

Nurse Becoming Ep.097 - Becoming a Viral Nursing Voice with ...

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SPEAKERS

Amanda Guarniere, Casey Green

A Amanda Guarniere 00:02
We are recording. Hi, Casey, welcome to the show!

C Casey Green 00:07
Hi, thanks for having me.

A Amanda Guarniere 00:10
I'm so happy to talk to you. Before we hit record, we were just laughing about how we have to do that thing where we say hello as if we weren't just talking before hitting record. Yeah, then you forget, you're like, Oh, we already said hi. Right. Hi, again. It's always an awkward podcast moment. So for anyone who is listening and wonders, you know, do we really record as soon as we say hello? No, we say hi. And then we hit record and say hi again.

C Casey Green 00:38
Yeah, it's always the pleasantries.

A Amanda Guarniere 00:40
Exactly. Well, Casey, I'm excited to have you. And before we kind of dive into your story, and I start asking you a bunch of questions, please introduce yourself, in your own words, who you are and what you do.

C

Casey Green 00:53

So I'm Casey, I also am like known either as heycaseyg, which is my Instagram, or Critical Care Casey, which is like, the business that I created. I am a registered nurse, and pretty much, I'm a critical care nurse. So if it involves sick people in the ER, the ICU, transport nursing, pre hospital, that's this girl! And I've been doing that for.... I've been doing that for seven years, but various years of experience with everything.

A

Amanda Guarniere 01:31

And, you know, you and I, this is the first time we're actually getting to chat, you know, face to face. We've talked on the socials. And I think that the first time we met quote, unquote, is when I saw this, this post that really went viral, I think over on LinkedIn and other places, too, that you kind of have this unique thing about you and that you have a very large collection of certifications. Right. So I'd love to hear more about your nursing journey, but also your your certification journey because I it sounds like it probably all melds together in some respect.

C

Casey Green 02:10

Oh, yeah. I will usually lead with like, I'm the 85th nurse to have all five board of emergency nursing certifications. But yeah, it's kind of surreal. It's like the professional dream. Like if people ever thought that they were going to go viral on like Tik Tok or Instagram or something. It's like, no, no, I went viral on LinkedIn. So one of our educators at Hopkins, she posted it. And then I got a call from Hopkins media people asking me if I could like, "Do you have a LinkedIn?" And I said, yeah, yeah. But it's like, there's nothing on it. So that she said, can you put stuff on it and take that post and repost it? And I was like, okay, yeah, sure, whatever. And then, I did not expect I like, told my husband because he's in nursing school. I was like, yeah, they want me to do this post, okay, whatever. And then I came back, like, a couple hours later, and there were like, 1000s of people that liked it. And I think like, like, a, like 700,000 people or something I've like seen it. So that's kind of surreal. I never thought that I was gonna go viral on anything. And just recently, like a post that I made went viral, like, again. And so like, I was just, I don't turn on my notifications for LinkedIn. So I was surprised when I saw that, like, 1000s of people had seen something that I posted. But yeah, it's, it's a big deal to me, because the whole purpose of it was to say, like, you know, I went into the certification journey, which seems crazy. And people thought I was dumb when I did it. But then after everyone is like, Oh, that's so awesome. But my nursing journey, kind of that played a big role in it. But I started in a med surg unit, and then moved... I really, really, really liked all things critical care. And I kind of just wanted to go and experience everything I wanted to do with ER. I wanted to do trauma, I really wanted to do ground transport nursing. I wanted to do flight, but my mom put down her fifth tip that light you look for being a fellow volunteer firefighter was like enough for her no flight. I said, Okay, I can compromise on that. But I kind of had wanted to work in all those places. So I started working in all those areas. And then like in 2020, end of 2019, beginning of 2020. I thought like, "Okay, I've been a nurse for a minute, I should probably get certified in something like finally." And then when the pandemic started, and I was like, okay, not gonna happen now. Oh, I was studying with a crazy person. And I kind of gave it up. But then I went back to studying because you couldn't do anything. So I had like flashcards that I was making while I was studying. And my husband had started the nursing program. And I said, like, "Okay, well, let's do it again". So I started out just taking like one or two, and then it quickly became

like, "Okay, I've studied for this test, I've studied for that test, studied for this one..." So I kind of like, went there with it. And then when the dust settled, like, and at the end of 2021, I had seven or so certifications. And I didn't think that I was going to pass all of them. So it was even nice, even more nice, because I passed all of them except for the CEE and I had taken that for the second time. But the rest I passed the first time.

