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Memorial Sloan Kettering  
Cancer Center

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FOR THE MEDIA



Paulette Kelly, NP

I decided to become a nurse after I decided not to become an engineer. Growing up in the Bronx, in a family that had experienced some financial struggles I wanted a good, guaranteed job. After two years of studying to become an engineer, I realized it wasn't for me. Honestly, I never saw myself as a nurse. I was always very math and science oriented, but I was never a big fan of writing, which I knew was a big component of nursing school.

Still, I was graduating from college and I was planning to get married, so I knew I needed to get a job. I also knew that I liked people, and I knew there was a lot of human interaction in nursing, which would not be available in engineering. My sister was a new nurse at the time, and I figured, "What the

heck? I'll give it a shot.”

In the first six months of nursing school at Lehman College, my mother died of cancer. This motivated me to work in oncology, and my first job was in the adult oncology program at Albert Einstein Hospital, in the Bronx. Deep down inside, I knew I wanted to work with kids, but at the time I thought there was so much more you needed to know to work with kids with cancer, so I figured I would start with adults.

I later came to realize that there is not that much difference between pediatric and adult oncology — the care I gave to adults with cancer is the same care I now give to kids. The important difference is that oncology nursing care must involve the family.

## Focus on Wellness

I like working in oncology in general because it allows you a chance to make a real connection with patients. My focus from early on was wellness. I wanted to give my patients the best day, week, or month of wellness, regardless of the state of their cancer.

After two years at Einstein, I was ready to transition to pediatric oncology. I had begun to see the resiliency in kids with cancer. They have a different attitude. If they're alive, they are living fully, even during treatment. They still want to play and have fun. They want to feel better. Treatment is just part of their lives. That drew me to the pediatric environment. Plus, the success rates for kids with cancer are generally so good.

I applied to a number of places, with Memorial Sloan Kettering Cancer Center at the top of my list. I was fortunate to get the job, and I had my first child during my first year here. For the next 17 years, I worked nights in the pediatric department in a variety of roles. Working nights allowed me to be home with my kids. I even coached basketball and was a school mom, volunteering at my child's school.

I worked as an inpatient nurse for the first ten years, before switching to the Pediatric Observation Unit [POU]. After seven years in the POU, I decided to go back to school to become a family nurse practitioner. I attended Pace University. From the beginning of my career, I knew I wanted to go back, but I had told myself that I was going to wait until my son was in high school. But something about working in the POU made me decide I did not want to wait anymore.

I switched to a night supervisor position, which I kept for the three years it took me to complete my NP. Going to school part-time while working full-time and being a mother was not easy, but in the end it was worth it.

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## Bedside Nursing and Advanced Degrees

When other young nurses are considering advanced study and further professional development, my advice is always to start with bedside nursing, which is the real heart of in-hospital nursing. You learn the most from it, and you get to know the families of patients in ways you would not in many other positions.

For me, going for the advanced degree was a necessary move for my personal growth. I don't think it made me a better nurse; that comes from all the hours in the hospital with patients and their families. But it did train me for a different role. As a nurse practitioner, my role is to organize each patient's care with the entire care team. We are in charge of the day-to-day planning, whereas the doctor's role is to create the cure plan. But as an NP, we also are involved with the cure portion, too, which is rewarding.

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Paulette Kelly

About seven months after I had completed my studies, I saw that there was an opening on the pediatric sarcoma team. I had a great deal of respect for a number of people on the team, and I liked the fact that the bulk of the patient population is made up of teenagers, who I love to work with. I like working with them because they're bright and funny, and they all think they're going to beat the odds, which is important.

As a general rule, teenagers don't believe they can ever die. And then they get here and they suddenly realize they can. But the patients I've met have wanted to live so badly and, at the same time, have fun. All of them have had dreams about what they want to do next, and I see it as an important part

of my job to help them with this difficult phase of their lives so that they can get on to those dreams. A lot of people think they are too difficult a group to deal with, but I love them.

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## Rewards of the Job

In general, the most rewarding part of my job is developing real connections with the kids and their families, and using those connections to help them with their treatment choices. I hope to develop their trust so that they can lean on me and ask, "What do I need to know to make this decision?"

While the vast majority of our patients survive, some do die. That is the reality of being a pediatric nurse. For me, it is an honor and a privilege to help a child have a dignified and pain-free death. That is an equally important part of my job.

But for me, the biggest reward is when an individual we treated as a teenager comes back as a healthy adult. That's a living, breathing, walking reward. Recently, a patient I took care of when I was a young nurse came in to see me. She was 16 at the time and is now 36 years old with two beautiful children. At the time of her treatment, cryopreservation to preserve a young woman's fertility wasn't yet available, so it wasn't clear after all the chemotherapy she received if she would still be able to have children.

When she came in and asked for me and I saw her with her two kids, I burst out crying. It was magnificent.

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