OUR MISSION

Boston University School of Medicine is dedicated to the educational, intellectual, professional, and personal development of a diverse group of exceptional students, trainees, and faculty who are deeply committed to the study and to the practice of medicine, to biomedical research, and to the health of the public. We, as a community, place great value on excellence, integrity, service, social justice, collegiality, equality of opportunity, and interdisciplinary collaboration.
Educational Excellence
BUSM educates more than 700 medical students each year in four classes and more than 800 master’s and doctoral degree candidates who are actively engaged in the study of the biomedical sciences and medicine. We receive more than 100 applications for each spot in the entering class from students who are among the most impressive medical school applicants in the world. The demanding and rigorous medical training we provide combines clinical work at more than 40 sites ranging from hospitals to private clinics, laboratory experience, and lectures. More than half of our medical students engage in hands-on research projects while at BUSM. Our commitment to excellence pays off: in a typical year, 85 percent of our fourth-year students receive one of their top four choices in the National Resident Matching Program. Our alumni tell us that when they transitioned into their residencies and fellowships, they were fully prepared to meet those immense new challenges from day one.

Innovation
In recent years, our faculty have led more than 600 research programs supported by some $298 million in grants from the National Institutes of Health. While these are record totals, a tradition of research is firmly entrenched at BUSM; in fact, our faculty members have been on the frontiers of scientific and medical knowledge for more than 130 years. Today, BUSM research teams in Boston and around the world are graced by a large number of exceptionally well-qualified applicants. BUSM is a leader in the holistic approach to recruiting students, which, in addition to academic metrics, emphasizes attributes associated with excellent physicians and considers a wider view of an applicant’s life experiences. If, in the end, the admissions process brings you to BU, I will be delighted to help you begin your transition into the remarkable profession of medicine.

Karen Antman, MD
Dean, School of Medicine
Provost, Medical Campus

In a typical year, 85 percent of our fourth-year students receive one of their top four choices in the National Resident Matching Program.
Our students begin to see patients in week one of the first-year curriculum. Working directly with physicians, students conduct intake interviews, take vital signs, and begin to learn how to put the patient first.

"Our goal is on the day I began studying medicine, I never imagined that I would be an Alumnus of Boston University School of Medicine."

David Rodriguez

I am of Mexican descent. My parents live in Ciudad Juarez, Mexico, a city just across the border from El Paso, Texas, and have always believed in the American Dream. About a year before I was born, they started saving money for my mother to get her prenatal care and have her delivery in El Paso so that I could be a U.S. citizen.

At age 19, I returned to the States to enroll at the University of Texas at El Paso (UTEP) as a premedical student. During my sophomore year in college, I found out about a joint program between UTEP and the Boston University School of Medicine: the Early Medical School Selection Program (EMSSP), which taught me how to increase the number of underrepresented minorities in medicine. Although I was quite intimidated by the thought of moving to a city like Boston, I decided to apply and was admitted. During my senior year in college, I transferred to BU.

"Boston Medical School has given me access to state-of-the-art biotechnology laboratories and teaching materials. High school students and their teachers attend two on-campus labs for an intensive learning experience and we in turn visit them via our MobileLab, which takes the laboratory to the school. More than 70,000 students and 2,000 teachers have reaped the benefits of CityLab; in addition, universities in California, North Carolina, Washington, and Glasgow, Scotland, have replicated the CityLab model."

At BUSM, inclusion has long been not only the right and fair approach, but also the only way to deliver on our mission and history. When you read the statistics about admission to BUSM—approximately 12,000 applicants for fewer than 110 spots—you might conclude that getting a medical education here is an exclusive experience. On the contrary, BUSM is an extraordinarily inclusive place. It embraces you regardless of your accent, your race, your ethnicity, or your gender identity. And that’s one of the many reasons I’m proud to be an alumnus of Boston University School of Medicine.

David Rodriguez graduated from BUSM (MD) in the Spring of 2012. He is a resident in anesthesiology at Jackson Memorial Hospital in Miami, Florida.
“Students begin on the path toward becoming competent and caring clinicians by understanding how the clinical encounter is influenced by broader psychosocial factors. Under the guidance of an experienced physician, students interview patients and address specific sensitive issues such as sexuality, substance abuse, domestic violence, and aging.”

Douglas Hughes, MD, Associate Dean for Academic Affairs, Professor of Psychiatry, Ramsey Professor of Theory and Practice

The first year prepares students for their entire four-year journey through BUSM. Three complementary areas of focus—Principles Integrating Science and Medicine (PrISM), Patient to Population Health (PPH), and Doctoring—equip students for academic and personal success by building the clinical reasoning habits of mind required for lifelong learning and acculturation to the professional expectations of a medical career.

