

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams



Full Episode Transcript

With Your Host

Sarah Michelle

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

Welcome to *Becoming a Stress-Free Nurse Practitioner*, a show for new NPs and students that want to pass their board exam the first time and make that transition from RN to NP as seamless as possible. I'm your host Sarah Michelle. Now, let's dive into today's episode.

Hey friends, today we have a guest on the show who I'm very excited to talk to. Irnise Williams, also known very affectionately on Instagram as the nurse lawyer. Irnise is here to answer lots of questions that I receive on all things legal. Malpractice insurance, ways to prevent legal concerns, and most importantly, how to keep yourself safe as a nurse practitioner. Which I know for you guys is a top priority.

Irnise is a definitely do it all kind of woman as not only is she actively working as a nurse and a lawyer, but she's also creating courses to streamline how you guys are able to receive this information as we all know it can be really tough to decipher as new nurse practitioners.

So with all that being said, Irnise, welcome, welcome, welcome to the show. Will you just kind of walk us through your nursing journey, and how you became a nurse lawyer?

Irnise: Yes, thank you so much for having me. I always like to start off some of these talks as I love nurse practitioners. Like they have always been my favorite providers because they spend adequate time, and they actually allow me to ask good questions. And so when I talk to nurse practitioners, I want them to feel comfortable with asking me those good questions, because I'm not the enemy of the state. You know what I mean? I'm not here to judge, I'm really here to support.

And so I decided to become a nurse very young, growing up with my grandparents who were sickly. And so kind of taking care of them and being around them with their health care journey. I think I just kind of got a good insight of what healthcare used to be like before things got a little

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

chaotic. They had an amazing primary care and home care and all these different things. And so that's kind of where I got the interest.

And so when I entered undergrad I already signed up and knew like, "Okay, my major is going to be nursing." Considered going into medicine but realized I didn't want to be in school for much longer. And so I kind of stayed with nursing and my biggest goal in life, even before I even entered undergrad was to work at Hopkins, like "Okay, I want to work at Hopkins." And I felt like it was going to be a very far off goal, that it was going to take me years to get there just because how difficult is to kind of get in.

And my second year of nursing school I was able to get an externship there in the OR. And then once I graduated, I kind of transitioned into a scrub nurse. And it was an interesting place to learn and grow as a new nurse, as a young nurse. Lots of fun, but also lots of challenges. It's a different place, right? I think that teaching hospital, it's like a teaching hospital in just a different way with so many fellows, and residents, and people coming in and out. But it's a great place to learn with many challenges, especially based in the community I was in and their relationship with the community.

So I continued my career moving back to DC, working in the pre-op PACU area, and then decided I wanted to get a second degree. I thought I wanted to get a public health degree because public health is something that's so important to me. But I didn't think I would have enough options for jobs if things changed. And this was, I think, the recession had hit but we were still kind of recovering maybe and things hadn't fully recovered. So I said, "Well, I'll get a law degree. And if I want to do policy, I can do policy. If I want to do legal work I can, you know, have that option as well."

And decided to go back, I went to undergrad at Howard. I went right back to law school there. And entering into law school I realized that as much as I know that healthcare is bad so was housing, so as criminal justice, so was immigration. Like things that I just really didn't have any insight on, I was

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

like, “Wow, like the whole system is messed up and there's so much work to do.”

And so I kind of got in there knowing I wanted to do some type of health care law, but then I kind of got exposed to so many different things I kind of was confused. Like, “I want to save lives everywhere.” Right? Just a complete empath. But when I graduated from law school, I had a hard time finding a job. I applied to dozens of positions, I had amazing internships. I had an opportunity to enter into someone's medical malpractice firm, but I didn't really want to do that.

And so I applied for dozens of jobs and didn't hear back. And I had already been out of work for two years and I had a family and so I ended up getting back into healthcare. I moved to Texas for a little while, got into hospice.

Hospice was actually my favorite job because, one, the flexibility, like you don't have to be stuck somewhere. But two, helping people transition from this life into the other can be very peaceful if it's done properly, if people are given the support, if families are able to understand and come to grips with what's happening. It's not as traumatic as I think we think it is when you really have a good hospice team. So I really enjoyed hospice.