A Amanda Guarniere 06:02

That is wild. And I didn't realize that this was kind of like a certification sprint that you did kind of like I just assumed that, you know, you worked for a bit of time in one area, you took that certification. And then you know, as you had different experiences, I just assumed that you did different certifications, but even cooler that you kind of did them in a pretty short period of time.

C Casey Green 06:28

Yeah, I took four of them in April. And I didn't even realize that I did that. I had only started out I was taking the transport nursing ground and taking the CN again, or and the CCR and I started with critical care registered nurse one and February. And after I pass out, it's like, okay, anything's possible now. So I just started adding to them. And then like, I, I was like, "Well, there was no time like the present!" And then I took like a little break between July and then took the cardiac medicine certification I took in December. So I kind of knew that I wanted them all up. So one more than I want, but I kind of knew that I wanted them all. So I was like, "Well, you know, why not?"

A Amanda Guarniere 07:17

Right? Why not? So what's the master list at the moment?

C Casey Green 07:22

Of all of them? Yeah. So I have the CCRN, which is the critical care registered nurse. On that I have the CMC, which is the cardiac medicine certification. It's a subspecialty. With that, so I tagged it with a hyphen. And then I have the CTRN, which is the certified transport registered nurse. And then CFRN, which is the certified flight registered nurse, which I took because we have, we do a lot of like transports where we meet people that are too sick to fly or flight conditions change. So we kind of have to be aware of that. So I said, "Well, why not take that one, too." And then I also have the certified emergency nurse, the CN, TCRN, which all of these sound like the same acronym, right? But that's the trauma registered certified registered nurse and then CPEN, which is certified pediatric emergency nurse. And then I also have NRP, which everybody thinks is neonatal resuscitation, it is not, it is the national registered paramedic.

A Amanda Guarniere 08:33

I just wrote them all down. That is awesome. It is a whole list. I bet you have like a whole, you know, usually we talk about how to list the letters after your name on your resume. And you

know, usually we talk about how to list the letters after your name on your resume. And you probably have a whole, you know, a whole second line just for the letters.

C

Casey Green 08:53

There's so many, and then some people put dots. And that just makes it even longer. And I'm like don't put the dots. People get that it's an acronym guys.

A

Amanda Guarniere 09:02

Like. I'm pretty sure. I think I remember when I was in elementary school, when we abbreviated states that it used to be with dots. And then there was some sort of big movement where states no longer had to be abbreviated with dots. Or maybe that's just my recollection. But anyway, off on a tangent. So I want to know, your primary, like your areas, the areas where you've worked in in terms of in terms of your actual job, because I know that there's kind of like not a rivalry, but usually people say okay, I'm either ICU, or I'm either er, so like, do you have you worked in both what came first? What seems more aligned? Tell me your opinions about that.

C

Casey Green 09:48

So there's definitely ter force and I even did the thing that a lot of people like I have the three four because I actually started on a med surg unit. So like you You know, the stepchild unit knows me. So I worked in the med surg unit, and then my unit closed when I was a new grad. So I floated between the ICU and the ER a couple times because I was interested in both. And then they had like a turf war and the ER manager was like my knee and I went to the ER, which I loved. But I always thought that I was going to go to the ICU and then pick up the Edie, I quickly learned and I also worked. So I started in the Edie moved to the ICU, I worked in different ers. But I've worked I worked in a mix er first and then an adult er, but and like couple MCs ers. But then when I did ICU, I also did ICU and ER at the same time, and there's a lot of people who cross over to the dark side, as we say, and go between the both. But um, it is, it is always funny to me, because I like to say you're either a type A or type B, and I say I'm a type BA, fit right in the middle, like I am very meticulous, and like TASKI about like, I'm very meticulous about like my rooms being cleaned the patient like looking clean, like looking good, the ICU thing, but then at the same time, like I am the person who has to then clean up the room if they throw everything like the ER nurse. So it's like kind of my medium. And it's funny because transport nursing is the true like medium between the two. And that's actually my favorite place to work is I love doing because you're on an ambulance and you're taking people you know, you don't have them you only have them for the transport but they're really really sick. So it's like ICU level of care with like emergency thinking because they're sick enough to be going from one hospital to another. But I like both but yes, it is definitely a TR for. There's definitely people there lovingly called firms, like people call us firms, like effing er and our judge, or they'll like, people that don't know that I've worked in both areas. The hospital I worked at when I worked in both units, they were like, cool, but other places are like, do you even know anything about the patient? Right? I, I might have broken it down on a piece of paper towel.



