

Background information for medical students:

In the Health Coaching Project, you will be working independently with a patient. The goal of this interaction is for you to assist a patient to make small steps that improve the patient's control of a medical illness. This goal is patient-directed, and during this process, you cannot give medical advice regarding priorities, treatment plans, or additional testing. If your patient asks you for medical advice or your opinion, you must tell the patient that as a health coach and medical student, the activity or goal needs to be set by the patient, and that you are unable to give medical advice. Patients should be informed that if the patient feels that they need medical advice before beginning the chosen activity, the patient needs to contact the attending physician or seek medical care.

During your summative Objective Structured Clinical Exam (OSCE), you were assessed on this by the faculty reviewer with the following:

Summative Objective Structured Clinical Exam (OSCE) evaluation statement with standardized patient:

"The medical student AVOIDS providing medical advice, even when explicitly asked. Yes/No"

Students who provided medical advice were remediated to achieve this competency, before being allowed to work with a patient to complete this project. Please keep in mind that this is for the patient's safety, and additionally to limit potential liability to your supervising physician. Patients often assume that you are an extension of your supervising physician even when you do not have the opportunity to discuss the case with your supervising physician. Until you are licensed, you cannot give medical advice or treatment. You must direct all questions regarding medical advice or treatment to your supervising physician or project director.

Medical Student Name: _____

Signature of Medical Student

Date: _____

Informed Consent to be explained by the medical student and precepting physician:

Informed Consent to Participate in the OSU Health Coaching Project

I am a patient, or parent of a patient who is a minor, with a long term medical condition. My physician and an OSU medical student have asked that I/My Child participate in an educational project of health coaching. I understand that this is to assist me/my child in choosing and accomplishing small goals in improving the self-management of my/my child's medical condition. These goals are to be determined by me, and I understand that any questions about medical advice are to be directed to my/my child's physician, and not to the medical student.

I have had all of my questions answered and agree to this relationship. I also consent to the use of my/my child's medical information in a secure database that is separate from my/my child's chart, and understand that the medical student and all other individuals assessing this information as part of the supervisory educational team, have been instructed and agree to treat this information as confidential. This information will be used solely for this educational activity by the medical student, the supervising educational team, and my physician.

Signed by the patient, parent if patient is a minor, physician, and medical student, and then scanned into the medical record and a copy sent to the Health Coaching Project Coordinator.

Patient Name: _____

Physician Name: _____

Signature Patient/Parent (if patient is a minor)

Physician Signature

Date _____

Date _____

Assigned Medical Student: _____