

# CASSIE BOYD

BSN, RN

**THE POWER OF  
TRAUMA-INFORMED,  
ASSESSMENT-BASED  
COACHING**

NURSE COACH,  
TRAUMA SURVIVOR,  
ENTREPRENEUR



ONE RELENTLESS  
NURSE'S JOURNEY

**RONALD JAMES VERGARA**

BSN, RN

*"This is what I  
have been  
destined to do."*

HEALTHCARE FOR Y'ALL\*: THE  
IMPLICATIONS FOR NURSING  
CARE IN THE WAKE OF THE  
LATEST TEXAS ANTI-TRANS  
LEGISLATION

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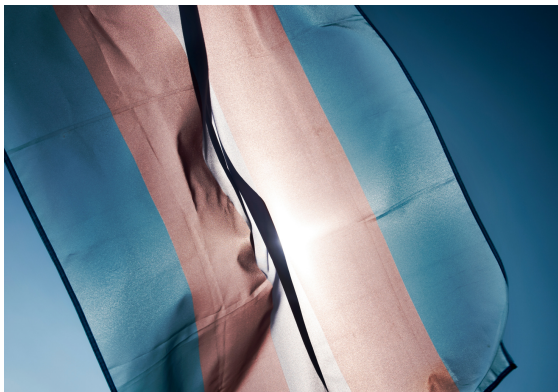
# WHAT'S INSIDE...

*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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One relentless nurse's journey:  
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Healthcare for Y'All\*: The  
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## **CASSIE BOYD**

The power of trauma-  
informed, assessment-based  
coaching

This interview just gives SO MUCH. Cassie opened up about her difficult past and how she found her calling - in being a nurse coach. From balancing her time as a nursepreneur to how she assesses new clients, Cassie told all. This nurse is right where she wants to be, and it shows.

# nurse+social LEADERBOARD



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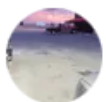
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Our monthly leaderboard shows which ND Social users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing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

*Join the  
community...*

NurseDeck is for everyone. Whether you're a student, new to the field, seasoned scrub or retired - our community involves you.

On ND Social, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

Join in at [social.nursedeck.com](https://social.nursedeck.com)

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## WE'VE GOT TWO NEW GROUPS FOR YOU...

### Interested in travel nursing?



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Join for travel nurse tips and stay up to date with trending Tik Tok influencer: Travel Nurse Rich.

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.

*All members will first receive a FREE one week trial*

**Membership Rate:**

*One-time fee of \$35*

### Always wanted to explore entrepreneurship?



#### **Nursepreneur Membership Program**

Successful businesswoman and mentor RN Kym Ali is here to help nurses live life on their terms.

Nurses, the last two years have been challenging to say the least but, having our pay capped is the bottom line. If you are thinking about your next steps, you need to read this.

After a 16-year long nursing career, my mental and physical health took a toll on me, I had enough and threw in the towel. But that doesn't mean there isn't another path for you. I'm here to help show you step by step how to start a business and land your first client or shift careers. Imagine being sought after for your skills and expertise to help others. With my help, that is possible. You don't have to feel lost or wonder what to do with all the time, money, and education vested in nursing. I'm excited to announce a new community for nurses who want to supplement their income or replace it through entrepreneurship.

*Sign up now for \$25 a month*

One  
*relentless nurse's*  
*journey*

**RN Ronald James Vergara**



## MEET RONALD

*Ronald James Vergara, BSN, RN, started out in criminal justice before finding his way to nursing. He worked as an LVN/LPN in adult and pediatric care before earning his BSN in 2021. He now works as a registered nurse at a behavioral health hospital in California. Connect with him on LinkedIn: [www.linkedin.com/in/ronald-james-vergara-3ab6ab4b](https://www.linkedin.com/in/ronald-james-vergara-3ab6ab4b).*