I moved back to the east coast, got into the telemetry, so I worked in the hospital again. And then that's when I started my practice. I was like, “Okay, enough is enough. I've been out of school for long enough, it's time for me to start my practice.”

Life happened, right? I started it, I was working on things and a few things happened in life. And so I kind of put it on the shelf. Couldn't figure out really what I wanted, because I didn't want to do Medical Malpractice and PI, but that's all I really knew. So I was like, “Well, I'll just wait and figure it out.”

And then another three years passed, and then the pandemic hit. And I realized like, whoa, I've put so many things on the shelf, then last year

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

showed many of us that time waits for no one. And if you don't take advantage of the opportunities or the gifts or the talents that you've been given time will pass you by. And so I settled back in, pulled up all my things for my business and said, "Okay, it's time to relaunch."

Hired a business coach, got a spiritual reading from a tarot card reader, my spiritual guide and life coach, and relaunched. And started really focusing, working with nurse practitioners. That was actually my goal and most of my clients are nurse practitioners. Because I feel that most nurse practitioners don't have a relationship with an attorney. And there's no one out there being a champion for nurse practitioners in the legal world, right?

I think doctors have advocates and have groups and have, you know, lobbyists, you know, working for them. And nurse practitioners are really out there on their own. Nurses, you know, have that form some organizations that are out there, you know, Nurses United and some of the big unions. But I don't think nurse practitioners have that big voice of someone who's saying like, "We deserve to be here, no matter what the restrictions are in some of these states, we're necessary and we're needed."

And so I said, "Well, I want to fill that gap for them. I want to be there to help answer those questions, to help them build their businesses, to help them understand what is happening, the good, the bad, and the ugly." And so I relaunched my practice, began taking on new clients.

And then in the beginning of last year I did like just some different things and did some flat fee service work and brought on so many new clients to the point where I'm not taking on any more clients. But it's been a journey and I've learned so much from nurse practitioners about some of the challenges that many nurse practitioners face in some of these very restrictive states like Georgia, and North Carolina, even in California, just so many challenges.

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

And I'm like, "Okay, we can either take this as a nothing's going to change, or we can really be empowered and say the time is now for us to speak up and really use the data that this last year has shown us to show how valuable you are."

Sarah: I feel you on so many levels, on so many different things you said. I definitely too am an empath so I can feel you at that level as well. And it's really interesting to see kind of your evolution throughout nursing too. Like, "Okay, well, maybe I don't want to do this. Well, how can I pivot?" And there's so many opportunities and so many things out there that people can be doing outside of just bedside nursing.

I think people kind of get lost in that mindset for a long time. And I'm like, "Y'all, education opens up all the opportunities."

Irnise: I love that, I think that's so true that we assume hospital healthcare is the only option out there. And there are financial opportunities as well as flexibility and working away from the hospital at times. And there's so much more need for us who have advanced degrees to be out in our community taking care of those patients with the same love and affection and care that we do in the hospital, right? And they don't sometimes get that because of the stress and the stretch of not having enough providers like in the community. So got lots of opportunity out there for you to either get or create pretty much.

Sarah: Especially in a place like Kentucky too, where it can be so small town and so spread out. Like where I grew up in in Kentucky it was 45 minutes to the closest Walmart. So that meant it was 45 minutes to an hour to the closest doctor or nurse practitioner, whoever you're trying to see. So the more hands we can get out there, I think, the better off we're going to be overall.

Irnise: Yes, so true, so true.

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

Sarah: So from a legal standpoint, what do you feel like is the number one concern that the nursing profession presents to you with?

Irnise: Yes, I think a lot of issues that happen in nursing and within the profession is that there's so much data, there's so much information, there's so much evidence-based practices, and there's so much learning. But yet those things never trickle down into our actual bedside care or, you know, direct patient care. So we know what the best practices are, but we're not doing them.

