

CASEY SMITH

RN, BSN

**EMPOWERING
NURSES TO BUILD
CAREERS FOR
BETTER LIVES**

COMMUNITY
BUILDER, FORMER
TRAVEL &
TRAUMA NURSE

*"Understand that you
can do whatever you
want to."*



5 QUESTIONS ABOUT
SURGICAL NURSING WITH
Michelle Lemmons

WHAT IS THE EFFECT OF TRAVEL
NURSING ON PERMANENT
NURSES' POSITIONS DURING THE
COVID-19 PANDEMIC?

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we highlight stories from nurses in the field, bring you tips on leadership, mental health, and more. We also feature a Nurse of the Week - a nurse influencer doing incredible work we can all look up to.



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CASEY SMITH
Empowering nurses to build careers for better lives

Casey synthesized her love for science and people into a career in nursing. From trauma nurse to travel nurse, she found her way into community building at Trusted Health, where she now helps nurses build nursing careers in and around lives they love! We know - awesome.

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Our weekly leaderboard shows which ND Social users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing to this growing community. Let's hear it for last week's top 10!

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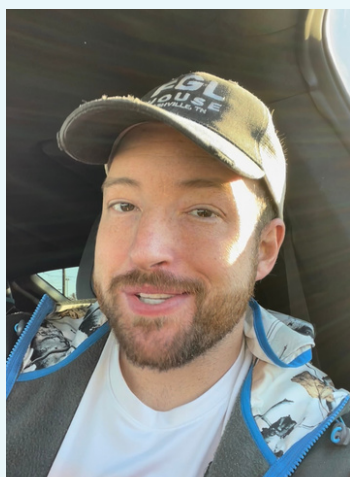
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Richard Darnell (A.K.A. Travel Nurse Rich) is a full-time Travel Nurse and influencer. He graduated from Mercy College with an ASN in 2016 and continued online while working as a full-time RN to finish his Baccalaureate in 2020. Rich loves spending time with his wife Jocelyn and their two young children Levi and Jase when he's not at the bedside. The majority of the travel nurse contracts Rich takes are in the Intensive Care Unit and are through his travel company TNAA. In July of 2021, Rich started a travel nursing TikTok account because he wanted to help share what travel nursing is all about and how anyone can be a travel nurse, just like him.

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5 questions about surgical nursing

with **Michelle Lemmons**

RN, BSN, PHN, CNOR, CCSVP





MEET MICHELLE

Michelle Lemmons, RN, BSN, PHN, CNOR, CCSVP, has 10 years of healthcare experience and has worked in nearly every aspect of the patient experience, including admissions, surgery, acute care, and post-acute care. She has over seven years of nursing experience, including more than two years as an operating room nurse on the cardiovascular/thoracic /general team at the University of Minnesota. Michelle plays an active role in the surgical industry, speaking around the United States. She is a member of IAHCSSM, AORN, and works with perioperative professionals to share, develop, and implement best practices to improve patient outcomes and reduce healthcare associated infections.

Can you walk us through your work in the surgical industry and tell us about your advocacy?

Sure! I love the word advocacy - you'd probably hear me say that about 50 times if you get to know me. I started off my surgical career - I've been a registered nurse for longer - but my surgical career was here at the University of Minnesota. They had an opportunity to do their periop 101 program, so I entered without ever knowing anything really about surgery, we didn't have a rotation in college or anything like that, I was just interested. I worked on their cardiovascular thoracic team and general team for a couple years at the University of Minnesota, and after that I took some time off, not only from surgery but also from nursing, because we had our first child. So it changed - you can't do the whole weekend call when you have a newborn, or you can but it's tough. I had the opportunity to be able to stay home for a while and I took it. After that I did a few things here and there because I was working part time - I was with the kids and we ended up having a second child. After I was really ready to come back to work, I heard about a position at Key Surgical, which is a medical device company. They were hiring for an

operating room clinical educator and I thought, "man, that would be really interesting." It was a very comfortable realm for me, which is surgery, but also something brand new, which is education. That's not only for their inner company, which is now a part of Steris, a larger company, but we also go to facilities and do education. We can do virtual, tons of on demand education, as well as a lot of education for sales reps. I also work casually in the operating room near me. There's no teams, so we do it all, which has been a really fun adjunct to the teaching part - to still be doing it is a big deal. I absolutely love it. I think I saw the medical device world as very, "that's for sales people," but I don't do sales, that's nowhere in my realm. I'm working for a company that cares a lot about education and invests a ton of resources into that and wants best practice and wants it to be available and relatable to the person, which is really exciting. I nerd out, as some would say, because I really enjoy being able to have those resources and give them to people easily, free, and quickly.