### **How did you get your start in nursing?**

It's definitely an interesting story. I graduated in 2011 with a bachelor's in criminal justice, and I had this whole pathway planned out where I was going to do law enforcement. Unfortunately, during that time, California just didn't have funding and there was a long period where they just weren't hiring. I was also taking care of my mom who had cancer. So that period was an eye-opening experience. We were in the healthcare system for a while before she ultimately passed, but it was definitely an eye-opening and heartbreaking time. It did lead me to a new realization of how I could impact society. That break worked out, I guess you could say, because it eventually led me to nursing. So, I was in a criminal justice master's program, and I had this realization I was going down the wrong path. I wanted to try it out, though I was never really great at science. Criminal justice is totally different, but I want to do a test run. I did a LVN first - I want to make sure if I could get through it, and if I stuck it out, I must be able to enjoy it enough to do it for the rest of my working career. So, I went from studying crime scene investigations to learning how to put a Foley catheter in, but also the hard sciences too. Those

prereqs were definitely tough for me. I eventually got to the nursing portion and I totally got that part, maybe not-so-much the microbiome. I definitely have the nursing interventions needed on the floor.

### **Did you have the sense that if you powered through the nitty gritty science, there's a lot you could do with nursing?**

Definitely. Prereqs are, in a sense, weeding-out classes. I always saw it as, "realistically, if you can do these classes, it's building your foundation for studying nursing." Getting through that was definitely tough, but it opened my eyes to the different aspects of nursing and to the fact that I could always move around if I felt like I had met a goal in a certain section, and I could aspire to try something new. That was the biggest appeal of nursing, the mobility aspect.

### **Is it still hard to get a nursing job in California?**

It's definitely congested out here in California. We always talk about nursing shortages, but in a way there's just not enough schools and teachers to be able to supply the demand or where nursing is going. California schools have always been

impacted, so I was trying to come up with a straight pathway, but it never turns out that way. While working as an LVN, I continued to take my prereqs. I knew that I wanted to be an RN and I knew I wanted to be in the inpatient setting. In California, we really don't have a chance as LVN and LPNs. I'm a very motivated individual, so when a school sent me a denial letter, I'm like, "alright, it doesn't want me, I'll figure it out." After about a year and a half of trying to get into programs. I made the choice to try out-of-state, and decided the first school I got into is where I'd go. It ended up being Kansas City, Missouri, which is where I completed my accelerated bachelor's program. Doing my nursing education out there I was able to see a different perspective of nursing, as well. My mom was actually a nurse and she always kind of pushed me to do nursing. I'm Filipino, and it's a great stereotype that a lot of Filipinos are in nursing.

**Can you tell us about a heartbreaking moment you've had nursing?**

It was literally probably my second week on. I was taking care of a patient, and the doctor pretty much said, "this is not looking so great." They broke the news to the patient, they broke the news to the family, and I was holding out pretty good because I'd gone through it with my mom and I already know I'm going to be there for the patient and the family. The kicker for me was the patient was already slowly declining, but they gave this indication of saying, "thanks," but it was a different culture. The family took me aside and said, "no, this is huge. He's expressing his gratitude to you about how much care you provided for him over the last few days." I don't know what happened but that busted a pipe in the back of my head. I was like, "I need to go to the bathroom for a minute." Especially in the ICU, it goes a number of ways. It's either they get well



enough to get sent to a different unit, or not. Some can go on the decline, and when it goes into decline, you don't really get to see that kind of reaction from the patient. That was probably my most heartbreaking moment so far, but I'm sure there'll be others along the way.

**You were one of 48 chosen out of 800 for your residency program. Tell us about that.**

It was definitely a more prestigious nurse residency program, and especially living in Northern California, there's not that many actually. The program, in essence, is a transitional period of getting new grads more accustomed to their work environment. For a lot of people that sounds like orientation, but for the new grad programs, they're really trying to integrate you. They provide you with additional classes to make your transition smoother, they provide preceptors that are





trained and certified and give you a nurturing aspect but also the nitty gritty. You get the best of both worlds. It's kind of like school again, without having tests. For a good year, we still have our courses and an ample amount of time with a preceptor. I actually get a total of four months with my designated preceptors, and they show me the ropes of the unit. With the other members of the cohort, you're forming a bond outside of just the unit. When we all meet up, it's usually, "let's go eat, let's cry about what's going on being new grads and the growing pains of the year." That brings a camaraderie.