And so because of that there's a disconnect in the outcomes of our patients based on those who are actually doing the work versus those who are still doing what their preceptor taught them to do, or what they've known to do for so many years. And so I think that we have to take advantage of the education that we have, and the continual education that we're receiving, and actually apply it. And essentially change policies and come to the table with the data and the information and create great change, right?

Like that's one of my Peloton instructors is always talking about creating great change. And yesterday I was speaking to the commissioner of the sixth district in Illinois and she was saying... We were talking about nurses and politics and how nurses are so important and that nurses should have been leading the conversation before the pandemic. That nurses should have been coming to these meetings and saying preventative care is the norm, it should not be the exception.

And she's saying, you know, she's like, "I have 5,000 letters on my desk for some group telling me what they want me to do. And I know it's 5,000 because they had to count them. And I have to adhere to what they're asking me to do because 5000 people in my district are concerned about this."

She was like, "Nurses don't come to me with their concerns. Nurses don't write letters. Nurses aren't sending emails. Nurses aren't sending

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

postcards. So I know what nurses need.” Because she has a healthcare background, but she was like, “Most mayors, most legislators don't know. And we're assuming that they know, we're assuming that administrators are going out and saying we need PPE. Or we need staffing, or we need this. And they're not.

Administrators are getting what they need to make sure that they're ready for JCAHO, for the Department of Health, for whatever regulations that they have to, you know, adhere to. But they're not really caring about the life that we're living here on these units or in patient care, in the community, none of it, right?

And we understand that preventative care doesn't happen in the hospital, it happens in the community. And you need to have actual good reimbursements, you need to have actual providers who can do the work. You need to make sure that there's some type of holistic care and system where if I get primary care, but I can't afford my medication, that there's a program that can help me pay for that. But they're not doing that because we're not telling them that's what they need to be doing.

And there are 8 million nurses in this country, right? And I think that includes nurse practitioners, I don't think they're necessarily separating them from that. But even so, there are hundreds of thousands of nurse practitioners, at least 100,000 in this country. If 5,000 reached out to their legislators, state or federal, and said this is a problem, they're going to talk about it.

The loud ones are going to scream about it on the floor, but the strategic ones are going to go into these committee meetings and say, “Oh, whoa, 15 nurse practitioners just reached out to me, and we need to figure out what we're going to do because if they come in here, and they really start showing out, or they stop seeing patients, we're going to have a disruption in care. And we don't need that.” Right?

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

And I think we think that people know that people are leaving the hospital in droves, they don't know. Because where these people go to get their health care, they're properly staffed. Where they're going to experience healthcare, they have direct access to providers, so they don't get to see some of the stress and the strain that we see on communities that are in rural areas. They're not seeing the stress and the strain of those of us who are in the city, that we're completely overwhelmed with the amount of patients that are coming in and out of the hospitals.

They don't see those things. And so it's our time and our opportunity to speak up, especially now that the data is not in a research paper, it is on television, it's in the media. Everyone knows there are problems, right? It's well reported. And her words where, you know, own the conversation.

We are so passive when it comes to being in healthcare. Healthcare is very political, everything we do is regulated. And those regulations are dependent upon who is in office, right? There are things that will be relaxed in the next few years, there are things that will be heavily regulated in the next few years, based on those who are in office and whoever is in control. And we feel very much out of control, when in reality we have the most control and we can really shift some things for ourselves and for our community.

Sarah: I think I too have been guilty of some of those assumptions and just assuming that the legislators know what's going on behind the scenes. But it really sounds like we need to be working a lot harder to paint that vision for them of what's going on for us.

Irnise: Yeah, they don't know. And I don't know why people think that they do when, you know, if you're a legislator, if you work for the federal government, like you're the Congresswoman or Congressman, the health care that they receive is nothing like any of us receive. They get the best health care, they can drive up to Walter Reed, like they have amazing

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

access. And when they go home, they're going to get preferential treatment, and they have private physicians who can see them.