What is it like being a surgical nurse?

I think a lot of people would love it. It's quintessentially nursing, when you think

about the things you enjoy as a nurse. You have your own professional role and space. In surgery, those roles are very clear, probably more so than they even are on the floor in different areas. On top of that, it's a great mix of flexibility and this rigidity and structure, and I think that's the part that people either love or hate. Before I went into the operating room, I thought, "I'm going to be doing surgery," that was my idea of it. When you get into the operating room, some facilities will allow you to scrub in, so you're kind of doing that role as a surgical tech, some facilities don't if you're the nurse and they have enough surgical techs. At the U of M in the role that I'm in right now, sometimes you do end up scrubbing in. That really is that role I think everybody thinks of when you think of the operating room, where you're standing next to the surgeon, you're scrubbed in and you're sterile, you set up the sterile field, you're handing instruments, you're assisting in those small ways. There's also the circulator role, which, if you've spent any time in surgery, they're the one in the background who's not sterile, who is getting everything ready - they're kind of the manager. They have what you need coming up, they're looking at you for those eye signals to say, "something's wrong," "I have to get something ready," or "we're coming up to the next part of the procedure." They're the eyes and ears of the whole room, maintaining safety for that patient across the board whether it's skin or it's, "we're going to have an emergency coming up, so I need to call for some help and get some other things set up." In nursing you're always watching



everything all at once. Just like in any other role, you tend to know your team, you know who you're working with, and you're like, "this person is definitely watching, they're already all over it, this one I might just say something to." But typically, the circulator is really there as everybody's resource and the monitor for all of it. You're still listening to all the beeps and watching for that baseline, you see those things peripherally. Typically the CRNA is wonderful, they have an incredible role.

What are the major challenges surgical nurses face amidst the pandemic? And how is it being addressed?

Surgical nurses are facing a few of the same issues: we're having staffing issues. For a long time, during the pandemic, a lot of surgeries were postponed, so you had a lot of surgical staff that transitioned out into other areas and had to be trained to do other things. Now, a lot of that has come back. Some places had layoffs, some places are facing a huge issue because they have this backlog of cases so they're doing overtime, extra shifts, bonuses. There's been this very strange, "hurry up

and wait,” feeling in a lot of places. We have also been dealing with a lot of the questions and the unknowns and the concerns and the calls from family members. Just like a lot of other areas, we're having a lot of questions like, “is this what I want to be doing with my life? Is this the risk I'm willing to take? How do I take care of this patient? What do I do if I have COVID? What's the policy now? How many days do I have to be out or can I come back right away?” Huge question marks. I think the other area in surgical nursing is sometimes the hierarchical kind of relationship that can happen in the operating room with surgeons and techs and nurses - it depends on your facility a little bit. I'm not making a sweeping statement, but that can be a very challenging relationship. If you add that to that feeling of powerlessness from the changes in the world, I think some of that is really starting to bring forward those feelings of depression and helplessness - we're seeing a lot of that across the board in healthcare, and it's the same in the operating room. The thing I think is helping in the operating room is having good leadership, management, and resources. The Association of Perioperative Registered Nurses is great, the American College of Surgeons and a couple other organizations got together at the beginning of the pandemic and made guidelines on how to decide which patients to prioritize, and how to work through the backlog. There's a lot of good resources out there, and then there's a lot of good managers keeping their staff up-to-date. I think we've had a great opportunity in healthcare to talk about the issues that were already long-standing issues. We get this opportunity to make some changes that have been needed for a long time.

There's a lot of research around hierarchy

and depression. There was a presentation I've been doing, called, “nurses eat their young because they're starving.” People have been asking for that presentation a lot, and in it we talk about depression and overall enjoyment of their career. What a few studies found was that pre-op nurses enjoy their career the most, they're actually the most satisfied, whereas intra-operative nurses have higher rates of depression. It's a very unique space, there's a lot of a lot more research to be done in that area. When it comes to depression rates, female nurses just outranked female physicians, so the nursing profession is really hurting. Good opportunities for moving forward, lots of hope there, but it's really good to see that information so that the conversation can be better and richer.