**Do you see yourself sticking with the ICU? Where do you see yourself going in nursing?**

We're always talking about pathways. With a lot of folks from the ICU, I hear about people going to CRNA school, or going to nurse practitioner status or into critical care. I'm actually interested in psych, which is a little different. It was always at the back of my mind as a LVN, that eventually I wanted to go into one of the military branches as a reservist. I was looking in psychology for the psych NPs, especially because I'm a little older than a

lot of new grads. A lot of people in my high school and college classes were in the military, and they came back a little different. Mental health is becoming more spotlighted, and it's definitely a route that I do want to look into. Many mental health issues can wear down on people and ultimately physically affect them as well. They might be going through something mentally for years and not realize it. I'm going to get my experience in the ICU and see where I ultimately go, but at the moment it's looking like a psychiatric mental health practitioner.

**How have your working conditions been?**

Being a new grad, this is all I know so I think it's going great. Everyone in our unit is very supportive. Especially in the ICU, they definitely went through it last year, so they are totally aware of how it could be perceived being a new grad. Conditions-wise it's stressful, but I think that just comes with any territory of nursing. I'm getting through it with all the nurses around me. Camaraderie is great and brings morale up, and everyone's trying to be a team player, especially for the new folks. They're trying to make sure we're okay.



**Would you say you're experiencing burnout, and do you see other nurses going through it?**

I don't really sleep that well to begin with, so after two or three shifts in a row, there are times I'm just exhausted. After having a few tough days in a row, I think it's natural to just throw your gloves on the ground and just sit in the bathtub for a while. It just comes with that initial reaction, but a little bit of self care goes a long way. I've definitely felt a little bit of overwhelming stress, mainly being a new grad, getting used to a whole different charting system, a different schedule, and then managing things at home. Everyone's kind of dealing with it in a different way. But I think overall, everyone has the same idea of like, "okay, this is a different level of stress."

**How important is your cohort community to your success and career longevity?**

We all came from essentially different backgrounds, people all over the country

actually got into this nursing residency program, and everyone had different experiences prior to nursing, too. Knowing we're in the same hospital system, going through the same policies and procedures, and we're all at the same level of stress and we're all newbies - it's easier. Some people have some reservation expressing themselves to the more seasoned nurses on the floor, so they always come through with the general "I'm doing good" robotic response, but people can see through that. When we're amongst ourselves, we're able to talk to each other and there's just a comfort level of, "okay, these are people that get me." Everyone went through this part at a different time but everyone has shared experiences, so you're able to just talk to other colleagues.

**What advice do you have for aspiring nurses?**

The biggest thing is to stick with it. They tell you that in prereqs, in nursing school, the whole way through - even studying for the NCLEX. We went through all the trials of getting to this point, so according to the board we're good enough to practice. It's just consistently knowing this is an ongoing learning process. I've been in now for nine weeks, and probably week three, I was sitting in the supply room thinking, "man, is this for me? I went through eight years but I'm starting to feel overwhelmed." It just comes with the territory, especially for those going through school. When the pandemic started, education was impacted because hospitals were closed off to students doing clinical rotations. That hands-on experience is definitely a significant advantage, so I'm the perfect example of getting full, hands-on experience as an LVN and then in RN school. I feel like, if I didn't have that, it would be a little tougher. Just stick it out. The day will end regardless of how on-fire things might seem, it'll be okay. 🙌



# Healthcare for **Y'all\*:**

**The implications for nursing  
care in the wake of the latest  
Texas anti-trans legislation**

If you've ever been part of a child-abuse case, no doubt that experience has been burned into your hard drive—you don't forget the extreme examples of suffering and evil that nursing sometimes brushes up against. To that end, any nurse working today takes their role as a mandatory reporter extremely seriously.

Nurses are heralded for their patient advocacy—some of the fiercest around, in fact. We sometimes risk our emotional human selves in order to protect and serve humanity. Just as physicians practice on a foundation of the Hippocratic Oath—"first, do no harm"—so too, do nurses taking The Nightingale Pledge.