They're never going to get a sense, they don't tour these rural hospitals. They're not touring these inner-city hospitals. They're not thinking about there's only one psychiatrist for 10,000 patients in North Carolina. And even if they do know it, they don't care because the people who care about the issues are the people with money who are donating. But you can care about the donors, but you also have to care about the constituents who are being loud, and crazy, and sending letters, right?

And I think sometimes we feel like we have to show up but a letter or a phone call is just as powerful as showing up to a protest or showing up to have a conversation or a meeting with your legislator. They count every single phone call, and they count every single letter that they receive.

Sarah: So that means to everybody out there listening right now this is your sign to go write that letter. Write it today, write that email today, whatever that looks like for you, because obviously it's a serious need.

Irnise: Yeah, I hope it inspires and encourages you guys to do the work.

Sarah: Yeah, absolutely. And I see lots of these types of questions pop through on my new NP page a lot too, my Facebook community there. So I think some people don't realize that it could just be an email or a letter. Like they don't have to physically go somewhere to do those sorts of things.

Irnise: Exactly. Exactly.

Sarah: Now, for those who don't know because they haven't finished up school quite yet, or they haven't started a job, or whatever that looks like, can you just walk us through the basics of malpractice insurance and what the listeners should kind of be looking for in coverage? Because that is like a pain point I see over and over and over.

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

Irnise: Of course. Yeah, I think this is a very scary topic. I think insurance in general, we feel like we know we need it, but we're not really quite sure how much or when we should have it, things of that nature.

So if you're graduating as a nurse practitioner and going to work in a federally qualified health care center, you do not need malpractice insurance. Because they are regulated by the federal government, all claims go to the federal government, all claims are paid out by the federal government. That is only for FQHCs, right, for those who are working in FQHCs.

If you're working in any other type of setting you probably will be required, right? But there's a conversation that you need to have with the organization. Are they going to pay for your malpractice insurance? Are you going to be responsible in getting your own?

Even if they're going to pay for your malpractice insurance you want to ask a couple of questions. You want to know; do they force you to settle? Some insurers, they'll cover you, but they're going to force you to settle because they don't want to incur the cost of litigation.

And so sometimes those are the little things that are written inside a malpractice insurance policy that you're not necessarily reading because you just know that you need it so you're going to sign it. But that's one of those questions that you need to ask the insurer or the organization. If the organization has a policy that's going to force you to settle, then you need to get one of your own so that you can defend yourself in case anyone names you in litigation.

And then the other thing is, like if you're working somewhere you want to know what type of coverage, like how much are they covering. And what kind of the process and the flow of the defense, right? You can get into a situation where if you're being held responsible as well as five other providers and they're all trying to settle, everyone may be responsible for a

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

different amount, right? And you want to make sure that there's enough coverage in case if those situations happen, that they're going to cover you for that full amount.

And you don't want to necessarily, you may not want to be lumped in with other people. So you may want to have a separate policy where you can defend yourself if you choose to separate from the crowd and go and defend yourself. So, you know, you want to ask like kind of how many nurse practitioners have been involved in lawsuits when you're in these interviews or kind of entering into orientation to see what their process is like.

Do they defend, and support, and help out their nurse practitioners or are they throwing them under the bus, right? There's a lot of concern where they understand that they need nurse practitioners in their practices, in their businesses, in their hospitals, but then all of a sudden it's like, "Well they make these mistakes, and we have to be responsible. And I never saw the patient." Right?

But at the end of the day that is how things work. And if they're not going to be supportive of you as a practitioner and whatever policies that you followed that were there, you know, that they put out there for you, you want to be able to make sure you have a little bit of backup or support, potentially have your own policy on the side, just in case.

Sarah: So I think what I'm gathering from you is basically get a job and then find your malpractice insurance after that point. Is that what you would suggest?

Irnise: I think so only because if you work for an organization that is telling you not to have it, right, you don't want to have extra if you don't need it. Because if the organization is going to cover you then when potentially you're named in litigation, they could negotiate your name out, but if you have a separate policy, they may not be able to do that, right?