Being in an operating surgical room is obviously very stressful. What do you think can be done to improve the wellness of surgical nurses?

Education is huge. Even having that information and conversation about depression is such a big deal, or about best practices or about how to use a machine. Everywhere in healthcare, you get some new device probably every day, or at least every week, that you've never used before. In surgery, it's all the time, it's literally every day you get a new thing and a new rep coming in to show you. So lots of education, and not just, “sit down and listen to me for 20 minutes,” but like “give it to me and let me see it, let me do it.” Overall in nursing, getting back to that role clarity and professional independence to say very clearly, “here's the things you can do on your own that you are the leader of.” Some of that can get lost, especially as you're transitioning from different roles in a hospital, or you just need to be reminded of it when everything else is changing around you. Getting involved in



organizations like AORN or the Association of Surgical Technologists can give you that like bigger-than-yourself mentality to say, “I can have a role in this organization and make an impact,” from an outside-in perspective, and also the inside-out. Not only the clubs and organizations at your facility, but those larger organizations have tons of opportunities to get involved.

What should the future of surgical nursing look like?

I have gotten really passionate about people getting their certifications for themselves, not just to get whatever bonus at work, but to take back that idea of nursing as its own independent professional space. I think that's huge. When you get into a specialty like surgery, it's such a cool opportunity to make it excel: you really make a significant difference because you're in a smaller pool. You get your certification, you start getting involved in AORN or other bodies, and it might seem like, “why would I? It's just like another thing I have to do,” but man it motivates the profession forward. So I think the future of surgical nursing is going back a little bit to more nurses getting certified, more nurses feeling like, “this is for me, I can get involved and make a difference in my individual specialty in my profession,” because that's going to make work more worthwhile. We spend over a third of our time at work in our lives. It's also for patient outcomes - it's just proven across the board, that the more certification and specialty, the more involved you are, the better. For some people I realize it's not an option, and that's totally okay, but I think that's also a great space for surgical nursing, too - to make it available for everyone, and make it accessible and transparent. ■

What is the effect of travel nursing on permanent nurses' positions during the COVID-19 pandemic?



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The pandemic flipped the world of nursing upside down. Hospitals around the country were becoming short staffed and overworked. This left hospitals scrambling to find help, found in travel nurses.

A travel nurse is a Registered Nurse or Licensed Practical Nurse who takes on short-term contracts to hospitals who are short staffed. These contracts could range from 8-13 weeks. Once your contract is up, the hospital may extend your contract or you move on to another facility. The travel nurse is employed by an agency and not one specific hospital or healthcare facility.

Travel nursing may be appealing for the money and flexibility. Nurses can see the world while working and earning more than a regular staff nurse. Specialized nurses make even more. Nurses who work in the operating room, emergency department, and critical care could make more money due to their specific area.

The door to travel nursing flung wide open - with huge payouts - during the pandemic. According to the *Washington Post*, there was a 40% increase of travel nurses, which could continue to rise. But why? Why did the pandemic cause travel nursing to skyrocket?

The answer may be as simple as the amount of money one nurse could make. Some nurses were tripling their salaries during a 13 week assignment. Travel nursing was popular before the pandemic, but the amount of money that can be made has changed the game!

The COVID-19 pandemic left a lot of hospitals short staffed and in desperate need of nurses. A lot of these desperate areas were in the ED, critical areas, and other specialized units that were directly impacted during the pandemic.

The desperate need for nurses allowed for travel agencies to offer high paying

contracts. The travel nurses earning the most money were working in areas that were extremely short staffed and suffering.

Many permanent staff nurses saw this as a great opportunity to make a lot of money. They had the option to stay at their current job where they may have been working short staffed and make the same amount of money or travel and possibly triple their salary. A hospital in Houston was offering up to \$12,000 per week for nurses to work the covid floors. Many nurses probably never considered traveling until these types of numbers got thrown into the ring!

A recent article by Health Affairs stated that 66% of nurses considered leaving their permanent position to travel. Hospitals were short staffed prior to the pandemic, but now hospitals have lost a lot of their permanent staff nurses. It is becoming harder and harder for hospitals to retain staff. The working conditions and staffing shortages have some nurses considering leaving the professional all together.