Our integrated yearlong foundational science course, PrISM, employs interactive sessions based on independent learning and emphasizing critical thinking skills. Throughout the year, PPH prepares our students for the breadth of health care. Human Behavior in Medicine examines normal psychological development and common behavioral challenges, while Essentials of Public Health focuses on our urban patient population by addressing health policy and health law, health disparities, health care quality improvement, medical socioeconomics, medical humanities, and evidence-based medicine and biostatistics. Doctoring courses meet two afternoons a week and include Introduction to Clinical Medicine, which begins clinical training during the first week of school, and Integrated Problems, which consists of physician-facilitated small group analysis of the cultural, social, and medical aspects of clinical cases.

“Replacing traditional microscope laboratory sessions with interactive, faculty-led discussions in a technologically sophisticated computer classroom allows students to learn the art as well as the science of histology. Students enjoy the portability and accessibility of histological specimens. When Virtual Microscopy was used for the first time, class performance was nearly 16 percentage points higher than the mean of any first exam we have given with conventional microscopes.”

Deborah Vaughan, PhD, Assistant Dean of Admissions, Professor of Anatomy & Neurobiology

Drx: Disease and Therapy

“Drx integrates the study of disease in an organ-based context: cardiovascular system, lungs, kidneys, gastrointestinal system, skin, endocrine and reproductive organs, joints and connective tissue, and central and peripheral nervous system. For example, all the cardiac content is presented together, as one module. This carries over to the introduction to Clinical Medicine course, so while learning about the heart in labs and lectures, students are, at the same time, learning how to conduct a cardiac exam and what evidencem-based medicine supports for treatment.”

Lorraine Stanfield, MD, Clinical Assistant Professor of Medicine, Course Director, ICM2; Director, Clinical Skills Center

End of Third-Year Clinical Skills Assessment

A few tense moments in an Observed Structured Clinical Examination (OSCE) for Julieta Holman, BUSM IV: Who is this stranger and what is wrong with her?

“The first time I performed a complete physical exam, a sweet lady—an absolute stranger—sat on the edge of it, I found myself paralyzing. Fortunately, this lady was a ‘standardized’ patient, hired and trained to act like a patient without actually being one.”

At BUSM, the curriculum incorporates standardized patient experiences and Observed Structured Clinical Examinations as part of the clinical training. In years one and two, students learn to perform the history and physical exam (H&P) on standardized patients. Then, during the Family Medicine clerkship, standardized patients are trained to describe realistic symptoms that help students develop the clinical problem-solving skills that they will need when caring for real patients. Learning to elicit information from such patients is part and parcel of the skills needed to become a physician.
Still Making House Calls After All These Years

BU Geriatric Services operates the oldest continuous home care program in the nation.

Since 1875, BUSM students have made house calls to care for home-bound Boston residents; in recent years, they’ve focused on the geriatric population. Sometimes, patients who have been seen by third-year students in clinics or in the hospital appear again in the fourth-year BU Geriatric Services rotation. Here, students help the patient adjust to life at home. Working with an interdisciplinary team, students learn how to help elders adhere to medication regimens, coordinate community services, and attain optimum quality of life. This hands-on medical practice allows students to assess and understand geriatric issues as they are presented in a home environment.

More than half the class enrolls in outside electives at academic health centers, rural clinics, and military installations.

28% of seniors participate in international electives.

27% of seniors engage in research activities.

Match Day occurs on a mid-March Friday.

FOURTH YEAR

PATHWAYS TO THE MD DEGREE

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<tr>
<th>MD (Four years)</th>
<th>USMLE</th>
<th>FORMAL CLINICAL TRAINING</th>
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<tr>
<td>Foundational Sciences &amp; Introduction to Clinical Medicine</td>
<td>Core Clinical Training</td>
<td>Advanced Clinical Training</td>
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<td>Year I</td>
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<td>MD-MPH (Five years)</td>
<td>Core Clinical Training</td>
<td>Public Health Studies</td>
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<td>Foundational Sciences &amp; Introduction to Clinical Medicine</td>
<td>Year I</td>
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<td>MD-MBA (Five years)</td>
<td>Core Clinical Training</td>
<td>MBA Studies</td>
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<td>Foundational Sciences &amp; Introduction to Clinical Medicine</td>
<td>Year I</td>
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<td>MD-MSCI (Five years)</td>
<td>Core Clinical Training</td>
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<td>Foundational Sciences &amp; Introduction to Clinical Medicine</td>
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<td>MD-JD (Six years)</td>
<td>Core Clinical Training</td>
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<td>Foundational Sciences &amp; Introduction to Clinical Medicine</td>
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<td>MD-PhD (Seven years)</td>
<td>Doctoral Studies</td>
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<td>Foundational Sciences &amp; Introduction to Clinical Medicine</td>
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“The number-one reason I am pleased that I got my MPH during medical school is that I developed the training and public health sense to recognize the social determinants of health in my clinical work. My medical school education and my public health training continue to inform one another. Having filled my toolbox before beginning my career, I feel more confident about starting a residency. I am graduating with a degree that tells people what kind of medicine I value. Residency programs loved to hear about my MPH work and research.”

