speak. It still hurts when I remember realizing that the morphine drip was needed and telling her husband and our friends that we need to make calls to those who wanted time with her while she is still somewhat alert, because there wasn't much left--truly an unforgettable and difficult nursing experience.

What was/is your most rewarding nursing experience? A patient, who was diagnosed with Hodgkin's lymphoma in her twenties, completed her treatment and wrote a book about her experience. In the book she describes being at NIH experience as a research participant. She describes the nurse who administered her chemotherapy on the first day she came to the day hospital. She shared how frightened she was and how she was dreading what was to come and she remembers standing at the door of the treatment room and when she was announced that I turned around and offered her the warmest smile. She recalled that although I was attending to other patients, the way I spoke to her and my actions made her feel like she was my only patient.

Now, like so many of you, I have started thousands of IV's, pushed gallons of chemotherapy and have seen many patients come and go—most names I don't even remember. Being mentioned favorably in a book is nice, but that isn't the reward. What I carry with me after reading her book that stays with me every day, is that what we do has impact. While this may be the millionth time we have done something, it may be a totally new, unfamiliar or unpleasant experience for someone else. I see it as my responsibility to do whatever I can to ease the fear, pain, and confusion for those I care for. In that moment, I had no idea of the impact I had, but it is my hope that every patient or staff member feels as she did, like they matter to me, because they do.