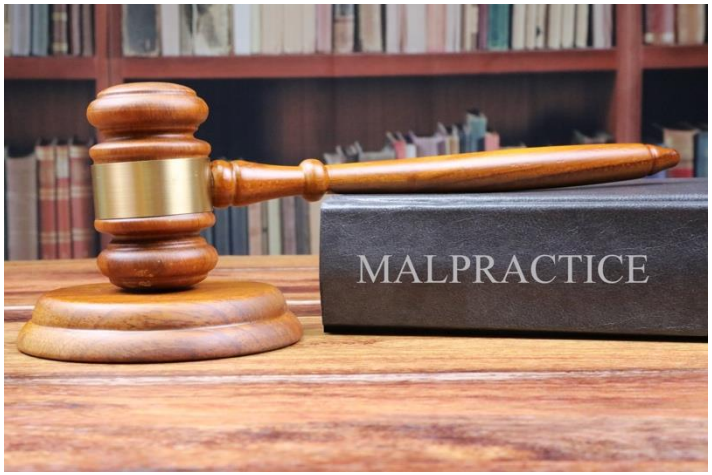
Practice with Caution: Updates in Malpractice Issues for Nurse Practitioners in Acute Care



Christopher W. Blackwell, Ph.D., APRN, ANP-BC, AGACNP-BC, CNE, FAANP, FAAN

Associate Professor & Program Director

Adult-Gerontology Acute Care Nurse Practitioner Programs

Department of Nursing Practice

College of Nursing

Academic Health Sciences Center

University of Central Florida

Orlando, Florida

2025 National Teaching Institute & Critical Care Exposition

UCF

Disclosures

- Dr. Blackwell has no relevant financial disclosures
- Dr. Blackwell maintains a for-profit malpractice consultation practice that focuses on negligent care allegations levied against nurse practitioners
- Dr. Blackwell has served as an expert witness for both plaintiff and defense legal teams
- Dr. Blackwell has served as an expert for a state Board of Nursing and Department of Health investigation in favor of the defendant nurse practitioner
- All images that appear are in the public domain and are either without copyright or are on accessible platforms that allow use of the image (Creative Commons)
- All data reported are derived from:
  - Nurses Service Organization. (2022). *Nurse practitioner professional liability exposure claim report* (*5th ed.*). Nurses Service Organization: Ft. Washington, PA.

Objectives

Purpose/Goals:

- Discuss regulatory threshold of malpractice lawsuits, provide an overview of the most recent data regarding APRN malpractice, apply case and causal factor analysis to lessen risk for malpractice, and select optimal malpractice insurance policies.

Objectives:

1) Describe the anatomy of a malpractice lawsuit and malpractice regulatory requisites;
2) Apply at least 3 clinical practice strategies to reduce risk for APRN malpractice liability in acute care settings;
3) Discern malpractice insurance policies and distinguish how malpractice policy variance and coverage limits impact protections for APRNs.

UCF

Anatomy of an Advanced Practice Nursing Malpractice Suit

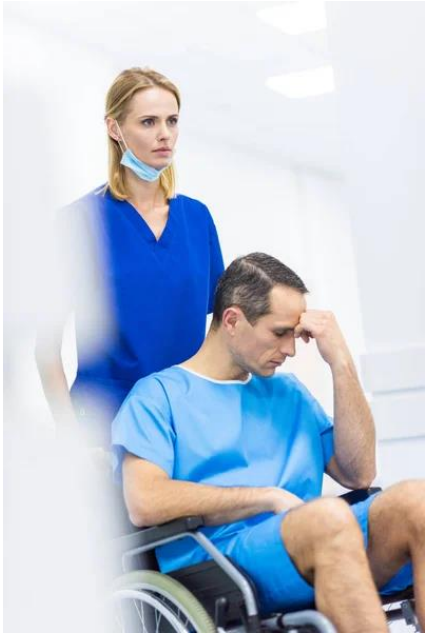
- Breach in the standard of care
  - **This is first and foremost the most essential aspect of a malpractice claim**
- Florida Statutes State (As an Example):
  - The prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

Anatomy of an Advanced Practice Nursing Malpractice Suit

- Florida Statutes State (As an Example):
  - If the injury is claimed to have resulted from the negligent affirmative medical intervention of the health care provider, the claimant must, in order to prove a breach of the prevailing professional standard of care, show that the injury was not within the necessary or reasonably foreseeable results of the surgical, medicinal, or diagnostic procedure constituting the medical intervention, if the intervention from which the injury is alleged to have resulted was carried out in accordance with the prevailing professional standard of care by a reasonably prudent similar health care provider.
- It is the plaintiff's responsibility to prove this breach occurred.