Mary Ann Wilbur, MD, MPH
Chief Resident
Department of Obstetrics & Gynecology
Johns Hopkins Hospital

“Through the combined degree program at BUSM, I developed the background, skills, and intellectual curiosity necessary to pursue a successful academic career with both a basic science and clinical emphasis. I think MD-PhDs can play a unique role in medicine by translating basic science research to patient-related issues and by incorporating a rigorous scientific approach to clinical research and clinical problem solving.”

John Charpie, MD, PhD, Clinical Associate Professor, Department of Pediatrics and Communicable Diseases, University of Michigan School of Medicine

Applicants hail from all 50 states, the District of Columbia, Guam, Puerto Rico, the US Mariana and Virgin Islands, and 78 countries.

Foundational Sciences & Introduction to Clinical Medicine

ACADEMIC AFFAIRS OFFICE

ACADEMIC AFFAIRS OFFICE
THE CURRICULUM

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<td>The student experience at BUSM progresses across a four-year continuum, with an early emphasis on foundational science and a gradual transition to a largely full-time clinical program for the last two years. The foundational science curriculum is taught in an integrated manner, emphasizing organ system-focused organization and clinical problem-solving exercises in all disciplines. There is a mix of lectures, small group discussions, and problem-based seminars throughout the program. Clinical training begins immediately with the half-day per week Introduction to Clinical Medicine and expands steadily over time, but even during the final year of advanced clinical clerkships, there are still seminars and discussion groups that link back to the foundational sciences.</td>
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<td>Pediatrics 6 weeks</td>
<td>Ob/Gyn 6 weeks</td>
<td>Family Medicine 6 weeks</td>
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<td>Neurology 4 weeks</td>
<td>Surgery 8 weeks</td>
<td>Medicine 8 weeks</td>
<td>Radiology 4 weeks</td>
<td>Step 2 Board Review</td>
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<td>Ambulatory Medicine, Surgery Subspecialties or Elective 4 weeks</td>
<td>Geriatrics 4 weeks</td>
<td>Ambulatory Medicine, Surgery Subspecialties or Elective 4 weeks</td>
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**Graphics are approximate for years 3 & 4 due to variations of clerk schedules**
The Academic Enhancement Program offers peer tutoring free of charge to all medical school students enrolled in the medical school curriculum. Course and clerkship directors hire knowledgeable students who have excelled in the curriculum and completed the Tutor Program training to serve as tutors for each course and clerkship.

Boston University School of Medicine has a long history of actively supporting and accommodating students with disabilities. Information regarding reasonable accommodations for disabilities can be found on the School of Medicine’s Academic Enhancement Office website at bumc.bu.edu/busm-osaa/academic-enhancement.

Student Organizations
Student Affairs encourages students to get involved in campus life by offering a diverse group of activities. We support 51 student organizations, 11 student wellness activities, and 16 service learning activities, and help members of student organizations schedule and host events. Active student organizations at BUSM include:
- American Medical Association/Massachusetts Medical Society
- American Medical Women’s Association
- South Asian Medical Student Association (SAMSAA)
- Hispanic Health Outreach Leadership Association
- Abuse and Violence Awareness Project
- Physicians for Human Rights
- Creative Arts Society
- Student National Medical Association

Visit our homepage: bumc.bu.edu/busm-osaa

Peer Advising
The Peer Advising Program provides non-academic advice about life and learning at BUSM in an informal way to all medical students, primarily in the first and second years. Through this program, new medical students gain a sense of connection and support from our students. Components of the program include student panels, academic conferences, planning sessions, faculty review sessions, creating intensive study schedules, and the Comprehensive Basic Science Self-Assessment (CBSA).

The Peer Advising Program is designed to enable students to learn how to screen for housing, food, and energy insecurities; and how immigration status and eligibility for benefits influence health or healthcare. Mentorship is a significant component of this program. Each student is paired with a faculty mentor.

Scholarly Concentration in Advocacy

Groundbreaking BUSM program

Spectrum of Physician Advocacy trains students to become leaders in medical advocacy. Patients more adversely affected by societal inequalities often face a host of issues that threaten their health and well-being; simply providing them with medical care is not enough to improve their health. To appropriately and effectively treat these patients and promote their health, physicians must become advocates, yet advocacy training is not generally part of formal medical education. Eight years ago, students at Boston University School of Medicine (BUSM) developed a program to meet that need, an elective that offers curriculum throughout the four years of medical school: the BUSM Advocacy Training Program (BU ATP). This student-run and faculty-initiated initiative successfully develops students into physician advocates who are both anchored in the social determinants of health and leaders in the field of physician advocacy.