Which is precisely why Texas Gov., Greg Abbott's anti-trans health care directive is so maddening. Of all the places where politics surely don't belong, the medical decision-making between trans kids, their parents, and their care providers surely doesn't qualify.

How did we get here, you might be asking. Well, in late February, Texas Attorney General Ken Paxton (republican, up for reelection in 2022) issued a press release where he boldly stated, "There is no doubt that these procedures are 'abuse' under Texas law, and thus must be halted." "These procedures" that he pearl-clutchingly refers to, are better known as gender-affirming care like puberty-blocking treatment and hormone replacement therapy.

Instantly, the medical community was up in arms. The American Medical Association, American Psychiatric Association, and American Academy of Pediatrics are all vocal advocates for gender-affirming care in youth.

In the nursing world, supporting age-

appropriate care for trans youth is considered best practice. As highlighted in Columbia University School of Nursing's Certificate in Professional Achievement (CPA) in Transgender Non-Binary (Trans NB) Health Care for Advance Practice Nurses and PAs, nurses are essential "to support the health of trans NB people along the continuum of care and formulate a care plan that addresses follow-up, ongoing care, and preventative screening..."

A recent statement from National Nurses United (NNU) condemns Paxton's remarks further, calling it an attack on transgender children. NNU president, Zenei Triunfo-Cortez, RN, important noted that Paxton was "completely out of line with both research on gender-affirming care's impacts and basic medical principles of providing aid."

We know unequivocally that gender-affirming care is life-saving care. Trans kids that are nurtured and supported, validated and protected, are far better equipped to survive their turbulent teenage and young adult years.

Rates of suicidal ideation and self-harm are much lower in trans kids that are seen and listened to for who they authentically are. The families that navigate alongside them ought to be praised, not persecuted. And the same goes for the healthcare teams providing this care.

But lawmakers have been undeterred. Governor Greg Abbot doubled down on Paxton's remarks, and signed his care directive into law. In response, some hospitals and care centers are already backing away from providing gender-affirming treatments and therapy.

To their credit, Houston-based Texas

Children’s Hospital explicitly cited concerns about punitive repercussions for their staff as the basis for this decision, and not alignment with the bill’s core message. In a published statement they said, “This step was taken to safeguard our healthcare professionals and impacted families from potential legal ramifications.”

For the kids and young adults already in the midst of gender-affirming care, or those that were about to start using puberty blockers treatment, this abrupt cessation of care will be devastating. Medically delaying the onset of puberty allows more time for young ones to sort through their gender identity exploration.

One that should be guided by themselves, their families, and their care providers. The LAST people that ought to be involved? Lawmakers.

It won’t be just nurses in Texas that must keep abreast of quickly shifting legislative sands. So far, there are 39 states and counting that have anti-trans legislation. If that surprises you, it shouldn’t. For years now, legislators have used trans adults as political weapons to assert their bold positions ahead of election seasons.

It’s no coincidence that the upcoming midterms in Texas coincide with this most abhorrent anti-trans bill yet; except now they are coming for children, and raking in neutral parties—parents and mandatory reporters—to boot.

As nurses, we dedicate our professional lives to our patients, and most especially to underserved and vulnerable populations. Rightfully, legal advocacy groups like the ACLU have already begun to fight back against various anti-trans bills. While they hammer out the issues in the courtrooms, that still leaves parents, teachers, healthcare



workers, and other mandatory reporters to muddle through a catch-22/20-questions intersection.

For nurses, these are the questions being asked:

How can we best provide for our trans patients, while still keeping in form with mandatory reporting?

Does a patient’s right to privacy about their health supersede a nurse’s obligation to report?

Does a nurse’s ethical and moral conscience factor into these decisions when the “abuse” in question has been perverted for political gain?

Unfortunately, there are no simple ‘yes’ or ‘no’ answers to these questions. Nurses working for large organizations will have to follow their employers’ policies, or face termination. In the meantime, we must voice our support for our trans patients and their families.