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

But it depends on how your organization is structured. The type of support that they're going to provide for you. If they actually do work to try to get your name out of the litigation and not hold you responsible. Like especially if they're going to eventually settle what do you need to, you know, name these people for so that they're penalized? You could essentially, you know, get them out if possible. So that is definitely an option.

Sarah: I hope y'all are taking notes of these really good questions to ask when you're looking at these possible job offers. And I kind of have a feeling of what your answer to this next question is going to be, but beyond like malpractice and litigation, do you feel like it would be beneficial for new nurse practitioners to reach out to a lawyer regarding an employment contract and looking over those sorts of things? Because this is actually a question that's popped up on my page five times since Sunday. So people are out there wondering.

Irnise: And it's common, right? I've heard this from a lot of practitioners who have communities who are all trying to figure it out together. I would say if you can find an attorney to review your contract, yes.

Usually for a lot of people, it's cost prohibitive. I know when I was offering the services people were not willing to purchase just because of the cost. Even though it was less than my hourly rate, it was less than any other attorney was doing for, you know, reviewing. It's just a cost that people just aren't comfortable with incurring.

So if you're not at a point, or in a position to afford an attorney, you want to review every word and not just review the compensation part. But you do want to look at the terms and agreement. And you want to make sure that if there's a non-compete that it makes sense, right? If the non-compete has a 30-mile radius, you'll never be able to open up a practice for five years, you want to understand everything.

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

And if you don't understand it, ask the organization. Right? So if they have a non-compete and you know in five years, you want to open up your own practice eventually, then you can say, "Well, you know, I'm not comfortable with signing this part of the contract, can we X that out?" And they probably going to say yes, right?

Like, you would be surprised they put these things in there for their own safety, for their own protection but that doesn't necessarily mean that it has to be there. But if you ask you could either negotiate it down, so instead of 30 miles it can be five, right? But that's kind of the power of understanding the terms and agreement of your contract.

So I really, really encourage people to not just stop at the compensation portion of the packages, but to also negotiate the some of the other aspects that could potentially be taken into consideration for it for their package.

Sarah: And it's really funny the things that you can get when you literally just ask, because I had an offer for what I felt like was my dream teaching job at the time that had a non-compete in it. And I told them like, "Hey, I would really love to take this job but there are five schools within 30 miles of here. Like if I want to work somewhere else in the future, like that's prohibitive of pretty much the entire city." And they took it right out.

Like it wasn't even, like I didn't even have to work for it. They're like, "Okay, we can take that line out." So definitely don't be afraid to ask for things. Because, I mean, the worst that they can say is no, and the worst that can happen is you go look for another job.

Irnise: Exactly. And I think sometimes we want to be able to have the knowledge to make the right decisions instead of just assuming that they're not going to pursue it. Because if you do breach the contract, and they come after you then the cost is just not really worth it, right?

So you do want to make sure that you have an understanding or, you know, acknowledge that it's there. And you want to know what their next

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

steps are going to be if they do decide to come after you or you decide to, you know, open up a practice and maybe potentially breach the contract.

Sarah: And I kind of want to talk about looking at price versus cost too when you're thinking about getting a contract reviewed by somebody. Like look at what it's going to cost you price wise today, like dollar amounts, versus in the future what that might cost you having not had that contract looked at. Does that make sense?

Irnise: Yeah. And I definitely tell people that not only do good attorneys like just review the contract, but they help you with the strategy, right? So when I do contract review work for any nurse practitioner, I don't only review but we also create a strategy of, "Okay, this is the things that you can kind of go in and negotiate. These are the things that you should go in and ask for. And then if you don't get them today, how do you keep that door open for three months, six months? Or you know, once you're there for a while, and then become more comfortable, at least for your annual review."

So it's not just essentially asked, like sometimes people are just too nervous because they're so new and they're just ready to get an opportunity. But you do want to make sure that if you're performing well or outperforming everyone else, that there is an opportunity for you to get the things that you weren't able to get in the beginning.

So that's usually, right, what attorneys do as well. It's not just essentially about just reviewing for today, but how to prepare and what to do kind of for the future.