Anatomy of an Advanced Practice Nursing Malpractice Suit

- Patients and family members reach out to attorneys:
  - While their family member or themselves are an inpatient
    - This can result in an attorney or legal team providing input to these individuals and even aiding them in gathering data and building a case while the patient remains in the hospital
  - After care has been rendered and they perceive malpractice
  - Or after a death has occurred
  - Plaintiff's attorneys reach out to internal and external experts to review medical documents
    - These documents may extend beyond just the care provided by the NP and may include materials to support the NP's negligence resulted in physical (sometimes chronic) health and psychosocial (punitive) sequalae



Anatomy of an Advanced Practice Nursing Malpractice Suit

- Experts provide input to plaintiff's attorneys on whether they believe the situation represents true malpractice
  - Sometimes, there is no malpractice
  - Sometimes, there is no evidence the NP was negligent
  - Sometimes, there is evidence that other providers, not the NPs, were negligent
  - Sometimes, there is evidence the NP was the only negligent provider (rare)
  - Sometimes, there is evidence the NP and other providers were all negligent

Anatomy of an Advanced Practice Nursing Malpractice Suit

- If experts support a claim of malpractice, they become an expert witness and assist the legal team in preparation of a charging document against the plaintiff
  - The charging document provides **explicit** details regarding how the NP committed negligence and how the negligence contributed to the adverse outcome(s) or death of the patient
  - We'll discuss a real-life example of an NP charging document (later in presentation)

Anatomy of an Advanced Practice Nursing Malpractice Suit

- After receiving the charging document (delivered to home or office), the NP reaches out to his or her insurance provider, which will align the NP with a defense attorney and provide guidance regarding his or her immediate actions
- NPs and their practices will notify hospital legal department of the allegations
- NP's legal team will begin working with their own experts who determine the NP did not commit negligence; they will then prepare their own response to the charging affidavit, refuting each and every claim of the plaintiff's legal team and experts (delivered to plaintiff's legal team)

Anatomy of an Advanced Practice Nursing Malpractice Suit

- Next, the discovery stages occur
  - Both plaintiff and defense attorneys procure additional documents, which will include all relevant patient charts, diagnostic tests, and possibly other records:
    - NP scheduling documents
    - Hospital credentialing documents (used often to show scope of practice violations)
    - Physician-NP collaboration contracts (used often to show scope of practice violations)
    - Hospital policies and procedures manuals and documents (to show deviance from expectations)
    - Cell phone records and data (to establish a timeline and log of relevant calls and text message conversations)
    - Expert-witness prepared documents:
      - Technical reports or summations
      - Socioeconomic reports prepared by economists that estimate past, current, and financial losses consequential to the injury
        - This includes not only medical and supportive care, but also includes loss of salary, loss of benefits, consequential need for future care, potential diminished life expectancy issues (eg. future loss of income or benefits for partner or spouse and/or children)

    - Qualifications of all expert witnesses involved (CVs, past history of working on plaintiff and defense teams in malpractice claims), income derived from expert witness consultation, etc.
    - Any other documents either the defense of plaintiff's team believes is significant to the case can be subpoenaed

  - **ALL VERY TIME CONSUMING! May take a year or more!**

Anatomy of an Advanced Practice Nursing Malpractice Suit

- Next, deposition testimony is obtained for all witnesses:
  - Nurses (could be co-defendants or witnesses)
  - Physicians (could be co-defendants or witnesses)
  - Respiratory therapists (could be co-defendants or witnesses)
  - Unlicensed assistive personnel (CNAs, techs, etc.)
  - Office managers and assistants
  - Hospital administration
  - Plaintiff
  - Plaintiff's family members
  - Expert witnesses for plaintiff and defense
  - ANYONE else the plaintiff or defense team believes will be helpful to their case

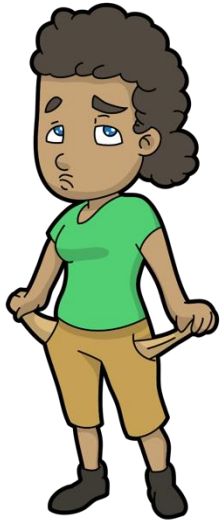
ALL VERY TIME CONSUMING! May take a year or more!