Nurses—stay loud, stay vocal. We cannot allow ourselves to be bullied. We cannot allow our patients to be erased. <sup>8</sup>

# 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](mailto:julia@nursedeck.com).

A portrait of Cassie Boyd, a woman with long dark hair styled in a braid, wearing a black blazer over a light-colored top and a necklace. She is smiling and looking slightly to the right. The background is a dark blue gradient.

# CASSIE BOYD

BSN, RN

The *power* of  
***trauma-informed,***  
*assessment-based*  
***coaching***

*an exclusive interview*  
By nursedeck

Cassie Boyd, BSN, RN is a nurse coach with more than 10 years experience in nursing and 20 years in the healthcare field. She's worked as a managing LPN in adult family care, an RN in inpatient care, and as an RN case manager in Wisconsin. Though she's tried a number of nursing specialties, but always felt like there was something else calling her. Cassie is a trauma survivor herself, and through her own trials and tribulations has developed a unique strategy to overcome trauma. She founded her business, Imperfectly Perfect Coaching, in 2021 and works with nurses and people across career paths to find empowerment and transformation.

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NurseDeck (ND): Thank you so much for being here, Cassie! Can you tell us about your journey and why you decided to go into nursing?

Cassie Boyd (CB): It's such a pleasure to be here! I love NurseDeck. So I think I have a story that a lot of people can probably resonate with. I come from both a blended and split family, so I have three sisters, two of whom I grew up with, one sister is on my biological father's side. My youngest sister, that I grew up with, was diagnosed with leukemia when she was three, so she spent a lot of time at Children's Hospital in Milwaukee. Seeing how other people could help her and the effect these nurses had on being able to help my sister feel better, help my entire family to feel better, that really impacted me greatly. From that moment on, I knew I wanted to be a nurse. I actually started working in healthcare when I was in high school. My high school offered a conjunction program with a local technical



college, so I joined a health youth apprenticeship program - I actually still have the pin from that - and I became a CNA. I started the course at age 15, they let me in because during that timeframe I would meet the 16 year old requirement you had to meet to sit for your certification. So I have been off-and-on working in healthcare ever since. I'm going to be 38 so you can do the math on that, but it's lot of years of working in health care, and I love it.

ND: What lead you to become a nurse coach? Tell us about your journey, the significant trauma you experienced, and how it changed your life.

CB: It has been a journey for sure. Throughout the time I've been a nurse, which has been over a decade now, I have explored multiple

*Everything  
that has  
happened to  
me has  
gotten me to  
where I am  
right now.*



avenues of nursing. I've tried a little bit of this, a little bit of that, a little bit of everything, and I never found something that 100% was, "this is it. This is where I belong. This is exactly what I am meant to do." So I continued my exploration, and I stumbled upon nurse coaching just this past year. As I continued to research it and reach out and develop relationships with other women who were in that same facet, the more it appealed to me. Then, I discovered that not only could I be a nurse coach, where I could have full control over who I worked with, I could also develop my own program. The second I learned about that, I just felt like, "this is it. This is what I have been destined to do." I do have a significant trauma history. I come from a family where my mother is diagnosed as bipolar, but likely has some other mental health issues. That has had an impact on me from as early on as I can remember. There's some other fairly significant traumas I've gone through in my life, including mental, verbal, emotional, and some physical abuse. I was molested by a family friend at age 11, and that had a huge impact on my life. It completely changed the trajectory of my life, the moment that event occurred. So it's been it's been a journey, it's been a path. When I learned I could develop my own program and I could choose how I wanted to help others and impact their lives, I knew immediately what my program was going to be about. I knew immediately I was going to focus on helping others to heal from trauma. When I tell people facets of my life story, they're like, "how? How are you the way that you are now? How have you gotten to this point in life, and you're not a drug addict or alcoholic?" A lot of people are shocked to learn of the things I've gone through, and I'm proud of that.

People always ask the question, "if you could go back and you could change things that have happened to you in your life, would you?" I can honestly say, with 100% certainty, I would not change anything. Everything that has happened to me has gotten me to where I am right now, and I am incredibly happy and proud of the person I've become, despite the odds really being stacked against me. I'm now in a position where I can help other people in such a powerful and impactful way that it's just so soul-serving. It just feeds my soul to see the impact that what I've created has on the people that I work with. It's amazing, it's an incredible feeling. I feel like everybody should go out and be a nurse coach now.