Sarah: And I know how terrified I was to talk to an attorney about my own employment contract. I was like, "Oh, I don't know. Like have I taken it too far?" And I have never felt better than after I had an attorney look over, and pretty much after that point I've had all of my contracts looked over just for my own peace of mind down the road. Because you never know what's going to pop up.

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

Irnise: Yes, and especially as more nurse practitioners are getting into business and building digital brands and doing things online. So be careful if you're signing contracts between other people, right? You may be signing a contract to work with another company, but you want to make sure that that is in your best interest, that you're not just essentially signing over something that could potentially keep you from doing what you want to do in the future.

So to be mindful of that as well is like you as a business owner, you're going to a contract, or doing work, or you know, doing branding, or influence or all the things that people are now are doing digitally online. That is also something that you want to be mindful of, that nobody's going to take your intellectual property or take your images and use them in a way that is not beneficial for you.

Sarah: Yes, absolutely. And I think this kind of ties in a little bit too with my next question. Because, you know, obviously, I looked over your course outline because I was really excited about it. I was like, "Oh, another course creator." Like my brain over here is going woo.

But I notice there's some bonus content on documentation within your courses. So what are some things that you kind of feel like are necessities when it comes to documentation? And why do you kind of feel like it's so important too?

Irnise: So documentation is all that you have when you're involved in litigation, right? You don't have your memory, I think we all think we're going to remember, we're not. I don't even remember what I had earlier, I don't know what I had for breakfast, you're not going to remember. Especially if it's years from when the incident actually happened. You may not even remember the patient because it could be so minimal to you, right? Like, I don't remember every single patient that cared for in my lifetime.

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

And so documentation is all that you have to take into a deposition, into a courtroom to remind yourself. You cannot take in the words, or opinions, or video from someone else from the hospital. All you have is what you wrote. And so if you don't know what to write, how to write, how to correct, how to communicate with the team around you then you potentially put yourself at higher risk for being held liable for something, even if you did nothing wrong.

So documentation is such an important topic for me and so the main modules touch on it. But I really did a separate course specifically to discuss all of the details. And it's not just for nurses or nurse practitioners. It's for every health care clinician that's in direct patient care about how we cohesively work together to ensure that not only is the patient cared for, the care that we're providing is appropriately documented, but that we are also not throwing each other under the bus. And how we do that efficiently and effectively.

And so I've finished the topic, I'm waiting just for it to be edited and I'll upload it once that information is available because it is, to me, one of the hardest things for people to understand is that documentation is the only, that and a few other things like when you go to court and you can't remember something, the only thing that they can help to refresh your memory are your own words. Not necessarily the rest of the chart, but your own words. Like did you write this? And that may be the only thing you have to be able to defend yourself.

Sarah: Documentation is everything. Like I always tell my students on the first day of clinical like, "I'm going to get up on my little podium here and I'm going to preach to you guys for five minutes about how I was a nurse for three months and I got a phone call at home from risk management about something I didn't chart." And I had no idea that that was something in any capacity that I was expected to be charting. But here now they've had something pop up, so they need to talk to me about it. And what an emotional ride that was to say the least, it ended up being nothing at all.

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

Irnise: Emotional, yes.

Sarah: But I'm like I did something wrong, and I didn't even know I was doing something wrong. Like I wish I'd had a course like this to tell me like, "Here are the things that you need to document to keep yourself safe."

Irnise: And that's what I hope to do. I don't think there are enough people championing, I don't know why I can't say the word championing, being champions for nurses and nurse practitioners and telling them what to do.

Like doctors literally go to these conferences and attorneys are saying, "Do this, do that, do this, do that." They get that support. They have that direct, there are so many CEUs and CMEs specifically talking about doctors and documentation. But there's nothing for nurses and nurse practitioners out there.

And so the course is applicable to everyone. But I really want you all to really understand what you have to do. Like if a summons comes in the mail, I literally help you create a strategic plan. Do this, do that, this is who you should talk to, this is who you shouldn't talk to. Like we get into those kinds of details. Like it's not simply like, "Oh, yes, you know, these are things you can find on Google." No, I go into, if I was representing you in a fake scenario, what you need to do to be prepared to protect yourself.