Anatomy of an Advanced Practice Nursing Malpractice Suit

- After all depositions are obtained for a case, the case can go to mediation/arbitration:
  - Some states REQUIRE this (e.g. Florida)
  - Malpractice insurance company and plaintiff's legal team perform a cost/benefit analysis to determine a ratio of settlement : cost for trial to determine if going to trial is wise
    - Going to trial is VERY expensive and risky for BOTH sides
    - A settlement offer might be offered to stave the case from going to trial
    - Plaintiff's attorneys might settle with various co-defendants in a case, but continue to pursue others
    - Multiple mediation/arbitration meetings may occur before a settlement is reached
    - If a settlement is reached, the case effectively ENDS
    - If a settlement is not reached, the case goes to trial
  - Average Time from Claim → Closure
    - > $10,000 payout = 4.5 years
    - < $10,000 payout = 3.1 years
    - Close claim with expense only = 4.1 years

Consequences of Malpractice Lawsuits on Nurse Practitioners

- Stress
- Financial strain
  - Preparing responses to accusations made in malpractice suits is incredibly time consuming and requires a major time commitment from the NPs involved
  - If a financial settlement is made that exceeds an NP's insurance caps, the NP is financially responsible for remaining balance
  - Future malpractice policy costs will increase
    - Car accident? DUI? Ticket? Car insurance prices go UP!



Consequences of Malpractice Lawsuits on Nurse Practitioners

- Future credentialing issues
  - Healthcare organizations don't want to employ/credential NPs with significant malpractice histories
- Professional reputation issues
- Possible Board of Nursing or DOH ramifications
- Psychological impacts
- Self-doubt

Epidemiology of APN Malpractice

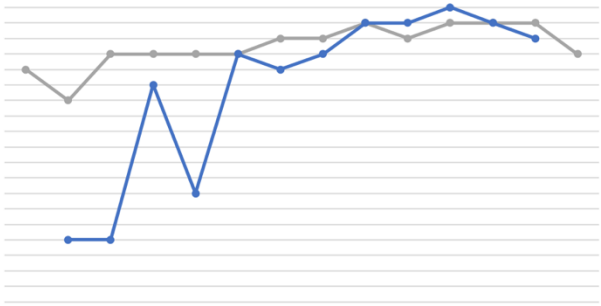
- Malpractice claims against nurse practitioners (NPs) increased by 10.5% between 2017-2022
- The average total incurred also increased ($300,506 → $332,137)
- Neonatal specialty has the highest claim payout ($627,333)
- Gerontology specialty has the lowest payout ($332,137)
- Adult-Gerontology ranks 4th ($328,871)
  - This includes primary and acute care services

Epidemiology of APN Malpractice

- Diagnosis-related claims are highest represented claims (37.1%) with an average total incurred of $385,947
- Death and cancer are the two most common injuries, accounting for > 50% of claims
- The average cost to defend an NP rose 19.5% from 2017 → 2022; and 61.1% from 2012 → 2022
- Professional conduct, medication prescribing, and scope of practice allegations reflect the highest distribution of DOH/license investigations
- Major Take Away Points:
  - The number of malpractice claims against NPs is increasing
  - The cost to defend an NP named in a malpractice suit is increasing
  - The amount being paid out for NPs named in a malpractice suit is increasing

Epidemiology of APN Malpractice

- Payout Numbers by Allegation (Ranking):
  - Errors in:
    - Assessment = 3.9% ($484,680)
    - Diagnosis = 37.1% ($385,947)
    - Medication Prescribing = 17.7% ($356,892)
    - Treatment and Care Management = 35.3% ($258,229)
    - Abuse, Patient Rights, Professional Conduct = 2.6% ($203,264)