ND: Thank you for sharing that. It takes courage to step out and to be that blunt, and to share that kind of personal information.

CB: Absolutely. I think it's super important to be open and honest about the trials and tribulations I've gone through. It's no secret. When I brought up issues with drugs and alcohol - in my youth, I did have those issues, and that's part of the impact and and the story and the assistance that I can now offer others who are in a position where they're struggling with those things. There are so many different things that have happened and so many different things I've been through, that I can relate to people in a way that a lot of other people can't. So other modalities - therapists, counselors, what have you - they likely have not been been through a lot of the same things that I have, and can't connect with their clients on the same level that I can. That's why I think it's so important to talk about these things and to be open



and honest about it.

ND: Can you tell us more about your passion? What keeps you motivated?

CB: So first and foremost, I would say the clients. Watching people get these amazing results from this thing I developed that came out of such a dark place in my life is so incredibly soul-serving and amazing to watch other people have these moments of recognition, and to progress to a place they've never been able to be before. I have worked with clients in a variety of age groups, I've worked with both male and female clients. It is a little bit harder, I think, to connect on the same level with a male client as it is with a female, but I do if they are people that are really in the same mindset of wanting the change my program can offer. That is the the most important or the first motivator for me, and secondly is my daughters. I want them to see that anything you dream, you can go out and do. Really, that's my biggest motivators is my clients and my kids.

ND: You're doing the right thing apparently! Can you tell us more about your method and style of coaching? What else can you offer in your mentoring and support?

CB: Right now I offer two different versions of my program. The first is a one-on-one program, and it's 16 weeks long. That is the more intense of the two. I also do offer some group coaching for people who maybe have done some work already and don't need as much one-on-one with me. The dream that I have for those in the groups together is that they will become their own built-in support network and go on to be lifelong friends. The methodology itself is based primarily on Maslow's hierarchy, so it's a level of assessment and then rebuilding each facet of Maslow's hierarchy. There's also a conjunctive piece with the ACES pyramid. So if you're familiar with the ACE testing - adverse childhood events - there's a large portion of that that goes into the assessment piece. That helps me determine how I'm going to build out

*This is  
what I  
have been  
destined  
to do.*

each individual's program. There's a lot that goes into building each client's program, a lot of assessing, which as nurses we're all very used to doing a lot of - assess and rebuild, assess and rebuild. That's what I do. This year, I hope to offer some self-study courses as well on various topics. I don't want to seem like I'm bragging, but it's just an incredible feeling to be right where you need to be, and to know that you are right where you need to be.

ND: What is Imperfectly Perfect Coaching all about?

CB: Imperfectly Perfect Coaching means a lot to me in both the title and the logo. There was a lot that went into the development of the business name and the logo. The "Imperfectly Perfect" is because I want everyone out there to realize that everyone is perfect already, in your own way. Your life can change. You can apply these techniques and these tactics to your life, to improve your lifestyle, and to create that ripple effect, but at the end of the day, you - your core self - you are already perfect. You are imperfectly perfect. That's what I want everybody who works with me to realize, and even people that don't work with me. I just want people in general to realize, in the core of yourself, no matter where you are in life, no matter what trials and tribulations you're currently going through, you already are an imperfectly perfect person. That's where that comes from. The logo has a lot of different facets that have different meanings for me. One of the biggest pieces of the logo is an oak tree, which represents stability and strength - something I have obviously had to develop through all of the things I've been through. People who work with me develop a solid and firm

foundation that, again, relates back to Maslow's hierarchy and the rebuilding and assessment and rebuilding. There is also ivy included in the logo - English ivy, which is considered to be an indestructible type of plant. That was included for that very reason, because I want people to realize that no matter what happens to you, no matter what you go through, you're also indestructible, because you're here. You're working with me, you're you're doing the things that you need to do, you're taking the steps you need to take in order to move forward. You're right where you need to be.

ND: As a nurse coach, in this time of pandemic, what are the major changes you've seen in your work?