The program consists of a first-year course focused on the social determinants of health taught by BUSM students who have already taken the course and faculty engaged in advocacy, and a second-year course focused on interdisciplinary learning taught by medical and law students, and physicians and lawyers engaged in advocacy. In the third year, students learn from such case-based online modules related to the rotations they are taking that year, and in the fourth year they choose a faculty-sponsored advocacy project. The program introduces students to the concept that becoming a physician means having a broader role and responsibility to society, using advocacy as a platform to showcase professionalism in action.
ACADEMIES OF ADVISORS

BSUM students have many opportunities to obtain mentoring and career advice. “All the assistant deans in the Student Affairs Office join me in encouraging students to meet with us. We have an open-door policy and all come students—both individually and in small groups—to take advantage of that and to make appointments for discussions on any topic,” says Dean Jackson. The Academies of Advisors program is another way students can connect with faculty and peers. Consisting of six academies named in honor of distinguished individuals who reflect the strengths, diversity, and history of Boston University School of Medicine, the program offers advising and mentoring as well as an introduction to professional, ethical, and humanitarian values.

Students are assigned to one of the six academies and from their very first day, enjoy access to the vast resources of Boston University School of Medicine and work with some of our most senior and experienced faculty members. Research and community service opportunities and academic interest groups are also available to develop professional character and nurture idealism and humanistic qualities throughout the four years of a student’s medical education, and the Peer Advising Program pairs more senior students with the incoming ones (see page 13). Throughout the year, the academies sponsor opportunities such as:

- Dinner at faculty homes
- Breakfast meetings
- Social events
- Ethics/Professionalism breakfast
- Regular meetings with advisors

For more information, please visit bumc.bu.edu/academies

Rebecca Lee Crumpler holds a place in American history as the first African American woman to receive an MD. Crumpler received a Doctorate of Medicine degree in 1864 from the New England Female Medical College (which merged with Boston University in 1873). After her graduation, Crumpler moved to Virginia where, amidst the severe racism of the postwar South, she worked with other black physicians treating freed slaves, a group that otherwise would not have had access to medical care. She later returned to Massachusetts and practiced medicine in Boston’s black community.

Robert W. Wilkins, a longtime member of the BSUM faculty who eventually became chairman of the Department of Medicine, is known for his groundbreaking research in hypertension. In the 1940s, he challenged the common medical reasoning that high blood pressure was necessary to pump blood through the narrowed arteries of hypertensive patients. He and his researchers later developed the first drug therapies to control hypertension. In the 1950s, Wilkins served as head of the Council of High Blood Pressure Research and as president of the American Heart Association.

Louis W. Sullivan, a BSUM alumnus, founded the Morehouse School of Medicine in Atlanta, Georgia, and served as secretary of the US Department of Health and Human Services from 1989 to 1993. Sullivan earned his medical degree from BSUM in 1958 and returned to the School as a member of the hematology faculty in 1966. After nine years at BSUM, he returned to his hometown of Atlanta to become director of the Medical Education Program at Morehouse College, which later became the independent Morehouse School of Medicine with Sullivan as its dean and first president.

Chester Scott Keefer was dean of BSUM from 1955 to 1960 and is credited with brokering the merger of BSUM and Massachusetts Memorial Hospital (the associated teaching hospital) to form the academic health center that exists today. While director of the Evans Memorial Department of Clinical Research from 1940 to 1955, he greatly expanded the physical space of the department and recruited investigators who also had teaching roles at the Medical School and patient care duties at the hospital. During World War II, Keefer served as chairman of the National Research Council’s committee on chemical therapy and was in charge of administering the nation’s severely limited supply of penicillin, a function that earned him the nickname “Czar of Penicillin.”

Mary Jane Safford is best known for her nursing efforts on the battlefields of the Civil War. During the Battle of Belmont in 1861, she courageously treated the wounded, walking the battlefield with a white handkerchief tied to a stick amidst enemy fire. She also nursed soldiers wounded in the Battle of Shiloh and worked on the hospital ship Hazel Ost. After the war, Safford attended the New York Medical College for Women, receiving her MD in 1869.

Franz J. Ingelfinger dedicated 27 years (1940–1967) to research and teaching in gastroenterology at BSUM before finishing his medical career as editor of The New England Journal of Medicine. Ingelfinger is credited with significant clinical advances relating to the esophagus and small intestine and is often referred to as the father of modern gastroenterology. He served as director of medical services at Boston City Hospital (a predecessor of Boston Medical Center) from 1961 to 1967, developing the medical services into a nationally recognized teaching unit. Ingelfinger was a recipient of the George M. Kober Medal, the highest honor bestowed by the Association of American Physicians.
EDUCATIONAL PROGRAM

The mission of the Doctor of Medicine program at BUSM is to educate physicians who will have the knowledge, skills, and dedication necessary to provide the best care to patients from all communities in our diverse society.

A new, integrated, hybrid curriculum incorporates elements of a traditional lecture style with small group discussions, laboratory exercises, and problem-based learning seminars. To focus on the learner and to ensure ample time for small group discussion, no student spends more than three hours per day in lecture. Clinical experience starts in the first week of the first year and expands steadily so that by the time clinical clerkships begin in the third year, students are ready to apply the tools of evidence-based medicine in hands-on clinical practice.

In addition to the traditional priorities of education, research, and clinical service, more than 1,000 full-time faculty members also focus on our public health mission. Students learn to weave these themes into an integrated approach to treating individuals within communities.