Amanda Guarniere 09:30

A Amanda Guarniere 12:38

I wrote it down.

C Casey Green 12:43

I even looked at their skin. Okay. So it is very much a middle ground. But yes, my favorite place I feel like my mind's eye like the chaos of er, with the like, critical of, of the ICU, but it's not lost on me. When I worked in the ICU, I took a PRN er job, like when I switched to the ICU full time. Because there's nothing like having somebody who's like, you know, they come in for to us absolutely nothing to them. It's a whole today like, yeah, you're paying at 3am. And it's like, you kind of miss those people sometimes. So I think, for me, I'm transport is like my middle ground between the two.

A Amanda Guarniere 13:29

I love that. Tell me more about transport, you know, specifically for our listeners who may not know that that's a thing. So kind of like, what's the daily? What's your typical day? And also, are you employed by the hospital? Or is it a third party company that's responsible for transportation.

C Casey Green 13:47

So there are a couple options. You can work through a hospital, there's like there's a couple things to transport. So critical care, ground transport nursing, you can do if you work in a hospital system, they call them the same thing. They sometimes split into rapid response and transport. So rapid response transport nurses say in the hospital, and if people have to go for procedures or test and they're critically ill and need a nurse for transport, they will take them in the hospital. And then there's also nurses who do critical care transport from hospital to hospital. And while people can fly a lot of times weather can ground flights, especially like I live in Maryland. And we had a really serious Trooper accident like 2003 or five. But since then, they are really really serious about like grounding for bad wetter weather. So a lot of times we'll do transports for people who are really really ill and basically it's just people. We take everything so I work for a I work for a third party company that has, they have like, agreements with certain hospitals. But then also we get called if the larger systems are too busy. So during like COVID, we took a lot of people that the ordinary, like large institutions, their own team will take them from one hospital in the system to another. And we started doing those big transports. So we kind of do everything. I am not picky about going anywhere in the state, because I moved an hour away from where I used to live. But I was familiar, I'm familiar with all the hospitals that are there after working in them. So I just tell them, I'm just I'm fine with going anywhere. But usually like a typical day. So we have two types of options. I can either sit at home and be on call. And it's like, great, like people don't even know these are options like that you can work but basically, I just, I can either go into the office, and I just sit and work on the continuing education stuff. Sometimes I'll work on looking at like, reports from like EMS reports from other transports that people have been on usually, it's like EMS reports for the regular like transports, and then if there's a call like a nurse call that comes in our triage it and decide if it's needs to be me going on a call me and a paramedic, or a paramedic, and any and T or two paramedics sometimes. So I'll triage I'll call them. And then whatever the case, me and the crew, take the

ambulance, and we go. And then if I'm at home, I can either meet them where I live now I'm really close to our base office, so I can go meet them at the base office, or I meet them at the hospital. I get report like I call before I leave my house, I triage and get report on the patient drives to the hospital. And then from there, we take the ambulance take the patient, and then they either they bring me back to my house. So or bring me back to my car, my house before because I've been picked up like if they're passing my house, I'll just be like, Oh, hey, he just picked me up cuz they're gonna usually they'll go look back to the office. And that's close to my house. So yeah.

A

Amanda Guarniere 17:32

Yeah, it sounds, it sounds just so different. It's just not your typical nursing day.