And that is what some people miss. People assume the hospital or their attorney or whoever is going to tell them what to do. But in reality, no one's going to tell you. And if you don't have the knowledge to advocate for yourself, you're going to be steamrolled. And the loss of the penalty that could potentially be on your license, the increase of your, you know, the amount that you may now have to pay for your malpractice insurance, or potentially losing your job is not worth it just because you didn't know.

Sarah: No, you absolutely have to advocate for yourself. And so if a nurse practitioner gets named in litigation for example, is their next step to come

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

to you, the nurse lawyer and make a plan? Or what should that next step be?

Irnise: To make a plan if they've been involved, like they've been named in litigation? So, right, I'm barred in Maryland so I only really could really support clients directly in Maryland. I help them to kind of-

Sarah: I think I was saying theoretically you, but in general they could go to any lawyer, correct?

Irnise: Right, and so in my course I talk about how to find a good healthcare lawyer, what questions you should ask and things like that. But theoretically you want to go with someone who understands healthcare. You don't want to just go with anyone, you don't want to go with someone who just does for board defense work. But you do want to work to go with someone who understands healthcare.

Because if people don't understand the nuances of health care, regardless of if they've defended people in the past, they will still get up there and say the wrong thing. And you're like, "That is not happening." Right? You're putting your life essentially in someone else's hands. And so I think it's really, really, really important for you to work with someone who gets it, who gets you, and who has your best interest in mind.

Sarah: Think of lawyers like nurses. Like nurses all kind of pick their specialty in a way. So lawyers do the same thing, so you want to pick the right one for what you've got going on.

Irnise: Yes, definitely.

Sarah: And then for those who are kind of new and nervous, which I feel like is all of us at some point, what resources do you feel like are out there about legal matters? Like where should nurse practitioners be turning to?

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

Irnise: So I think that there are some nurses and attorneys, like I'm not the only one in the world who offer information. If you're in a healthcare setting that they're having grand rounds, I would request that there is some type of legal information that's offered in those services. And not just clinical, because I think that is important as well.

I mean, I always tell people, you know, my Instagram page is a wealth of knowledge. I share so many videos, so many carousels, so many scenarios and case studies that are out there. There are some nurse practitioners who are attorneys that have some things, there are books. And so I know everyone may not be able to sit and read a whole book on understanding the legal matters of that. But there are definitely, I think, educational opportunities that may be out there when you're going to your conferences.

So if those aren't available to you, then you need to request them and say, "Hey, can we have someone come and talk about malpractice?" It's just as important as talking about some of the clinical aspects of being a nurse practitioner. You want to make sure that there's someone actually out there providing you guys that direct information.

As you grow as a nurse practitioner, you do want to make sure you begin to build up those contacts. So yeah, of course, if you guys are in a situation you always can reach out to me and I can find a referral. But as you're growing as a practitioner, and the deeper you get into your practice, you do want to always kind of have someone on hand in your area, in your state that you can kind of call on just in case anything ever happened.

Sarah: And that was actually exactly how I found you. Somebody shared to their story, one of your case studies, and I was like, "That's interesting." So then I clicked, and I was lost for a long time. There is so much good information on there.

Irnise: Yeah, yeah, I realize that. Although I'm a lawyer, the healthcare is really what speaks to people. It's understanding that aspect from a legal

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

perspective and sharing it in that way makes it real and makes it stick. It makes people be like, “Okay, I get it.” Because it's easy to be like, “Oh, don't do this, or don't do that.” But when you say, “Okay, well look in this situation. Let's look at the lessons from this scenario. Who should have been called? And, you know, what should have been done? And how do you kind of make sure that doesn't happen to you?” It makes a huge difference in that conversation.

Sarah: Yeah, and just having that perspective too. Because I don't think it's something that we're thinking about all the time. It's kind of something like, ooh, we hope this doesn't happen. But you want to be prepared for that moment when it comes.