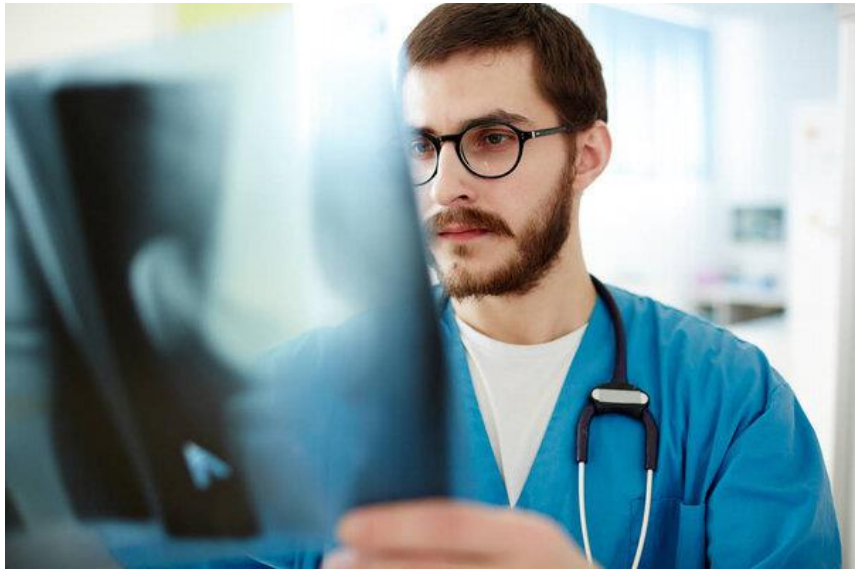


Epidemiology of APN Malpractice

- Assessment = 3.9% ($484,680)
  - Diagnostics/Lab Tests:
    - Failure to order appropriate diagnostic tests
    - Failure to f/u regarding lab/diagnostic
      - Delaying a diagnosis
      - Delay in addressing abnormal lab results
  - History and Physical:
    - Lack of complete patient and family Hx
    - Incomplete physical assessment
    - Failure to list current medications/ and/or complaints
    - Failure to document patient noncompliance with:
      - Appointments
      - Ordered diagnostic tests
      - Prescribed medications
    - Failure to notify of diagnostic test results and recommendations for further treatment of workup

Epidemiology of APN Malpractice

- Diagnosis = 37.1% ($385,947)
  - Cancer (33.7%)
  - Infection (19.8%)
  - Cardiac/Vascular (16.3%)
  - Neurological (12.8%)



Epidemiology of APN Malpractice

- Injuries that Lead to Most Claims:
  - Death (45.7%)
  - Cancer (8.2%)
  - Organ failure or loss of organ function (7.8%)
  - Neurological injury/damage (6%)
  - Amputation (3.4%)

Epidemiology of APN Malpractice

- Injuries that Lead to Most Claims:
  - Death (45.7%)
    - Infections, abscesses, sepsis (18.9%)
    - Cardiac/pulmonary arrest (14.2%)
    - Cancer (10.4%)
    - Non-infarct cardiac condition (10.4%)
    - Suicide (9.4%)

Epidemiology of APN Malpractice

- State Board of Nursing or Department of Health Investigations:
  - Average cost of $7,155
  - Top Investigations:
    - Professional misconduct (27.2%)
    - Medication prescribing (16.8%)
    - Scope of Practice (14.4%)
  - Penalties Levied:
    - Closed case without action: 56.8%
    - Probation: 12%
    - Letter of reprimand: 11.2%
    - Stipulation: 6.4%
    - Fine: 3.6%
    - Continuing Education: 2.8%
    - Suspension: 2.8%
    - Revocation: 2.4%
    - Surrender: 2%

Strategies to Avoid Malpractice

- Actively Participate with the Patient
  - Patients and families rarely sue providers they like
  - Maintain communication and discuss your care plan
  - Avoid distractions
- Review other Clinicians' Documentation
  - This can help decrease opportunities to miss data
  - Look particularly for contradictions and differences
  - NEVER retrospectively alter documentation in the belief it will help prevent malpractice

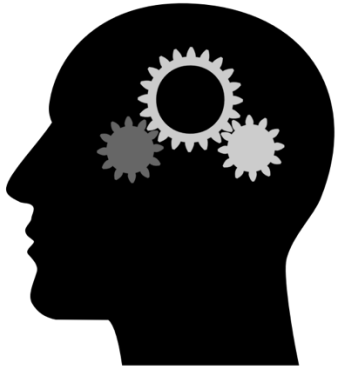
Strategies to Avoid Malpractice

- Address Abnormal Findings
  - Document explanations regarding abnormal vital signs, physical exam findings, or diagnostics
  - If you are not addressing an abnormal finding, document why:
    - **Eg: Pulmonary AGACNP presents to assess a pt with COPD exacerbation. During the visit, the pt informs the NP she is also having "Severe new abdominal pain."**
      - **The AGACNP performs a PE, orders a CT scan of the abdomen, contacts the hospitalist, and informs the hospitalist about the patient's complaints and the pending CT scan.**
      - **The AGACNP documents the PE findings in addition to the following in the plan of care:**
        - **Pt c/o new onset ABD pain during today's visit at 1600. Contacted Dr. Smith at 1605, informed her about the patient's complaints, and immediately ordered a STAT CT scan of the ABD s contrast. Dr. Smith agreed to follow-up. RN will f/u with Dr. Smith for any acute changes.**

UCF

Strategies to Avoid Malpractice

- Explain Your Thinking
  - **MOST** important aspect of charting
  - Window into your brain
  - Include a brief recap of the history, pertinent physical exam and diagnostic findings, and provide an explanation of the presentation
  - Elucidate regarding your differentials and provide rationales as to why differentials were counted and discounted based on history, physical exam, or diagnostics
  - Document pertinent discussions with the patient or family, including medical advice
    - Also document any care that was refused and that you educated the patient and/or family regarding the risks of not getting that care (including death) and this was acknowledged by the patient/family