Learn more about the curriculum in our online bulletin at academics.bumc.bu.edu.

Educational Objectives

- A grounding in basic science that will allow students to keep pace with the rapid advances in science relevant to medicine;
- The motivation, skills, and intellectual resources to be lifelong learners;
- The concepts, principles, and practices associated with the ethical and honorable practice of medicine;
- An appreciation for the principles of preventive medicine such as the fundamentals of diet and exercise as well as the broader public health perspective; and
- A dedication to advocacy on behalf of patients at both the clinical and societal levels.

“Diversity

Originally established as New England Female Medical College, the School was racially integrated during the Civil War and became coeducational in 1873. Cultural competency plays a major role in shaping a student’s approach to patients. Medical students learn how to approach patients entering the health care system who speak little or no English and who often have powerful, traditional belief systems.

“One of our most important priorities is to increase the presence of all aspects of diversity at the Medical Campus and to explore every alternative for enhancing our commitment to recruit and retain a heterogeneous student body and faculty. We firmly believe that in order for our society to be the strongest it can be, we need to have diversity in the broadest sense in all our institutions—not only diversity of culture, race, and gender, but also diversity of ideas, solutions, and perspectives. No institution in today’s world can achieve excellence without widespread cultural inclusion and robust intellectual pluralism.”

Rafael Ortega, MD, Associate Dean, Diversity & Multicultural Affairs

“Diversity

To be culturally proficient, you don’t need to memo- rize the characteristics of each ethnic group but rather need to know how to pick up how the patient thinks and reflects his or her culture in the physical presentation during the patient interview. We’re learning how to dis- cover more about what the patient thinks the problem is, and what their perception is of the cure. The key is to respect their perspective, not contradict it, and to strive to integrate their per- ception with your clinical knowledge.”

Waleska Pabon-Ramos, BUSM IV

BU CARES

BU CARES stands for the BUSM education program’s seven fundamental objectives that describe the knowledge, skills, and attitudes every graduate should possess. The principles behind BU CARES guide the management of the curriculum, inform student assessments, and form the basis of all course and clerkship learning objectives.

The BU CARES Institutional Learning Objectives

- The objectives are linked to the Accreditation Council for Graduate Medical Education (ACGME) competencies in parentheses.
- The BUSM Graduate: Behaves in a caring, compassionate, and sensitive manner toward patients and colleagues of all cultures and backgrounds, using effective interpersonal and communication skills (Interpersonal and Communication Skills; Professionalism)
- Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness, and to provide an appropriate level of care (Medical Knowledge; Patient Care)
- Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)
- Acts in accordance with the highest ethical standards of medical practice (Professionalism)
- Researches and critically appraises biomedical information and is able to contribute to the advancement of science and to the practice of medicine (Practice-based Learning and Improvement; Medical Knowledge)
- Exhibits commitment and aptitude for lifelong learning and continuing improvement as a physician (Practice-based Learning)
- Supports optimal patient care through identifying and using resources of the health care system (Systems-based Practice; Patient Care)

“The curriculum is pass/fail for the first two years, which encourages a non-competitive spirit among students. Monthly curriculum meetings in each class allow students the opportunity to share ideas with very receptive faculty, resulting in schedule tweaking and sometimes tweaking the course as a whole.”

Omar Faridi, BUSM III

“The entire second half of second year is tailored to maximize our potential on the USMLE Step 1, an exam that is critical for good residency placement. The clinical years—the third and fourth years—at BU are unparalleled in this country. As the major trauma center for Boston as well as the major hub for free care in the area, BMC is the ideal education center for medical students. Students not only see every type of disease—typical and atypical—repeatedly, we also play an integral role in treating the patients.”

Justin Dunn, BUSM III

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Justin Dunn, BUSM III
The same bequest that funded the Evans Wing at Boston’s Museum of Fine Arts in 1912 (left) also established the Robert Dawson Evans Memorial Department of Clinical Research & Preventive Medicine, a major research engine at Boston Medical Center.
Clinical Experience

Clinical training is one of the most critical and exciting parts of the medical school experience. At BUSM, clinical training evolves over the entire four-year curriculum, beginning in the first week of medical school with Introduction to Clinical Medicine (ICM1). In this week-long half-day program, students begin with supervised patient interviews designed to help them understand the unique power of the doctor-patient relationship. Later in the year, each student joins an active clinical practice, completes some structured interviewing exercises, and participates in ongoing patient care in selected hospitals and office-based teaching practices.

During the second year (ICM2), students learn the basics of physical diagnosis—history-taking and physical examinations—as they prepare for the essentially full-time clinical training of the final two years of the medical school curriculum.

The third-year program includes the core clerkships: Obstetrics and Gynecology, Medicine, Surgery, Pediatrics, Family Medicine, Psychiatry, Radiology, and Neurology. Discipline-specific block rotations include both ambulatory and inpatient experience. Students work in clinical teams with interns, residents, fellows, and faculty, and also take part in student-specific teaching conferences and clinical skills training.