C

Casey Green 17:39

So nice. Because it's like every patient is just individually your patient. So you're one on one with your patient, you really get to know you're not with them very long, but you get to know them in that timeframe. Especially like if they're not intubated, like we've I've taken a couple people for open heart surgery who aren't intubated. They're talking and everything. And they, they're aware that they're of what's of what's happening. So a lot of it is like keeping them calm. And like, I always say, like, there's, there's times where laughter is not appropriate, of course, but just because you're having the worst day of your life does not mean that we can't find one thing that you kind of chuckle about or be happy about on that, on that transfer. It's not all doom, it doesn't have to be doom and gloom, right. You know, there's there's good bright positive spots of like every awful situation. So I feel like I appropriately use humor that comes from being an ER nurse. But yeah, it's very, it's nice. And it also for me, I really like it. Because there's a lot of autonomy in that, like, Yeah, you get your orders from, you can get them you get them usually from the sending hospital. So the hospital that's sending the patient out, we'll get you can get orders before you leave, get extra medications, and you kind of have to think through like, Okay, how long am I going to drive for, like, how long are we going to be on the road? Do I need extras of this? Do I want to give them this before we go and like what can I do under my scope and talk to the provider about before we leave so it's really nice to be able to, you know, have those conversations and sink because once you leave, it's you in the paramedics so anything that goes wrong, anything that happens it is you have to be feel completely comfortable with just right. Going out in the world.

A

Amanda Guarniere 19:31

Yeah, it sounds like it. It's really a good role for someone who likes critical care likes being one on one also likes, you know, responding to unexpected things, which is kind of more like the ER, I mean, ICU side too, but also someone with good interpersonal skills, because sounds like you know, unless your patient is is not responsive, you get that opportunity to really connect. And like, hearing you talk, I'm reminded of the one time when I was a transported patient, which is when I went into labor with my twins. And I went to the hospital where I was meant to deliver. But I was early; I was 31 weeks. And I had called my OB, they sent me into that hospital to get checked. Sure enough, I was in labor, and I had to go to the sister hospital, because they didn't deliver before a certain a certain point. And it was a short ride, but still, like, I wasn't critical

patient at all. But just remembering how important you know, the people riding with me work on a day that was maybe not the worst day of my life, but it was certainly a very, very terrifying day really made a big difference. So it sounds like it's a really fulfilling position as well.

C Casey Green 20:51

Yeah, because we take a lot of, we take a lot of people who are like they either are in labor, and they they're not even remotely at the hospital, that they're supposed to be delivering it. So we'll transport them like, obviously, if there's time, or transport them after, to the other hospital. So it's it's nice, because you know, everything, we train support people that sometimes they're just there, okay? They just can't the hospital that they're at just can't can't either doesn't have the resources or at that moment can't take can't take them and admit them. Right. So we had a lot of that where we would take people that like, we're fine. And I'm err, quoting fine. You know, when you think of like, what a critical care nurse would see, but to me, you know, they still I was like, well, let's chat. Like, we don't have to just sit and stare at each other. And even the patients who are intubated, I still talk to them and let them know, like, I'll tell them where we are in the transport. And, you know, hey, you know, just let me know, I'm gonna just, you know, you're moving around a little bit, just want to keep you comfortable just like I would in the ICU. So yeah, I just try to tell people because it is frightening, especially like, driving through Baltimore City is probably like, the potholes in Baltimore City are awful. So like patients that are sometimes they've been able to fall asleep, and we hit a pothole, and they wake up and you're like, your soul did not leave your spirit. Were just we just hit a pothole. Like we're fine. The ambulance is fine. You're good.

A Amanda Guarriere 22:27

Yeah. And to clarify, you can do this with... I don't want to say "just" but, just your nursing license? It's not because you are also a paramedic, correct?

C Casey Green 22:38

Yes. Some, um, some, some states and some, like third party places want you to be both roles. Where I work. They don't, you don't have to be I just happen. I am. I actually got my job. I was doing paramedic school ride alongs with the company. And they knew they I they talking to the nurse manager about like, "Oh, What qualifications do you have to have the design?" She was like, we have to be a nurse. I was like, oh, yeah, I'm also a nurse. Yeah. And I've been doing er and critical care. And she was like, Do you have a resume? And I did, because I always keep a paper copy with me when I go places because like, you never know. So I gave it to her. And she was like, oh, yeah, like, hey, we'll put you on a nurse truck for your paramedic school rides. And then if you're okay with it, like, well, that's awesome. It's in there. But yeah, you can just do it with your nursing license, because they'll fail either. If they want you to become a paramedic, they'll get you set up with either becoming an EMT or a paramedic. And if they're okay with it, they'll teach you everything you need to know. And it's not like an expanded scope. Because you're under the orders you either have standing orders from if you work in a hospital based system, you have standing orders from the hospital, if you work and look at third party, your your orders come from the sending hospital. So you can do the things underneath because you have an order, you have a provider for everything. And they just make sure that the orders

reflect that you know, things that are titratable are titratable, and your PRN medication. So actually add orders, like if you ask like, oh, you know, is it possible, just in case this happened. So it's a lot of like, adding to the order set and anticipation of that, or sometimes the sending providers will send like the standing like transfer order sets. Yeah. That's awesome. There's a lot of learning, but it's really cool, because I didn't even know how much I always I saw people do it where I worked and I never knew like you do it. Right. It's fun. Very cool.