Strategies to Avoid Malpractice

- If the patient is being discharged, document a reassessment of the patient's condition before discharge.
    - Ensure you have a follow-up plan of care clearly documented
        - Do NOT rely on the RN to do this!
    - Document an acute follow-up plan:
        - Eg. Pt was educated to call emergency medical services immediately for transfer to the ED for any worsening symptoms
    - Document that the patient (or caregiver) verbalized understanding of all discharge instructions and verbalized these instructions back to you accurately
    - If the patient requires a technical skill as an aspect of care, document the patient correctly demonstrated to you how to perform the skill and verbalized understanding of potential adverse events (eg. fever, sweats, chills, excessive pain, suppuration, heat/erythema at site, etc.)

Malpractice Policy Essentials

- *Two Major Types of Malpractice Insurance Policies:*
  - Claims-Based:
    - Policy covers you only while it is active
      - Eg: Policy is written for 1/1/24-12/31/24 and a claim is filed against you on 6/26/24
  - Occurrence-Based:
    - Policy covers you during the policy coverage dates
    - When the claim is filed doesn't matter
  - Which type do you have?
    - Do you know?

Malpractice Policy Essentials

- Two Major Types of Malpractice Insurance Policies:
  - Example:
    - Stella is an AGACNP working for a hospitalist group on 1/5/25
    - She is employed by the hospital, which provides her with a claims-based insurance policy active from 1/1/25-12/31/25
    - Stella gets pregnant in March of 2025 and decides to take 2026 off from work so she can stay at home with her baby
    - On 1/25/26, Stella receives a notification that a malpractice claim has been filed against her for care she provided in February 2025.
    - Because Stella had a claims-based policy, **she is NOT covered and will have to pay legal expenses and settlements/judgments out of her own pocket**
      - If Stella had an occurrence-based policy active in February 2025, the insurance company would cover her legal expenses, settlements, or judgments
      - A claims-based policy would only cover Stella if she renewed it on 1/1/26

UCF

Malpractice Policy Essentials

- Two Major Types of Malpractice Insurance Policies:
  - Take Away Point?: Get an OCCURRENCE-BASED POLICY!
    - If your employer won't provide an occurrence-based policy:
      - Ask for a malpractice stipend and purchase your own occurrence-based policy
      - Ask if you can personally pay the difference between the claims-based policy provided by the employer and an occurrence-based policy

UCF

Malpractice Policy Essentials

- Liability Limits
  - High versus Low:
    - Higher limits = higher premiums
    - Higher limits = more protection
    - Higher limits = higher chance of being named as a defendant
    - Lower limits = lower premiums
    - Lower limits = less protection
    - Lower limits COULD = lower chance of being named as a defendant
  - What is your worth?
  - What is your practices' worth?
    - Answers to these questions will dictate how much liability limitation you should set on your policy
  - If you leave a job, CANCEL your old policy!
    - Don't ever carry more than one active policy at a given coverage time period

Malpractice Risks When Using AI

- Accuracy and privacy are at the top of the list for malpractice concerns with AI
- Generative AI operates in a black box, predicting the correct answer based on information stored in a database
- With an incorrect diagnosis by generative AI, liability is with the APN
- Generative AI can provide ideas
- Eg:
  - An AGACNP is unable to remove an ETT after a procedure
  - The AGACNP checked ChatGPT in the ICU, finding a similar case
  - Epinephrine in the anesthetic restricted the blood vessels, causing the laryngeal cords to "stick together"
  - Following the AI information, the AGACNP allowed more time for the anesthesia to diffuse
  - As it wore off, the vocal cords separated, easing the removal of the breathing tube
- Currently, malpractice policies do not specify AI coverage
- Some legal experts believe AI will decrease, rather than increase, malpractice risk
  - Having more data points to consider can make AGACNPs' jobs faster, easier, and more accurate

UCF

Case Examples: Dr. Blackwell's Expert Experience

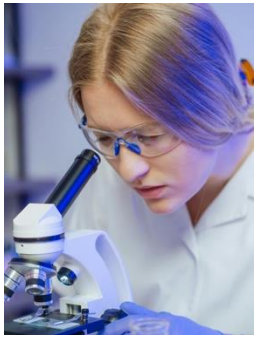
- 60-year-old died after going septic after an intestinal perforation during ABD surgery
  - NP was accused of malpractice in directing code in ICU
  - ICU RN provided impeccable documentation of interventions during code
  - Dr. Blackwell provided affidavit, indicating NP met standard of care for directing code via ACLS protocols
  - NP was dropped from suit