Beginning in May 2015, two new clinical clerkship sites are available for third-year students at Kaiser Permanente Medical Center San Jose and Kaiser Permanente Medical Center Santa Clara in California. Both the full-year and six-month programs offer unique opportunities related to health care technology, preventive medicine, and a progressive health care delivery model. Students develop electronic health system mastery, participate in quality improvement training programs, and develop their own quality improvement projects. The Kaiser partnership will enhance BUSM’s mission of social justice and service and continue its tradition of commitment to underserved patient populations, while allowing students who wish to do so to spend 6 to 12 months of their third year in California.

During the advanced clerkships of the fourth year, students build on their basic skills and experiences and refine their career interests. Required clinical clerkships take place in multiple inpatient settings, including Boston Medical Center—our Medical Campus-based academic medical center—the Boston VA Healthcare System, and a variety of community-based hospitals from Maine to Cape Cod (for a total of 26 inpatient affiliations). Outpatient clerkships take place at the Medical Center and other hospital outpatient clinics and in community-based practices and community health centers throughout Boston and the New England region.

Teaching Objectives for Patient Care

Students are expected to:

- Obtain complete and reliable histories using appropriate interview techniques;
- Perform appropriately focused and accurate physical examinations;
- Analyze clinical problems and identify relevant issues;
- Develop differential diagnoses and evaluation plans;
- Employ laboratory tests and imaging technologies in a cost-effective manner;
- Integrate and apply data to the management of clinical problems; and
- Create management plans that consider cultural issues in formulating treatment regimens and assessing compliance.

Boston Medical Center

A 452-bed hospital that handles 30,000 admissions and 465,000 ambulatory patient visits annually, Boston Medical Center is BUSM’s primary teaching hospital and provides the core clinical experience. About 790 residents and fellows participate in 85 separate training programs. A large, urban, full-service hospital with the busiest emergency department in New England, BMC is the Level I Trauma Center for the city of Boston. BUSM students actively participate on patient care teams across the full spectrum of the modern practice of medicine.

In addition to their activities at Boston Medical Center, BUSM students participate in clinical programs at more than 26 other institutions within a broad-based clinical and educational network. This network includes community hospitals and health centers, small and large practices, veterans’ facilities, and Boston University Gastroenteric Services, which has provided home-based care to frail elders in Boston neighborhoods for over 130 years. Working with a faculty advisor, each student designs a clinical program that offers a comprehensive experience and ample opportunity to sample different venues and styles of practice.

“After medical school, I attended a competitive academic internship with top students from around the country. My knowledge base was stronger than most of my co-residents and my physical diagnosis skills were second to none.”

Shawn Chhabra, MD

Boston HealthNet

Boston HealthNet is a network affiliation of Boston Medical Center and BUSM with 14 community health centers that focus on disease prevention and health education. This integrated health care delivery system provides outreach, prevention, primary and specialty care, and dental services to adult and pediatric patients at sites located throughout Boston’s neighborhoods and Quincy.

Along with Boston Medical Center, major affiliates include:

Roger Williams Medical Center

Providence, RI

Roger Williams Medical Center is nationally recognized for innovative programs in health care, education, and research. With 220 acute care beds, the medical center combines sophisticated teaching and research with the individualized care of a community hospital. Roger Williams delivers more cancer care—in the form of diagnosis, radiation and immunotherapies, surgery, preventive education, and organized support groups—than any hospital in Rhode Island. The center has the only blood and marrow transplant program in the state, as well as one of the nation’s most advanced radiation oncology facilities. Treating physicians are closely involved with innovative cancer treatments and up-to-date experimental therapeutics. Continued next page...
Osaamu Shimenura, PhD, Professor Emeritus of Physiology at BUSM and a Senior Scientist Emeritus at the Marine Biological Laboratory in Woods Hole, Massachusetts, was a joint winner of the Nobel Prize in Chemistry. Shimenura is credited with the discovery of green fluorescent protein, or GFP, which he observed in 1962 in jellyfish found off the west coast of North America. Years later, other scientists developed techniques for using GFP to proteins in an organism, allowing researchers to observe the locations and movements of the studied proteins by monitoring the GFP, which remains fluorescent.

According to the Royal Swedish Academy of Sciences, GFP has become "one of the most important tools in contemporary bioscience," allowing researchers to watch biological processes that were previously invisible.

As part of the summer research scholarship program for first-year students, I had the opportunity to work with Dr. Michael Holick, PhD, MD, a nationally renowned expert on vitamin D. He is an innovative scientist and knows how to communicate effectively and teach anyone—even first-year medical students! Working with him at the Boston University General Clinical Research Center, I was able to take what I learned in endocrinology, understand the needs of a specific patient population, create a potential solution for that population’s medical condition, and begin testing the efficacy of our solution.”