A Amanda Guarniere 24:45

I want to switch gears a little bit and talk more about kind of like aftermath from not only getting your certifications, but kind of having this post go viral on a platform that you weren't really, you know, posting on much and now I think I saw recently that you are like you have like a Top Contributor designation on LinkedIn. So I want to know, like, what type of opportunities did that post lead to?

C Casey Green 25:13

It started everything, honestly. So back when that happened, I was still pursuing CRNA school, I actually, in the same time that I finished the fifth one, I had had ankle surgery. And then I found out, like, three weeks after I passed the fifth exam, that I had to have ankle surgery again. So it kind of I, you know, started, you know, the whole, okay, I'm going to apply to schools, and I'm going to start looking, you know, applying, and that kind of changed that. But it opened up the opportunity for, you know, while everything's kind of going haywire in our profession, currently, it opened up an opportunity for like, almost like, into a non official like leadership. And I don't even I really feel like I just organically postings on LinkedIn. Like, I don't post things for people, unless I ask people's opinion, because I'm curious. But what I like about LinkedIn is there's so many people that are like, truly like, top of their field professionals, yourself included. But people that you like, are just these like, icon of nursing care, or just in health care, and they're just like, they're on LinkedIn. And I kind of never bought into the, like, professional development and like networking. But now I really do. And I try to teach my nursing students like, hey, like, you know, like, and even like, nurses that I mentor, like, hey, like, networking, so important. It opened up a lot of doors, you know, I, I think that if I wouldn't have, I had mentors, that kind of, like, convinced me to share the whole certification thing. And I kind of felt like a who's gonna care, like, I care, but nobody else does. But I kind of just try to share my passion for like, the profession with other people. And really, like, give people a glimpse into like, you have all the letters, but like, I'm a normal person, like, I'm just an everyday average, like a person who just likes to work. And I like critical care. And I'll talk people, you're off about it. I'm just a normal person. And like, when the LinkedIn people messaged me about when they were they asked me I thought it was a scam. Let me look into this. And they were like, here's some past people that were like, talk to and I was like, okay, and I was like, Sure, sure. And then when it was, like, published, I was like, "Oh, this is a real thing". Okay. And then I was like, you know, what, other like voices and people, you know, like talking and I just kind of was like, oh, okay, like, I'm, I'm in this and it kind of so it opened up that opportunity. And actually, LinkedIn opened up the opportunity for the new position that I'm going to be going into, because I never thought of myself as a management person, leadership person, I, I had goals. My goal, my 10 year plan is to be a CFO of a hospital system, or like a CEO. I'm not even like, shy about it. Like, that's, it's always been my goal. Since I started nursing school, don't ask me why. I have no idea. But like somebody, one of my neighbors, who was a nurse, when I was in nursing school

was like you, you would be a great CNO someday. And I was like, Maybe I would. And then from there, I was like, alright, that's the that's the goal, like the the long range goal. So I actually the CFO of the hospital system that I will be working for, reached out to me, I was like, Hey, you have Have you ever thought about leadership? And I was like, no, yes, that look, yes. But like, like CFO someday. And he was like, "Well, how do you plan to start getting there?" And I was like, that's a really great question. Thinking long range, but that short right in the front, and then he said, Well, we have what are you interested in leadership?