Case Examples: Dr. Blackwell's Expert Experience

- 55-year-old had multiple amputations to lower EXTs from pressor Tx after going septic after intestinal perforation during uterine mass removal
  - FNP was accused of malpractice for multiple reasons:
    - **Working outside of scope of practice in hospital setting**
      - FNP didn't understand proper scope of practice for FNP
      - Hospital had own policy against allowing FNPs to work in hospital yet still credentialed the FNP
    - FNP failed to recognize septic condition in timely manner
    - FNP failed to communicate with surgeon on-call to get the patient emergent surgical care
      - FNP kept postponing need for surgical intervention and downplayed the severity of the patient's condition
  - Dr. Blackwell testified to the breaches in the standard of care through deposition
  - Case settled for **MILLIONS** of dollars

Case Examples: Dr. Blackwell's Expert Experience

- FNP accused of practicing medicine without a license
  - FNP was running a "wellness clinic" and was administering platelet-rich plasma (PRP) to patients with a multitude of conditions
  - Patient with chronic lumbago had multiple injections of PRP without relief
    - He filed a complaint with FDOH accusing the FNP of operating a scam clinic
  - FDOH completed investigation and charged FNP with practicing medicine without a license
  - Dr. Blackwell reviewed all of the FNP's patient education literature, consent documents, and other documentation and provided an affidavit to FDOH defending the NP
  - FDOH reversed action and dropped case against FNP



Presentation References

Please see the supplemental handout, which includes a bibliography and additional resources for more information.

Scan the QR Code to access the online bibliography!

Bibliography Compiled by:
Andrew Todd, MLIS, BSN, RN
Reference Librarian, College of Nursing
University of Central Florida Libraries

UCF

Presentation References

Balestra, M. (2018). Telehealth and legal implications for nurse practitioners. *Journal for Nurse Practitioners, 14*(1), 33-39. https://doi.org/10.1016/j.nurpra.2017.10.003

Balestra, M. L. (2018). Liability risks for psychiatric mental health nurse practitioners. *Journal for Nurse Practitioners, 14*(9), 671-676. https://doi.org/10.1016/j.nurpra.2018.08.005

Brown, A. (2022). Clinical negligence claims for pressure injuries from the perspective of a tissue viability medico-legal nurse expert. *British Journal of Community Nursing, 27*(Sup9), S14-S20. https://doi.org/10.12968/bjcn.2022.27.Sup9.S14

Buppert, C. (2018). Can a nurse practitioner go to jail for malpractice or other things done in clinical practice? *Journal for Nurse Practitioners, 14*(6), 503-504. https://doi.org/10.1016/j.nurpra.2018.04.001

Byrd, S. (2023). Lessons from a patient on not cutting corners. *AJN American Journal of Nursing, 123*(1), 64-64. https://doi.org/10.1097/01.NAJ.0000911560.75075.52

Coffey, S. (2019a). Liability and risk for nurse practitioners. *AAACN Viewpoint, 41*(3), 14-15.

Coffey, S. (2019b). Reducing liability and risk for the advanced practice nurse part 2. *AAACN Viewpoint, 41*(5), 14-13.

Cypher, R. L. (2022). Elements of negligence in medical liability: First in a 2-part series. *Journal of Perinatal and Neonatal Nursing, 36*(1), 22-24. https://doi.org/10.1097/JPN.0000000000000628

Cypher, R. L. (2022). Elements of negligence in medical liability: Second in a 2-part series. *Journal of Perinatal and Neonatal Nursing, 36*(2), 112-114. https://doi.org/10.1097/JPN.0000000000000645

Goode, V., Douglas, C., & Merwin, E. (2022a). The national practitioner database malpractice study of severity of alleged malpractice injuries trends 2008-2018. *American journal of medical quality : the official journal of the American College of Medical Quality, 37*(5), 396-404. https://doi.org/10.1097/JMQ.0000000000000060

Goode, V., Douglas, C., & Merwin, E. (2022b). The national practitioner database malpractice study of severity of alleged malpractice injuries trends 2008–2018. *American Journal of Medical Quality, 37*(5), 396-404. https://doi.org/10.1097/JMQ.0000000000000060

Kaplan, D.A.(2024, December 10). Malpractice in the age of AI. Medscape Medical News. Medscape. https://www.medscape.com/viewarticle/malpractice-age-ai-2024a1000mpd?&icd=login_success_email_match_fpf

Khodayarimotlagh, Z., Ahmadi, F., Sadooghiasl, A., & Vaismoradi, M. (2022). Professional protection as the strategy of nurse managers to deal with nursing negligence. *International Nursing Review, 69*(4), 442-449. https://doi.org/10.1111/inr.12744