It is a vicious cycle. Hospitals are short staffed so they need travel nurses. The cost and payouts for travel nurses skyrockets. This causes permanent staff to leave and therefore more of a nursing shortage.

Will this spike last? The amount of money travel nurses are making may fizzle out. If the significant amount of money isn't there, the nurses may not be either. The lust for travel nursing may fade and nurses will be looking for their permanent spots back.

Travel nursing isn't for everyone. Some staff may leave to travel and hate it. Some travel nurses may be ready to settle down and find a permanent spot. This may be the time for nurses to find their perfect permanent position. Permanent staff nurses who have been looking to specialize or switch shifts may have a better opportunity to do so. With many staff leaving to travel, permanent positions have opened up. ■

nurse+deck

INTERVIEW HOST



JAMIE SMITH

RN, NP, MSN

NURSEDECK AMBASSADOR &
INTERVIEW HOST

Nurse Jamie hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck Community.

Jamie has been a registered nurse for over 13 years. She is an experienced nurse practitioner with a history in long-term care, medical-surgical geriatric nursing, and clinical pharmacology. She is also an educator and author.

I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base.

I love that there are people like NurseDeck trying to shake things up because we desperately need it.

WANT TO HOST AN INTERVIEW?

NurseDeck is a community built by real nurses and for real nurses. Our interview hosts know what to ask our featured nurses because they've been in their shoes, and so have you!

NurseDeck is where nurses share stories, resources, and guides to help inspire and motivate other nurses, and inform the rest of the world about the nursing profession.

If that's something you want to be a part of, email julia@nursedeck.com.



CASEY SMITH

RN, BSN

Empowering nurses to build careers *for better lives*

an exclusive interview
By nurse+deck

Casey Smith, BSN, RN, is a former pediatric ER and trauma nurse passionate about reimagining and changing healthcare for the better - for her fellow nurses and their patients. She synthesized her love for science and people into a career in nursing. Her career began as an RN at Vanderbilt Children's Hospital in Tennessee, where she served as a charge nurse and member of the specialized trauma and critical care team. Wanting something new, she spent a few years as a travel nurse - cultivating a love for the outdoors - and eventually settled in the Pacific Northwest. She joined the Trusted Health team just before the pandemic, and has been building community and empowering nurses to take ownership of their careers ever since.

NurseDeck (ND): Hi, everyone. I'm excited to have Casey Smith here today. Casey, can you tell us a little bit about yourself?

Casey Smith (CS): Absolutely, I'm so excited to be here. I was a pediatric ER nurse for about six years before joining Trusted Health where I'm now on their commercial team. I connect with healthcare facilities across the country and help them develop innovative solutions to manage their nurse staffing right now, but I've worn many hats at Trusted. When I first joined, I actually joined their marketing team to help them build community, and I know that community is a really big thing for NurseDeck. So I'm happy to talk about that today.

ND: So tell us how you got started as a nurse.

CS: I didn't really know I wanted to be a nurse, to be quite honest. So many people have such impactful



stories about how they had some life changing experience or knew someone that received really wonderful care. For me, I was just really trying to figure out where I could combine my interests, which at the time were science and people. I wanted to be a physician, but I didn't really understand what that actually means - I think a lot of people think they want to be a doctor when they grow up and then they actually understand what that means and they deviate from that. For me, I really wanted as much hands-on care with people. I've always enjoyed caring for people. I have two siblings and a very loving family, so I think that came naturally to me. So when I was interested in a career, nursing just seemed like a good fit but I can't say that I was 100% confident I was going to absolutely love it. Fortunately, it has been the best

Growth is uncomfortable but we're much better because of it.

career I could ever ask for and as soon as I was actually on the floor with my patients, I was like, "Oh, this is where I'm meant to be."

ND: Can you tell us about your journey as a pediatric nurse?