Shirley Wang, BUSM III

NEIDL: Finding Cures, Saving Lives

The National Emerging Infectious Diseases Laboratories (NEIDL) is part of a national network of secure facilities that study infectious diseases—whether they occur naturally or are introduced through bioterrorism.

The NEIDL is dedicated to cutting-edge basic and clinical research on emerging and re-emerging infectious diseases to develop diagnostic tests, treatments, and vaccines and will support a national response in the event of a biodefense emergency.

Beverly Hospital Beverly, MA www.beverlyhospital.org

Beverly Hospital is a full-service, 221-bed community hospital providing quality, patient-centered care to residents north of Boston. Services include maternity, pediatrics, surgical, orthopedics, cardiology, and several other specialties. The hospital has a medical staff of more than 500 physicians and its service area includes some 13 communities. It is part of Northeast Health System, Inc., an integrated health care system comprised of a network of hospitals and behavioral health, long-term care, and human service providers with a full continuum of services.

MetroWest Medical Center Framingham, MA www.mwmc.com

MetroWest Medical Center is the largest health care system between Worcester and Boston in Massachusetts, and provides advanced care with a community touch. The 29-bed regional health care system includes Framingham Union Hospital, Leonard M. Rose Hospital in Natick, and the MetroWest Wellness Center, an outpatient diagnostic imaging and rehabilitation center.

Building on More Than 100 Years of Excellence in Research

The School’s superior laboratories won gold medals at the St. Louis World’s Fair in 1904 and earned recognition in the famous 1910 Fleiner Report. In the past half century, the School has demonstrated particular expertise in arthritis, cancer, cardiovascular disease and hypertension, dermatology, endocrinology, geriatrics, immunology, infectious disease, nephrology, and pulmonary disease. BUSM is home to the Framingham Heart Study, perhaps the single most influential clinical study in modern medicine.

A robust research environment offers opportunities for research electives and advanced study.

BUSM offers:

- Funded summer research opportunities for students
- 1,067 active research grants
- $240 million in sponsored research
- A combined MD/MA in Clinical Investigation

The Medical Campus Provides Equipment and Resources

The Medical Campus provides access to state-of-the-art facilities and equipment to support research at the highest level.

- IVIS Imaging Core
- Metabolic Phenotyping Core
- Microarray Resource Core Facility
- Molecular Genetics Core Facility
- MRI/NMR High Field Imaging Core
- Proteomics Core Facility
- SPr Core
- Transgenic Center
- National Centers of Excellence
- Allergy, Asthma & Immunology Diseases Clinic, Research Center
- Alzheimer’s Disease Center
- Clinical Research Unit for Alcoholism Treatment
- Multispecie Arthritis & Musculoskeletal Diseases Center
- Specialized Center of Research in Coronary Heart Disease in Blacks
- Boston Environmental Hazards Center
- Specialized Center of Research in Hypertension
- National Mass Spectrometry Center
- National Center for Post-Traumatic Stress Disorder
- Specialized Center of Research in Pulmonary Fibrosis
- Center for Sexually Transmitted Diseases
- National Center of Excellence in Women’s Health

The Geriatric Research Education and Clinical Center (GRECC) at the Bedford VA Medical Center is a long-term care facility specializing in geriatric and psychiatric care. Comprehensive health services include mental health, medicine, psychiatry, physical medicine, dentistry, geriatrics, and ambulatory care.

The Graduate Education and Clinical Center (GRECC) at the Bedford VA Medical Center is a long-term care facility specializing in geriatric and psychiatric care. Comprehensive health services include mental health, medicine, psychiatry, physical medicine, dentistry, geriatrics, and ambulatory care.

Kaiser Permanente Medical Centers

Kaiser Permanente is a leader in integrated health care technology, preventative care, and health services. The hospital has a medical staff of more than 500 physicians and its service area includes some 13 communities. It is part of Northeast Health System, Inc., an integrated health care system comprised of a network of hospitals and behavioral health, long-term care, and human service providers with a full continuum of services.

Mount Auburn Hospital Cambridge, MA www.mountaublicanospital.org

Mount Auburn Hospital has 131 licensed beds, and provides comprehensive inpatient services in all medical specialties. The emergency department and walk-in center serve more than 50,000 patients each year. Specialty services include obstetrics and level II neonatology with physician and midwife deliveries of more than 2,000 newborns annually. The hospital has been ranked among the top 100 hospitals in the US for cardiovascular care and intensive care and provides a broad spectrum of oncology services.