Matt, S. B. (2018). Good Samaritan laws: Will I be protected if I help? *Nurse Practitioner, 43*(3), 52-54. https://doi.org/10.1097/01.NPR.0000530216.62772.19

McMichael, B. J., Safriet, B. J., & Buerhaus, P. I. (2018). The extraregulatory effect of nurse practitioner scope-of-practice laws on physician malpractice rates. *Medical Care Research and Review, 75*(3), 312-326. https://doi.org/10.1177/1077558716686889

Michel, C. P., & Talley, C. E. (2022). Medication mix-up: What happened at Vanderbilt and how it impacts health care providers. *Journal of Health & Life Sciences Law, 17*(1), 71-78.

Miller, K. (2019). Setting or patient care needs: Which defines advanced practice registered nurse scope of practice? *Journal for Nurse Practitioners, 15*(7), 494-495. https://doi.org/10.1016/j.nurpra.2019.03.004

Myers, L. C., Sawicki, D., Heard, L., Camargo, C. A., & Mort, E. (2021). A description of medical malpractice claims involving advanced practice providers. *Journal of Healthcare Risk Management, 40*(3), 8-16. https://doi.org/10.1002/jhrm.21412

Nurses Service Organization. (2022). *Nurse practitioner professional liability exposure claim report* (5th ed.). Nurses Service Organization: Ft. Washington, PA.

Relias Media. (2018a). Nurse practitioner payouts increasing; Opioids and neonatal top concerns. *Healthcare Risk Management, 40*(1). https://www.reliasmedia.com/articles/141982-nurse-practitioner-payouts-increasing-opioids-and-neonatal-top-concerns

Relias Media. (2018b). Report: Nurse practitioners pose malpractice risk similar to physicians. *Healthcare Risk Management, 40*(5). https://www.reliasmedia.com/articles/142585-report-nurse-practitioners-pose-malpractice-risk-similar-to-physicians

Relias Media. (2019). Metadata find way into ED malpractice litigation. *ED Legal Letter, 30*(7). https://www.reliasmedia.com/articles/144587-metadata-find-way-into-ed-malpractice-litigation

Warren, D. (2018). Decreasing malpractice risk in the emergency department. *Journal of Emergency Nursing, 44*(4), 407-408. https://doi.org/10.1016/j.jen.2018.03.015

UCF

Image References

Slide	Image designation/description/position	Attribution
1	Malpractice Gavel & Books	Image licensed through: *Malpractice by Nick Youngson CC BY-SA 3.0* https://pix4free.org/photo/21262/malpractice.html
2	Disclosure	Image licensed through: *Disclosures by Nick Youngson CC BY-SA 3.0 Pix4free.org* https://www.picpedia.org/real-estate/d/disclosures.html
6	Patient in Wheelchair	Image licensed through: *Artur Verkhovetskiy,* https://depositphotos.com/178377186/free-stock-photo-surgeon-upset-patient-wheelchair-hospital.html
7	Meeting	Image licensed through *Robert Scoble, CC BY 2.0 https://creativecommons.org/licenses/by/2.0*
8	Gavel & Malpractice Clipboard	Image licensed through: *Medical malpractice by Nick Youngson CC BY-SA 3.0 Pix4free* https://pix4free.org/photo/10420/medical-malpractice.html

UCF

Image References

Slide	Image designation/description/position	Attribution
9	Legal Counsel Book and Gavel	Image licensed through: *Legal Counsel by Nick Youngson CC BY-SA 3.0 Pix4free.org* https://thebluediamondgallery.com/legal08/l/legal-counsel.html
10	Magnifying Glass	Image licensed through: *Revzack* https://openclipart.org/detail/326871/vintage-hand-held-magnifying-glass
11	Deposition	Image licensed through: *Deposition by Nick Youngson CC BY-SA 3.0 Pix4free* https://pix4free.org/photo/4431/deposition.html
12	Mediation	Image licensed through: *Mediation by Nick Youngson CC BY-SA 3.0 Pix4free* https://pix4free.org/photo/31669/mediation.html
13	Girl with Headache	Image licensed through: *CC BY-NC-SA Picture: Tue Fiig* https://ndla.no/subject:1:29212872-62d6-4555-89fd-b85e7f3f9411/topic:709f10e9-1498-4fe2-87f6-bd1f90cba741/resource:1:92093
13	Penniless Girl (Animation)	Image licensed through: *Free Clip Art, CC BY-SA 4.0* https://commons.wikimedia.org/wiki/File:Black_Cartoon_Woman_Without_Money.svg