Irnise: Exactly, the whole we wish it doesn't, we hope it doesn't happen, but that preparation is key. And I'm telling you, you will feel so more empowered, efficient, and effective in your practice if you know what you know. And sometimes it's like, “Oh, I don't really need this.” But as soon as someone asks you the question, it will trigger you to realize like, “Oh, Irnise said, don't say that.” And you'll say, “Well, I'm going to wait and speak to a lawyer.” Instead of you divulging all of this information and telling on yourself and putting yourself out there.

Sarah: Just don't do it, don't do it.

Irnise: Yeah, just don't do it, right. And you'll be more cautious about the conversations you're having surrounding those things if you know who to call and what to do.

Sarah: So I mentioned your Instagram earlier, which is @thenurselawyer, but where else can people get the contact with you? Because I know people are going to be wanting your course.

Irnise: Yes, yes. So you can connect with me on Instagram, Twitter, Facebook, or LinkedIn all at your nurse lawyer. My website is iwilliamslaw.com. And then you can head to my school, you can go to my

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

Instagram page and go to the link in the bio, or you can go to yournurselawyer.teachable.com and you'll be able to see my courses.

So there's my main course that's up. There's an abbreviated course that talks about medical malpractice insurance, a little bit about documentation and about ethics. And then the documentation course will be in the main course as well as an opportunity just to buy it separately. And then I'll be adding additional services and courses as well.

I'm working on something, a trauma program, it's called Healing the Healthcare Worker. And it's a four-week program created by a trauma therapist to help us deal with some of the trauma of working in healthcare. So excited about it because I need it.

But I'm also really excited about it because I think that this is a conversation about, you know, breaking down some of the barriers that we face as healthcare workers and getting access to care just as much as anyone else. Especially with the challenges of our schedules and all of us leaving extremely busy lives.

And so this is an opportunity for us to get some therapeutic tools, understanding, and information without necessarily having to go search for someone to help us as we begin to kind of go back to a different world, right? It's never going to go back to normal, there is no normal, right? But going back into this life of just different. And so we just want to make sure that we're healing. We're not just holding in all that anger, and stress, and anxiety. And that we're actually being our best selves and serving at our, you know, at a greater purpose by being the best that we can be.

Sarah: I think that's so beautiful. You just spoke right to my empath soul, I was like, "Ooh, I want to heal all the nurses and all the nurse practitioners out there. Like I want everyone to literally be the best self that they can be."

Irnise: Yes, I love that. Yeah, you know how we are.

Ep #11: All Things Legal with The Nurse Lawyer, Irnise Williams

Sarah: Thank you so, so much for coming on the show. I really appreciate it.

Irnise: Yeah, it's my pleasure. It's really been a great conversation. I feel like every podcast brings something different out of me. This one definitely brought my political side, I am not ready for office any time soon, but I'm definitely a strong advocate of you all. And I'm hoping to continue to build some resources.

Actually, if you head to the link in my Instagram bio, I have a resource hub for nurse practitioners about all of the different things that are going on in various states. And so we are constantly updating that with new cases, and new laws, and articles, and stuff like that are coming out. So if you guys want access to any of that information just reach out and I can definitely share it with you all.

Sarah: All right y'all, that's your other sign, go check it out. But I'll see you guys next week.

Now, to celebrate the launch of the show, I'm going to be giving away a Medelita gift card which will allow you to go buy a gorgeous white coat when you're ready. Now, I'm going to be giving away a gift card to two lucky listeners who subscribe, rate, and review the show on iTunes. It doesn't have to be a five-star review, although I really do hope you love the show. I want your honest feedback so I can continue creating a show that provides tons of value for you guys as nurse practitioners.

Visit stressfreenp.com/podcastlaunch to learn more about the contest and how to enter. And I'll be announcing the winners on the show in an upcoming episode.

Thanks for listening to *Becoming a Stress-Free Nurse Practitioner*. If you want more information about the different types of support we offer to students and new NPs, visit stressfreenp.com. See you next week.

[Becoming a Stress-Free Nurse Practitioner Podcast](#) with Sarah Michelle