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Cancer Center

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Ellen Rice, RM

I knew from a young age that I wanted to be a nurse. But it wasn't until high school, after reading *Death Be Not Proud*, that I knew I wanted my focus to be pediatric oncology. Reading about the main character, a young child facing a life-threatening illness, made me want to work in a job where I could help real kids facing such challenges.

In 1982, I enrolled in the four-year Bachelor of Science nursing program at Catholic University of America, in Washington, DC. My focus was always pediatrics and that didn't change during any of my other rotations. My choice of specialty was confirmed once I started working with kids in the hematology-oncology department at Children's National Medical Center in DC.

My mentor at Children's was Debbie Freiberg, a woman who was made for pediatric nursing. She immediately took me under her wing, and I learned everything I could from her in the two and a half years I was there. Debbie encouraged me to develop real relationships with my patients. She taught me how to get close to the kids while still remaining professional, which isn't always easy to do but is an integral part of nursing.

For me, I gravitated to hematology-oncology because of the opportunity it provided for continuity of care. Treatments can last months, or even years, and during that time you have a chance to develop real relationships with your patients. That was essential to me — that I could get to know these kids and their families in order to help them in the best way possible.

Team Mentality

I come from a big family, and by the time I finished school my siblings started having children of their own, which motivated me to return to New York City. I was reluctant to leave a job that I loved but I knew Memorial Sloan Kettering had a top-notch pediatric oncology department. When I interviewed at Memorial, the two things that were instantly clear to me were that everyone here seemed to really enjoy their jobs and there was a real sense of teamwork.

From early in my career at Memorial, I looked up to Shelley McKay, who at the start of my tenure, in 1989, was a clinical nurse and soon after became my nurse manager. Shelley manages that difficult balancing act of being both your boss and someone to whom you can go to for advice. She always knows the exact right thing to say, which is one of her many talents.

I encourage all new nurses to stay at the bedside as long as possible. Ultimately it will make them better nurses and nurse practitioners.

Ellen Rice
Pediatric Oncology Nurse

To her, the ultimate objective for all of us is to provide our patients and their families with the absolute best care. And because of her example that has become everyone's primary focus here.

For me, I considered going back to school to become a nurse practitioner, but I eventually realized that I loved caring for patients at the bedside. I encourage all new nurses to stay at the bedside as long as possible. Ultimately it will make them better nurses and nurse practitioners.

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Benefits of the Primary Nursing Model

We practice primary nursing in the inpatient unit. This means that each patient has two primary nurses assigned to him or her. Those two nurses will follow that child through his or her treatment, which can make a big difference for both the child and his or her family. I have one patient who has been coming to Memorial for over 15 years. I may not see her for three years at a time, but when she comes in there is a feeling of comfort and familiarity for her and her family. As long as I am there, I will be her primary nurse.

Working on the pediatric floor of a cancer hospital can be so rewarding. It is a joy to see all the kids who come through here and who do well, watching them as they go on to live long, happy, and healthy lives. The flip side of the coin is the other, smaller group of kids who don't make it.

For me, one thing that has helped me deal with this is to volunteer a week in the summer at Happiness is Camping, a sleep-away camp for kids with cancer in Hardwick, New Jersey. It's so refreshing to see all these kids who have been so sick, now having fun swimming, boating, playing basketball, doing everything that a normal kid would do. It really energizes you and primes you to get back for a fresh start. I enjoy it so much that I've been doing it for 20 years.

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Biggest Reward and Greatest Challenge

To be honest though, the most rewarding part of my job is the same as the most challenging part. It is the actual relationships I develop with these kids

and their families. To be with them at the start, when they begin their treatment, and go all the way through to the end, which is either cure, or, for a minority of patients, death, is what it's all about.

The bravery and courage that these kids show in the face of adversity is awe-inspiring. And for the most part kids just want to be kids — playing bingo, waiting for the candy cart, and laughing. It's also inspiring to see, firsthand, the progress in pediatric cancer survival rates, which is being made right here at Memorial.

A large part of my job is training the next generation of nurses. Being a new nurse in any medical field can be frightening, especially in pediatric oncology. For my trainees, it helps to remind them to look at our patients as people. That here, at Memorial, we are treating the human being not just the disease. For me, the key is remaining realistic without losing hope.

All families are looking for the miracle, pursuing all treatment options. I try to support their wishes while providing their child with comfort and the best quality of care. Staying grounded and hopeful has allowed me to stay in pediatric oncology for the last 20 years. I look forward to the next 20.

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