Ms. Smith (a pseudonym) was the first patient I interviewed in the family medicine clinic during my first year of medical school. The primary-care physician who was my preceptor introduced me to the patient and left the room. I started the interview with an open-ended question, as I'd been taught in the On Doctoring course.

"Can you tell me what your concerns are today?" I began. Ms. Smith proceeded to tell me about her insomnia and how it was affecting her work. She confided that she was experiencing urinary incontinence after having undergone surgery for vulvar cancer. She said she was sure the cancer had been caused by genital warts that she had contracted during her "wild years."

I was a bit overwhelmed by her story, but after my preceptor returned to the exam room, he and I were able to reassure and comfort her. We changed her antidepressant medications to a regimen that would help her sleep and arranged for her to see a urologist. At the end of the visit, she thanked me for listening to her story.

I've reflected often on that interview with Ms. Smith. She didn't know me and yet, within minutes, she was revealing her deepest secrets and sharing personal information that must have been painful and embarrassing for her to relate. I remember being impressed by the profound trust she had in me. Since then, however, I've come to realize that it was not just me she trusted. It was the profession. I was a member of a trusted group that she believed would keep her secrets, respect and care for her, and help her to become healthier.

Erosion of trust: I wanted to join the medical profession to be able to gain the trust and respect that physicians enjoy. But recent medicine has seen an erosion of that trust. Managed care is partly to blame. The system is now being pilot tested in the second-year courses but is expected to be extended soon to all four years.

Attitudes: In addition, during a fourth-year course called Health, Society, and the Physician, a group of students wrote a "professionalism curriculum"—a description of expected professional behaviors, habits, and attitudes that every medical student should embody. This curriculum not only covers obvious professional behaviors like academic honesty but also explicitly prescribes integrity, saying, "Physicians are expected to uphold a higher moral standard in exchange for the privileges they enjoy. Therefore, you must be moral, truthful, and fair in all aspects of your life. Society also expects physicians to model behaviors such as courtesy, cleanliness, politeness, and generosity."

Some may criticize this document as unnecessary. But it certainly leaves no ambiguity about expectations. True, the medical school admissions process is designed to select honorable, intelligent people as future doctors for the nation. Our professional curriculum merely defines the explicit standards of behavior that we feel will help protect the medical profession. The major challenge is to get these ideas across at the first-year class's White Coat Ceremony, and on at least one other occasion before their clinical work starts.

Curriculum: The students' approach in teaching this curriculum is best described as our saying, "This is your profession. Here is what you must do to ensure that it survives."

My hope is that future patients will be able to trust us and other representatives of the medical profession in much the same way as Ms. Smith trusted me early in my medical school career.

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"Student Notebook" shares word of the activities or opinions of students and trainees. Burdette has been the president of the DMS Student Government during 2003-04. A member of the M.D. Class of '04, he will be doing his residency in plastic surgery at DHMC.