A

Amanda Guarniere 29:21

I was like, I think I still want, you know, bedside experience first. And he said, Well, we have 50/50 positions, and I said, so I will be the assistant nurse manager and the ICU. And it's a really exciting, I'm a little nervous. I feel like it starts you know, off things. It's it's a deviation away from CRNA. But I think with everything that's happening right now with our profession, that's kind of like where we have to be as nurses, like, thinking about like, where is When people are offered, like the seats at the table, and nursing is starting to get, you know, offered those seats, which I see happening in the next like three to five years, at least, if not sooner, but kind of like where do you want to be in that, and I feel like my personality is not, I kind of have a thing, I will never step on anyone else to get to where I am. That's just not who I am. Not that other people are like that. But I my conscious can't, can't let me like, I have a thing. Like, every time I step up, like I have to turn around like who's who's trying to get to wherever I am, like, how can I help them, because I just how I feel, and I feel like nursing needs to like go back to that supportive place. So LinkedIn has been really helpful with that. And I think if the viral posts wouldn't have happened, I don't think any of that would have happened or that I would have felt comfortable, like seeing other people openly be able to share like professional we, like in a professional environment share their experiences within the nursing profession and others, I might have not felt as inclined. Because while I love the people that post on Tik Tok, like, you know, the dancing videos and stuff is like, I never was going to be that person. Like, I already can't I already have one bad ankle I like I can dance. But I'm not. No, no, not I am not TikTok. So it's kind of thought like, Well, what else? Where else can I show? You know, the other fun parts of bursitis. So it was cool. It also the whole certification journey led me to meeting the First Lady, which... Wait a minute, I think I missed that. When did that happen?

C

Casey Green 31:46

So, I wrote them. Okay, so wildly enough. I didn't write the President a letter, I wrote the First Lady a letter, because she's very big about community colleges. And I started at a community college. But I also, I'm a clinical instructor at the community college that I went to. And when I did the certification thing I kind of was like, Okay, I'm gonna write to like, the people who inspire me, and that it means something to me. So I wrote a letter to her. And I thought, she'll never see it. Nobody will ever mention this. And then on my birthday, and I wrote the letter, and I think August, and then on my birthday, and October, the White House called to invite my husband and I, and my nurse manager from the transport company, to the presidential Town Hall in Baltimore. And then from there, I didn't know what we were, I was, like, I told my husband's like, Don't get excited. I told my, like, my manager feels like don't we're gonna be like, it's a they're just nicely inviting us because I want the letter, you know, yeah. It's gonna be a nice thing. You know, we'll be up on the second floor. Don't get excited about it. Don't know. So then, Dr. Biden came past us. And I was like, oh, gosh, we got to get to meet her. Okay. And

then she, the seat next day had been open. And there were people that were like, filling in and they were trying to find seats prefer people. Because our names were on our chair when we got there, which was so cool. But other people's names were they were just kind of told where they were to sit. So then the seat next to me had been open. And I was like, you know, if they're having a seat and problems, my chairs open. So then, yeah, the first lady sat down next. She was like, Is it okay, if I sit next to you? And I was like, of course, it's okay. But I forgot my husband's name. My, I forgot what I was there for. I was so starstruck. It was a beautiful experience. And then during one of the breaks, Anderson Cooper and the President came over because she was, right. So we were kind of just chatting about like Community College. And she was Ted taught that day, and I come from clinicals with my students that day. And then they come over and they're just like chatting. Like, we're just normal people having a conversation. I'm like, You're with the President in Anderson Cooper.

A Amanda Guarniere 34:23

Like, that is so that is wild!

C Casey Green 34:27

I was like, This is so amazing!

A Amanda Guarniere 34:30

It really, really is. And, you know, I think a good thing to point out here is like, that wasn't a result of your viral post or like the publicity that you got from these certifications. Like you made that happen. You made the decision to write this letter and you know. That's all of it. You made all of this happen, but like, especially things like this when I think from the outside and people can assume oh, you know, someone's goes viral and it leads to all these opportunities. Like, I think it's still really important to acknowledge the fact that like, this, this wasn't you know, this wasn't happenstance. You, you made that happen.

C Casey Green 35:12

And I also didn't even share it to like, go viral. It was more like, I'm so proud of myself because I've wanted to do this, and I wanted the certs. And I finally did it. And like, Hey, everybody, you can do it too. Like, yeah, this is the greatest thing, like, and it was really awesome. Like, there's people that still will make fun of like, the long because my, all of the places that I'm employed got me gifts, like they've got my name embroidered on like, they're, like, on a jacket, essentially. So I've been five jackets with all the long name, which again, like I love, but it's also like, I think the most fun part of it is the patient's cuz I'll ask, What's Up for What's Up explaining it, they'll be like, Oh, okay, I've got a good one. No, no, if you didn't have if they don't have letters, that's fine, too. Like, right? We're all here. But it's funny, because you know, I have all my work jackets. And I found one the other day that just it literally says KCG, RN, and nothing else is before I had my bachelor's or anything, and I was like, "oh."