CB: Luckily, because I run my business virtually already, it has not had a huge impact on my business. I will say that it's had a huge impact on nurses, in general, healthcare workers, anybody that was a frontline worker. I've given a lot of speeches at conferences about the importance of trauma-informed care, especially now that we're in a post-pandemic world. There's been a lot of recognition around those speeches, which has been another amazing facet of being a nurse coach: the ability to give speeches like that, which is not something you would typically do in what I would consider to be your more generalized or well-known nursing paths. That has been an amazing secondary part of everything I do, being able to contribute in that educational way. I love, love, love teaching people. That's always been something I've thoroughly enjoyed, and now I get to do so much more of it by participating in these conferences, and teaching people throughout the program as well.



# IMPERFECTLY PERFECT COACHING

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ND: What's the biggest challenge you've had so far in your career? How were you able to manage it?

CB: It's really a balance of my time. When you start to get this influx of people recognizing you, and wanting you to participate in these different things, as well as different clients wanting to work with you, and having a family, it's learning how to balance it all out. That really fluctuates from month to month, and it's based on the other clients I'm working with, and what level of support to those clients need compared to the level of support these new people that I might be onboarding will need. You have to be rigid and structured and know what you can handle so you're not taking on a client whom you can't serve in the way they deserve. That is crucial to me. I'm very, very cognizant of how many clients I'll take on each month.

ND: Sounds like you are very busy. Is this your full-time gig?

CB: Not yet, it will be. I have another job. When I first started the business, I was actually working three jobs. Two of them had gone 100% virtual, which was the only way I was able to

do this. I did leave two of those positions, and now I just have one actual job and then my business. That also plays into how many clients I can serve per month. Within the next year, I hope to be 100% working on my business.

ND: That's great. Have you felt burnt out with everything going on?

CB: Not at all. With the way this has been able to impact me, by helping others, it's really filled my cup rather than burnt me out at all. It's been the complete opposite. I love it, I love being able to help people. Being able to have the level of control that I do as the business owner really helps a lot. I can limit how many people I'm serving at any given time. I will definitely say prior to finding this avenue, I was in that place where you want to do certain things, you want to have a certain lifestyle, you want to meet a certain goal, or you want to try different paths. I had tried many different avenues of nursing and had not found anything that I was like, "This is it, this is what I want to spend my life doing." So I just kept trying new things, and that was a way to keep me from getting burnt out. I will say I don't feel like I necessarily dealt

*I want people to realize that no matter what happens to you, no matter what you go through, you're also indestructible, because you're here.*

with that until the beginning of the pandemic and trying to balance three jobs and then having that increased need for healthcare and nurses. So that got to be pretty tricky to manage, but I found a way.

ND: So with the pandemic that we have currently, how are your fellow nurses dealing with burnout?

CB: I think it really varies for everyone. It's important for everyone out there to identify whether or not you are dealing with burnout potentially, and to make sure you are utilizing self-care practices. If you're not, you are going to burn out, there's just no ifs, ands, or buts about it. You have to be very cognizant of yourself, cognizant of your health cognizant of the way that you're reacting to others. Are you finding yourself being more short, more

easily irritated by something you usually could very easily blow off? These are all things that you need to be aware of consistently, and take steps to prevent yourself from being in that place. I do still communicate with a lot of other nurses who are still on the frontlines and experiencing a lot of these issues. We talk these things through: "what are you doing to take care of you? What are you doing to help yourself?" It's the same saying as when you get on an airplane, and they talk about how you have to put your oxygen mask on before you can help others. It's the same - no matter what profession you're in - but I think especially when you're talking about healthcare, you've got to put your oxygen mask on first. You have to do things that are soul-serving to you, that are self-love and self-care measures, in order to be able to give the best to your patients.

ND: Do you think there are enough resources to support nurses? How do a communities like the IPPC group and NurseDeck help?