CS: I graduated from UNC Chapel Hill and did my nurse residency program at Vanderbilt in Nashville. I was started off in the pediatric ER, and I joined their specialized critical care and trauma team pretty early on. I think I was one of the youngest members to join ever, which is really great. It was really exciting, but also really hard. It's pretty early on in my career and at a young age, because I graduated school when I was 22. I was taking care of the sickest kids on the unit, and I was experiencing a lot of patients' deaths and having to consult and navigate that with parents. At the end of my two years at Vanderbilt, I was already a little burned out. I think I had about three deaths my last week there, and it was no fault of Vanderbilt or my staff, it's just the nature of being part of that team and understanding these are the responsibilities of that role. I was just looking for a little bit of a change, and I was always interested in travel nursing. So I started, and I did my first assignment on a small team in an ER in Austin, Texas. From there I went on to San Diego, up to San Francisco, back to Austin, up to Seattle, to Phoenix, and then back to Austin. I really, really enjoyed my tenure as a travel nurse - I was doing it with several of my good friends. I love exploring new places. I really developed a love for travel and a love for hiking. I was exposed to so many new facilities, new people, new ways of delivering care, I learned so much along the way. It was such a beautiful, beautiful time in my life, I really say I peaked as a travel nurse - it was just so fun. It was so great, and

I learned so much. It was hard at times, I don't want to romanticize it - there's some parts about travel nursing that are not fun, but I really really enjoyed my time there. At the end of that time, I'd taken my last assignment with Trusted Health and I loved the company. I developed a rapport with Sarah Gray, our founding clinician, so when she reached out to me about a position on their marketing team, I was a little bit burnt out at the bedside but I wasn't quite sure if I was ready to leave. But, then I was like, "Nah, I don't know if there'll ever be another opportunity I will be given to jump industries like this in such a nice position, and also an opportunity to care for my other nurses out there." So I took the leap. I wasn't sure if it was going to be the right thing, and I loved it. And I've been at Trusted for over two years now.

ND: What made you shift from pediatric nursing to commercial and community?





CS: I originally started by managing their Instagram and building community there. Once I started doing that, and I was like, “Oh, this, this is really special. This is something I haven't really come in contact with myself before.” As soon as I really got into it and started hosting events and bringing nurses together and seeing the impact it made for nurses, I was like, “oh, yeah, I love this. I can do this for a lot longer, too.”

ND: I want to hear more about Trusted Health!

CS: There's a lot of things that set us apart from other companies out there, and I love talking about Trusted because it's been my family for the last two years. At Trusted, our mission is to help people care. We do that in a couple of different ways. The ways most people are familiar with is our nurse staffing side. We've essentially digitized nurse staffing, so we can help connect travel nurses with travel physicians across the U.S. We do that through innovative technology, which takes the nurses' preferences and matches them with

jobs available on our platform. The way it's different is that it gives nurses complete autonomy and control over their careers. We transparently provide all the details of the assignment, including the full pay breakdown of everything they need to know to make an educated decision and the best decision for themselves. So, instead of the recruiter model, our employees are nurse advocates and clinical success partners. There's no incentive for them to push nurses into assignments that maybe aren't the right fit for them because it's not a commission based-structure. Our main goal is to support our nurses. Our care team, that supports our nurses on assignments, is made up of nurses themselves, and they really understand the clinical side of things. They understand the pain points for nurses, because a lot of us used to be travel nurses, as well. We understand that dynamic, what nurses are going to be entering. We just get it, and I think it's a big difference. On the other side, we're developing technology to help hospitals better manage their workforce more efficiently and more



We need nurses in other parts of healthcare to drive change.

effectively. It saves the hospital money and it can also help hospitals with staffing, which ultimately is going to be helping our nurses and patients.

ND: So how is Trusted Health helping nurses to build the lives they want?

CS: We do it in a few ways - we're multifaceted. We try to take care of the nurse holistically. So, we obviously have this jobs platform and help them with their careers, but we actually provide a lot of career resources. We host live and virtual events, which cover everything from lifestyle meetups to career resources - we really try to cover topics where there's gaps of information for nurses, like traveling nurse taxes, LGBTQ+ resources, nursing in the wild, how to be a wilderness nurse, cannabis nursing, all these different things. We partner with a lot of leaders in the industry and provide really good content on our blog. If you have a profile with us, we have community forums where you can connect with other nurses. We also have a Facebook group with over 10,000 nurses for them to connect with each other. Our community efforts are pretty large and we do a lot to help support nurses. We really

try to be nurse-first in everything we do - we do day-one benefits for our nurses, which includes mental wellness benefits.

ND: You caught my ear when you said 'nursing in the wild.'