A

Amanda Guarniere 36:22

Yes, you've outgrown that jacket, and not based on the size. I love it. I love it. So I want to hear more about you mentioned at the beginning that you have like a business side of things. Critical Care, Casey, tell me more about what that platform is what you're doing there. All those things.

C

Casey Green 36:42

So right now with Critical Care Casey, it's, it's a lot of like, I think people think if you have a business idea, and like, bam, Shazam. There's the website, there's the booking, you're making money from it, boom. And it's like I'm having a very hard time. Critical Care Casey is geared towards me mentoring nurses, to help them not have such a, it was such a really long journey for me to get to where I was. And if people haven't seen, well, you'll see me on the podcast, but I'm a black woman. And it's very hard to bust into critical care nursing. It's also very hard to get into emergency nursing. I was lucky that where I am. It's very diverse, because I work in Baltimore City. But you work in Baltimore City, which is a predominantly black area, I'm from Columbia, Maryland's in the middle of DC and Baltimore, if you have no idea where Columbia is, but if like, I was lucky, because it's a predominantly black area, but there's not a lot of like African American people that work in the critical care units. And I had worked in places where I was the only person of color working there. But so I kind of wanting to help nurses of color all nurses, it doesn't matter if you're black, brown, tan, you'd burn in the sun. That's fine, everybody I'm here for but just mentoring people to get them to the positions that they want to be in and like connecting them with other people who can help them. So like because nobody knows there's so many nurse, like creators out there that you don't really know how many people there are out there until you kind of like go into that environment yourself. Almost. Like I didn't know if your resume services until ever the Para MERS I had reached out to him like hey, how you know your resume looks great. Like how can I get that? And he was like, oh, Amanda, she has resumes and I was like, Okay, I'm in. And then I was like, Oh, this is like wonderful, because you do just more than that. But the aim for critical care, Casey is essentially for me to share the wisdom and knowledge. So on socials, I post, like little mini lessons and sheets that as a nurse, I feel like I people do the student nurse ones all the time, like student nurses making sheets for people in school, but as a clinical instructor, and nurse and certified I kind of do it as you this is what you need to know when you're a nursing school but also when you're a nurse. So I try to do mini lessons that way. But then I also tutor nursing students and I try to aim for the nursing students who are really struggling where it's going to be the difference between them passing or not. So I've kind of I take and students like if you fail to test like you are my person like we can get that turned around, and even for the people who I have one person that she had already taken three tests and our semester. So she had improved, but she improved so much that they let her sit the class again, and she's doing great now shouldn't even be me, but essentially just building up people's confidence in nursing school as well. So it's kind of like I can't be I always I jokingly said, like, Hello groups. I can't be everybody's clinical instructor, but like, and I can't be everybody's tutor, but like, I can be that like for more people on social so that's kind of what I'm doing mentoring people and, and really like tutoring people. I did not have any money when I was in school, like I'd got scholarships and things. So trying to keep it cost effective is kind of where I'm at. So I started making stickers, which I know like, it's a podcast, so sorry, you guys can't keep differ. But yeah, I started making stickers. Love it, like stickers and pens and things. Because it's like, okay, if you support like, the Critical Care Casey, like, you're supporting, essentially, like me not having to charge people, obscene amounts of money for like tutoring. Yeah, but it's a labor of love. But I

really do. I think that there's not, I really enjoyed tutoring nursing students, and people that want to get started. So I'd like sit down with people who have no clue what they want to do. They just know that they want a certification. And I kind of talked about their backgrounds, and link them to certifications that they can obtain. Because I look at the list frequently. So there's a certification for everybody out there. Even if you don't work in critical care, there's there's a whole bunch to choose.

A Amanda Guarniere 41:38

Oh, yeah, definitely. Well, I love that. I love what you're doing with your platform. I love that you said it's a labor of love. And and I think that really, that really comes through you. You said earlier, whenever you step up, you have to turn around and and look back and look behind you. And I think that's really a powerful sentiment. And, you know, it really shows through through your your actions, not only just in like your regular job, but also the platform you've created. So kudos to you for that. Um, okay, so we talked, you mentioned that you're starting a new job, you mentioned that you kind of have your sights set on hospital leadership in the future. Would you say that that's like, the big the next big goal like what? What do you want to share with us in terms of big dreams or big goals? Professionally, or personally?