CB: Oh, that's a loaded question. Do I think there's enough resources? Yes, and no. I mean, there are a lot of resources that are available for nurses. Could there be more? Of course, but I think a platform like NurseDeck is something that has been so needed for so long, that now that it finally exists, it is just absolutely incredible. I think everyone needs to run out and sign up for this platform to be able to have a place where you can offload your fears and your concerns and just connect with other people who really get it. That is such a key component - making sure that you're connecting with other people who can really understand where you're coming from. It's like what I was talking about



earlier in connecting with my clients and being able to openly share my backstory with them, so we can connect on that level. NurseDeck offers nurses a place where everyone can connect with other people that really get it because they too have been there. I think that is just absolutely incredible. Love it. My group offers a support network for other people who struggle with trauma, anxiety, depression, PTSD. I do not exclusively work with nurses, I work with people of different professions, but I do love working with nurses because there's an extra layer of connection. It's definitely one of my favorite professions to work with, but I'm not exclusive only to nurses.

ND: Is there a topic you would like to discuss or address that we haven't already mentioned?

CB: Make sure that everyone out there is practicing good self-care and recognizing potential signs of burnout and connecting with someone, anyone, if you need help, no matter what it's about. You don't have to connect with me. You could connect with a counselor, you could connect with a therapist, you could connect with a colleague, you could connect with a mentor. There's so many people that you could connect with, it's just really important for people to have that ability to recognize internally that they need another form of connection, and then to go out and pursue it so you can be the best version of yourself possible, and help serve both yourself and your patients.👩

*Connect with Cassie:*  
[www.linkedin.com/in/cassieboydnursecoach](https://www.linkedin.com/in/cassieboydnursecoach)  
[www.imperfectly-perfectcoaching.com](https://www.imperfectly-perfectcoaching.com)

# nurse+deck

## *Nurse Product Directory*

<b>NAME</b>	<b>Product</b>	<b>Learn More</b>
Lorna Brown, LPN	Career Coaching Services	<a href="http://lbcareercoaching.services">lbcareercoaching.services</a>
Richard Darnell	Travel Nurse Rich - Private Membership Group	<a href="https://social.nursedeck.com/group/travel-nurse-rich-private-membership">social.nursedeck.com/group/travel-nurse-rich-private-membership</a>
Melissa Sherman, RN	Magical School Nurse Designs	<a href="http://www.magicalschoolnurse.org">www.magicalschoolnurse.org</a>
Netra Norris, RN	Mental Savvy Nurse Program	<a href="http://netranorrisemprise.com">netranorrisemprise.com</a>
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	<a href="http://revitalizelife.teachable.com">revitalizelife.teachable.com</a>
Lexi Jay , MHA, BSN, RN	The Corporate Nurse	<a href="http://thecorporatenurse.co">thecorporatenurse.co</a>
Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	<a href="http://www.kymali.com">www.kymali.com</a> <a href="https://social.nursedeck.com/group/kym-alis-membership-program">social.nursedeck.com/group/kym-alis-membership-program</a>
Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	<a href="http://nursekeith.com">nursekeith.com</a>
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	<a href="http://theresabrownrn.com">theresabrownrn.com</a>
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	<a href="http://kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students">kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students</a>
Janet Celli, RN BSN	CPR Associates of America	<a href="http://cprassociates.org">cprassociates.org</a>
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	<a href="http://www.nursetilda.com/books">www.nursetilda.com/books</a>
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	<a href="http://xapimed.com">xapimed.com</a>
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	<a href="http://built.com">built.com</a>
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	<a href="http://sjfcommunications.com/author-shop">sjfcommunications.com/author-shop</a>



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BUILT FOR REAL NURSES.**

Where nurses share stories, resources  
& guides to help inspire and motivate.

*“When you’re a  
nurse, you know  
that every day  
you will touch a  
life or a life will  
touch yours.”  
—Unknown*

## MEET THE NURSEDECK TEAM

**NEVILLE GUPTA**

Founder/CEO

**JULIA TALIESIN**

Chief Multimedia Editor,  
Insider's Perspective of  
Nursing

**GABRIELLE DIDATO**

Program Manager,  
Influencer Marketing &  
Partnerships

**LAKESHIA BATES**

Senior Project Manager

**SIMRAN P. GUPTA**

Digital Communications  
Manager