Image References

Slide	Image designation/description/position	Attribution
14	Reputation	Image licensed through Creative Commons: https://www.flickr.com/photos/91261194@N06/49746218811/in/photostream/
15	Coins & Trends	Image licensed through Creative Commons: https://securefleetmanager.com/10-tips-to-increase-car-rental-business/
16	Up Arrow	Image licensed through Creative Commons: https://publicdomainvectors.org/en/free-clipart/Vector-image-of-exit-direction-sign-label/17892.html
17	Trend Graph	Image licensed through Creative Commons: https://commons.wikimedia.org/wiki/File:Rankings.png
18	Exam on Girl in Chair	Image licensed through Creative Commons: https://pixnio.com/science/medical-science/doctor-using-a-stethoscope-placed-upon-the-left-posterior-chest

UCF

Image References

Slide	Image designation/description/position	Attribution
19	Clinical Looking at X-Ray	Image licensed through Creative Commons: https://depositphotos.com/177625190/stock-photo-serious-doctor-looking-ray.html
20	Stretcher	Image licensed through Creative Commons: https://www.publicdomainpictures.net/en/view-image.php?image=188625&picture=stretcher-injury
21	Injury Prevention	Image licensed through Creative Commons: https://www.picserver.org/highway-signs2/i/injury-prevantion.html
22	Investigation	Image licensed through Creative Commons: https://thebluediamondgallery.com/legal/investigation.html
23	Clinician Explaining to Patient	Image licensed through Creative Commons: https://www.healthcareitnews.com/news/epic-and-humana-partner-enhance-patient-provider-and-payer-collaboration
25	Gears Turning in Head	Image licensed through Creative Commons: : https://freesvg.org/thinking-v1
26	Patient Pick Up Sign	Image licensed through Creative Commons: https://www.pexels.com/photo/access-building-business-care-236433/

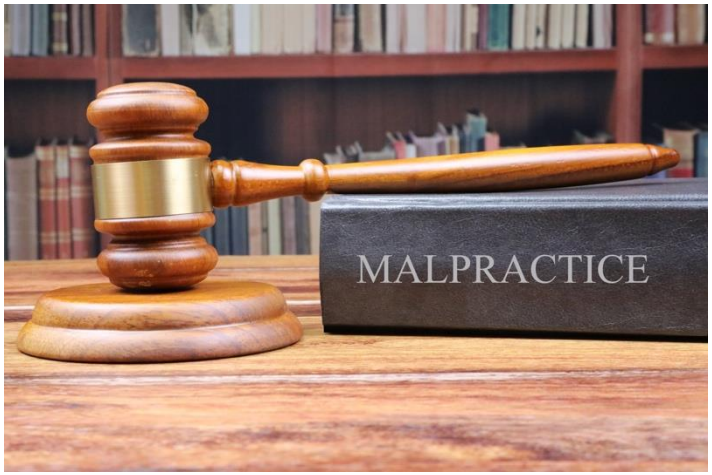
UCF

Image References

Slide	Image designation/description/position	Attribution
27	Liability Insurance	Image licensed through: *Liability Insurance by Nick Youngson CC BY-SA 3.0 Pix4free.org*
29	Take Take Away	Image licensed through: *Wnycradio, CC BY 3.0 https://creativecommons.org/licenses/by/3.0* https://commons.wikimedia.org/wiki/File:Thetakeaway_logo.jpg
30	Insurance	Image licensed through: *https://picpedia.org/clipboard/insurance.html Insurance by Nick Youngson CC BY-SA 3.0 Alpha Stock Images*
31	Example	Image licensed through: *Example by Nick Youngson CC BY-SA 3.0 Alpha Stock Images* https://www.picpedia.org/chalkboard/e/example.html
32	Moneybag	Image licensed through: *Wannapik Studio and created with Adobe Illustrator* https://www.wannapik.com/vectors/8153
33	Microscope	Image licensed through: *Kindel Media and CC0* https://www.pexels.com/photo/close-up-view-of-a-woman-examining-a-microscope-slide-8325950/
36	Thank You	Image licensed through Creative Commons: https://publicdomainvectors.org/en/free-clipart/Thank-You-note-vector-drawing/25496.html

UCF

Practice with Caution: Updates in Malpractice Issues for Nurse Practitioners in Acute Care



Christopher W. Blackwell, Ph.D., APRN, ANP-BC, AGACNP-BC, CNE, FAANP, FAAN

Associate Professor & Program Director

Adult-Gerontology Acute Care Nurse Practitioner Programs

Department of Nursing Practice

College of Nursing

Academic Health Sciences Center

University of Central Florida

Orlando, Florida

2025 National Teaching Institute & Critical Care Exposition

UCF