C Casey Green 42:41

I think professionally is just kind of like, feeling out leadership? You know, I definitely, I have not I haven't closed the door on CRNA not at all. And I'm kind of feeling out leadership right now is that something that I'm like, interested in the opportunities don't come for that as much as you know, CRNA like, I feel like I could go back and work in the ICU and apply and my passion for it hasn't dwindled any. But I always had competing passions between education, leadership, and CRNA. So kind of having surgery again, changed that, and put in perspective, because I had surgery twice in one calendar year, because I went back to work, and then it kind of put perspective in, especially with everything that's like happening in the profession. But, um, the big goal right now, I actually, like started a dual master's, and education and leadership, I got accepted, I started in May. So right now I'm just kind of feeling out what you know, that feels like, the master's in education is because I feel like you know, it's time. For me, I always loved education, but it's time for me to learn how to better teach the nursing students that you know, I interact with and will be interacting with my new job because I actually also got the job because I they were looking for somebody that was very new grad friendly, and very, like nursing student friendly, very nurturing to people entering the profession. And I was like, oh, that's me. And actually people from the graduating class that from the school I teach at are going to work under me at the at the hospital. So you know, just thinking to myself, like what can I do to support to further support people as they start the profession and keeping them in the profession because like, I don't want people to quit. This is an amazing like, you there's so many things you can do and you explore and it comes after that. So kind of just exploring like that personally, like I just I am. So I would love to at some point in this year, I just want to take a vacation. Like, I have a very much of a workhorse. And I don't even know how it's gonna happen, but like, I'm hoping that at some point, like I can just take a vacation but professionally I want to, I'm really leaning into, you know, like, leadership and like, what does that look like? I don't really do anything 50% It's like 170% or nothing. So if I lean into something, it's full tilt to see if I really like it or not. Because how do you know if you don't try things?

A Amanda Guarniere 45:40

Well, I have loved chatting with you. And I want to know, I want to tell our listeners where they can connect with you if they you know want to follow you. I think I know what you're going to say. But go ahead and tell us you know where? Where we can find you and connect with you online.

C Casey Green 45:57

Yeah, so I I am very open on every profile, if you just Casey Green me just look me. Um, Facebook is completely fine. People message me on Facebook, my profiles like open. Facebook is fine. KCG is my Instagram. I'm still working on. I posted all my education many tips and things on my on my personal Instagram. So now I'm trying to figure out how to move all that stuff to @CriticalCareCasey, Instagram. But also LinkedIn, you can find me there. My length in like, link is like the LinkedIn.com/criticalcarecasey and then or you can just look up my name. And you can tell it's me because there's 1000 certs that now famous, like lapad photo is probably gonna be like the thing like, I'll be like 85. And somebody's like out, people tag me and articles about me. And my or my dad calls me he's like, Did you see that? You were in bad data? Did you see you're in that? And then I'm go gullible. So if you Google Casey Green nurse, apparently, I that's also how you can find me because I'm Google Now. And my dad literally tells me every day.

A Amanda Guarniere 47:23

He's very proud of you.

C Casey Green 47:25

He's telling people the grocery store, like, hey, my mom said that somebody she was someplace. She was like, at getting her blood drawn or something. And somebody saw a picture of her that posted online. And you're Casey's mom, and she's like, I just like critical care, Casey. Right. And she was like, that's so cool.

A Amanda Guarniere 47:52

Love it. I love it. Well, I definitely want people to look you up on LinkedIn, because, you know, I kind of talk about LinkedIn a lot, because especially for people who are job searching or just networking in general, I think it's a really great, great platform. And I think that it's hard to get nurses to buy into it. because not a lot of nurses are on LinkedIn. Which is why if you want to stand out you should be but that's, you know, that's a sidecar. But I think that your, your LinkedIn profile is wonderful and a great way to get to know you and what you're passionate about, you know, your your posts are always very, like, thought leadership and poignant and, and really reflect you know, what you're passionate about, and I'm inspired by you and happy to know you and thank you so much for coming on the podcast.



Casey Green 48:44

Yeah. Thanks for having me. Anytime.