CS: We partnered with the Wilderness Medical Society - I'm actually a member and I love them. They're amazing. They are the world's leading resource and have the leading research on how to manage illnesses or manage care in the wild. If you are an ER nurse, or if you're interested in pre-hospital care, or how to treat something in the wild, or you're just outdoorsy, this is your community, this is your place. I love them so much. They bring in the most interesting people - just the kindest folks you've ever met. I absolutely adore them. It's the director of emergency care for all of Alaska who also teaches survival skills or hypothermia classes for us. I just think it's the coolest thing. We find partnerships like that to help bring really interesting and unique content for nurses.

ND: Tell us more about your career highlights in Trusted Health, from being a community associate to



community lead, and now a senior business development representative.

CS: Yes, I've worn several different hats and they've all been amazing. I started off just managing their Instagram and hosting live events for them. When the pandemic hit, I transitioned to more of a social media manager role. I was managing all of their social channels, also helping to develop and execute our virtual event strategy. That's when we started finding all these partnerships, like the Wilderness Medical Society or the National Black Nurses Association, to bring events and content for nurses to access virtually, since we weren't able to meet up with each other. That was really impactful. My last year on the marketing team, I created and ran our

community ambassador program, taking bedside nurses who worked for Trusted - who loved Trusted, who understand the pain points and everything that's going on for nurses at the bedside - to bring real authenticity to our marketing efforts and making sure we're connecting these nurses and reaching out to them in a way they'll resonate with, but also that's truly helpful to them. Even after two years away from the bedside, I still remember acutely what it's like to be a nurse, but to be a nurse in the pandemic, understanding what we're going through, I think that's the right person to connect with our nurses.

ND: I want to hear more about the Trusted Health community ambassador program you launched.

CS: Awesome! We started off with three people in a pilot program, and it was really successful so we expanded it to 10. We picked a variety of nurses across different specialties and backgrounds, and used their insights and innate ability to connect with their people across our social channels, our blog, they write content for us, they create social content for us. If you go to our Instagram, you'll see reels from all of our community ambassadors. They also help us host events, because nurses - whether you realize it or not - you have something to offer, you are an expert on something. So they've been able to lead events and offer insight on travel nursing or medical volunteering, things like that. We have a really great group of nurses that help us in all these different ways, and they continue to help us internally address it through focus groups. It's really a great program, and we're going to be looking to expand it and bring more ambassadors in and just help them

help us continue to make an impact.

ND: How was it working and partnering with influential nurses on the content, events, and social?

CS: Oh, it's amazing. You realize there's this broader community out there for nurses that really want to help. I mean, nurses are wonderful people. You work with these influential leaders and these role models, and they're really willing to break things down, they are willing to pass on knowledge and help me out in my current role, but also just serve as a mentor. I really appreciate everyone I've worked with. I think by working with them, I really was able to expand my horizon to understand what I'm capable of as a nurse. These are nurses that are going out there doing things nurses have never done before, showing that we're capable and we have the skills and we have the know-how to do these things. That was really impactful for me: understanding I can really do anything I want with my career now.

ND: How do you see yourself progressing in the future? What do

*Being a nurse
at the bedside
was probably
the greatest
honor I'll ever
have.*



you see happening?

CS: I had this conversation with someone the other day, and “I don't know” is the short answer. I also like saying I don't know things because I think it normalizes it, too. I don't know what I want to do when I grow up, and I also realize that's perfectly okay. I had a meeting with a mentor a month or two ago, and I came in, I was like, “I don't have a five year plan,” and he's like, “that's okay, you're actively growing, you're changing roles, you are growing your skill set, you're making impact. Focus on the now and really develop these skills, learn as much as you can, and you'll eventually come across a thing in the future.” I'm always jealous of those people that are like, “I know exactly what I want to do,” because I'm not one of those. I love to accept opportunities as they come, and I'm really grateful I have that part of my personality, because I think it's led me to where I'm at now. I don't know if I would have gone down this road otherwise. So if I have any advice for

anyone out there, just look for the opportunities, take them outside your comfort zone, because growth is uncomfortable but we're much better because of it. Our horizons are going to get bigger and bigger and bigger, and you're going to be able to accomplish so much more because of that. So don't limit yourself.

ND: I couldn't agree more. So, what would you say are the biggest challenges nurses are facing nowadays?

CS: I think there's a lot. Healthcare is broken, and there are a lot of ways we're not given the support and resources we need to grow. Professional development is scarce in nursing, and I don't understand why we don't start that at the collegiate level - really push that and develop them as leaders and professionals so if they want to make an impact beyond the bedside they're able to. Right now, we train nurses to be at the bedside, because we need nurses so desperately at the bedside, but we're limiting them. I've seen so many nurses leave health care. If we just trained nurses a little bit better and gave them the education to succeed elsewhere, we could at least keep them in healthcare, and nurses have been shown to make such an impact in healthcare. Nurses are there for the patient journey. All these companies will look at physicians and hire physicians to help guide them - they should be hiring nurses. We need nurses in other parts of healthcare to drive change, we need them to be a part of decision-making at all levels. If we only train nurses to be at the bedside, it's going to be so much harder to get them there. I would love to get into education and help make that difference down the road. I'm not quite sure but that's definitely

something on my horizon, hopefully. Going back to the broken system, from an operational standpoint hospitals are really old school, they don't have the technology they need to bring us into this decade, so that ultimately hurts our nurses and patients. If we spent more time focusing on retention and really supporting staff, hospitals and patients won't be better off.

ND: So how has the pandemic changed your work?

CS: I was remote to start in a marketing position but I was hired to do live events and start building community in person, but then I went completely remote. I wasn't impacted as much as most nurses who were at the bedside, but I will say I think every nurse internally went through it mentally because we have these skills and we felt so guilty for not being there with their fellow nurses, so it was really hard for us for a little bit. We feel like we're leaving them there





by themselves. I'm not trying to discount what nurses experienced. But I because I think that was much worse, but we were impacted in a very different way.

ND: What are your thoughts on the community? How do you think nurses can benefit from NurseDeck?

CS: Nurses can benefit from community in a lot of ways. A - you have that support system and you can reach it anywhere, when you're on an assignment or having a bad day at work, you're with your spouse or children or family who don't quite get what you're going through, you still have your fellow nurses there to support you. It can also normalize what you're experiencing. I've seen a lot of mental health issues come up for nurses, so just having a community to go to that normalizes what you're feeling - because compassion fatigue and moral injury, those are really scary to navigate. When you stop caring as much for your patients and don't feel like you have the capacity to care for them in a way you used to, you feel like

something's wrong with you, when really you've just been subjected to a lot of trauma. That's really scary to feel, and you feel bad about it, but you can talk to a nurse and understand, "this is not just me, this is something that's happening across the board." It normalizes this experience, and maybe even makes you more likely to seek help when you need it. Beyond that, I think humor is a great tool for handling the hardships of being a nurse - you have to be careful as a professional, but using humor to express that can be a good outlet for nurses. That's a beautiful part of being in an online community like NurseDeck. What I've seen specifically is that I can also find the professional development and the mentorship there that I didn't get in my education. I see nurses doing things I want to do, I see nurses going beyond what we were trained to do, and I think that's a really beautiful thing to understand. You can meet these people and get their advice on how to take the next step in your career because that exists there even if it's harder to find it elsewhere. That mentorship is a beautiful thing.

ND: How will you motivate nurses to help create a better environment by joining a community?

CS: I think people throw around the word "community" a lot, so it's just helping them understand the benefits of joining one and what it looks like. You just get them there, I think that's the hardest part. I understand what they can get out of it, and I think nurses are really word of mouth. So bringing in people who love the community and helping them spread the word, bring in their friends and family and understand that it is each person's responsibility in that community to help build it and



contribute to it - put that accountability on each member. It's their job to moderate to make sure people are speaking kindly, to share content, to share ideas, to share good vibes.

ND: What are your thoughts on clinical practice versus community building?

CS: I think they're both wonderful. Being a nurse at the bedside was probably the greatest honor I'll ever have, and I mean that so sincerely. Being able to care for the vulnerable is such a beautiful thing, and I am just so honored that people put their trust in me to care for their sick children - that's a really big deal. I absolutely loved it. Building community and helping other people understand the importance of that, and seeing the impact that's made on our nurses lives - having them feel supported - I think that's also really beautiful and impactful. Both are necessary and needed.

ND: You do a lot for nurses. Thank you!

CS: Thank you. I love what I do. Any nurse can do it, I really think so. It's just believing in yourself and having people to believe in you. You can make an impact beyond what you can probably recognize right now, and it's the same for every other nurse out there. I just really encourage nurses to take chances, take risks, join a community, start talking to people, and understand you can do whatever you want to.

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