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INTERNATIONAL HEALTH EXPERIENCE

Riohamba, Ecuador
Cacha Medical Spanish Institute
Between my first and second years of medical school I journeyed to Riobamba, a small city nestled in the Andean highlands of Ecuador. In the mornings, I ventured to the surrounding highlands along with a few other BUSM students to meet with families dispersed in different rural communities; each afternoon, I engaged in intensive medical Spanish instruction at Cachaansi, a nonprofit international medicine program. We pioneered a summer health camp for the children of the surrounding highlands along with a few other BUSM students to meet with families dispersed in different rural communities; each afternoon, I engaged in intensive medical Spanish instruction at Cachaansi, a nonprofit international medicine program. We pioneered a summer health camp for the
CHILDREN OF THE ANDES

Vitoria, Brazil
Nucleo de Doenças Infecciosas
My activities were structured around clinic time in the morning and a research project in the afternoon. I was introduced to the social realities of TB patients in Brazil and was welcomed into the homes of local people to talk with them about their lives, community, and health. I learned how the Brazilian health care system functions. By shadowing doctors in the TB program, I saw how directly observed therapy is managed and how patients receive TB and HIV drugs with no out-of-pocket cost. I heard many opinions as to how the Brazilian system compares to the US and how it can be improved. We visited community health posts and met staff members who provide primary care to patients in their communities.

My experience allowed me to see how infectious disease is approached in a clinical setting as well as in a research setting. At the pediatric infectious disease inpatient unit, I saw procedures being done, went on rounds with doctors and residents, and interacted with medical students also being introduced to the field of infectious disease. At the Nucleo, I saw how blood sample analysis is accomplished, interacted with students completing their dissertations, participated in a community-based research household study of TB transmission, and completed a research project with my BU classmates.

Lambarene, Gabon
Albert Schweitzer Foundation Fellowship
In the beginning of the fellowship I was mostly shadowing; my first responsibility was to make sure things were organized for rounds. This was useful, as I learned what was needed for rounds: the sheet with temperature and medications, the nurse’s sheet, where he/she records the main changes in the treatment plan; and the medical record. I was responsible for ensuring that lab results were written in the medical record. I also learned how to discharge people quickly and when and for which cases we give a follow-up appointment and lab exams. Next, I started to see the patients and began examining them, talking to them, and proposing and executing treatment plans. At the maternity ward, I collected the medical records of babies born in the past 24 hours, then called the mothers to bring their babies in, which could sometimes be challenging due to language issues. I would then speak to the mothers or their family members, examine the baby, and give them prescriptions. I would also ensure that we knew the HIV status of every mother who gave birth. Village clinics were fun and it was a nice way to break up my week in pediatrics. We would go to a village, and I would help them weigh the patients, track their growth in the carnet, and see pediatric consultations. Some days there were none, and some days I would see as many as nine consultations.

Hyderabad, India
LV Prasad Eye Institute
The hospital had an excellent pediatric vision center for children with disabilities, where they counsel patients and advise their families as to the opportunities available for the child to improve vision, speech, and motor abilities. I spent time in the low-vision center, where they train patients with low vision to function and use appropriate aids. I had the chance to see how the tasks were done in each department and also meet with the directors to understand their approach, goals, and objectives and how all that fits with the overall mission of the hospital. I also had the opportunity to visit a remote rural clinic, where a makeshift eye hospital had been set up. We traveled to a rural hospital that had been built to serve a community of 500,000 people spread across 100 villages. We learned about the LV Prasad Eye Institute model for reaching rural citizens. Each village has one center that serves 10,000 people and another that serves 50,000. Ten of these secondary centers feed into the rural hospitals, all of which feed into the main hospital in Hyderabad.

Service Learning
Instilling a dedication in students to advocate for patients at the clinical and societal levels is one of the objectives of a BUSM education. The unifying theme of this experience is that medicine and the health sciences exist in a larger social context, and students learn to care for—and about—people who may be wholly unlike themselves. BUSM students embrace this experience by engaging in service learning programs and projects. Service learning integrates community service with preprofessional education by engaging in service learning activities that are distinct from those required of students as part of the BUSM education. The unifying theme of this experience is that medicine and the health sciences exist in a larger social context, and students learn to care for—and about—people who may be wholly unlike themselves. Service learning is voluntary and beyond required course load and clinical commitments. Some projects are student-created and others involve established community service programs. There are currently 17 service learning projects available.
ADMISSIONS

“The Committee on Admissions conducts a comprehensive, flexible, holistic review of all applicants to bring together a diverse student body constituted of academically gifted, highly motivated, and resilient students who share a deep commitment to the values and goals of our profession and our institution. This review focuses on each individual applicant’s talents, accomplishments, experiences, and potential to contribute to the learning community by drawing upon information from the academic record, life history, recommendations, essays, and interview. We select and recruit students who are diverse in numerous ways, including—but not limited to—their educational, social, cultural, linguistic, economic, racial, and ethnic backgrounds, and their life experience.”

Robert A. Witzburg, MD, Associate Dean and Director of Admissions, Professor of Medicine, Professor of Public Health

Application Requirements

- English Composition or Literature (1 year)
- Humanities (1 year)
- General Chemistry (1 year) with Lab
- Organic Chemistry (1 year) with Lab
- Physics (1 year)
- Biology (1 year) with Lab
- MCAT scores must be no more than four years old.
- Junior or community college, CLEP, or AP credits are not considered desirable in fulfillment of prerequisites.
- Applicants must present a minimum of two years of education in an accredited US or Canadian undergraduate institution.
- A broad-based education in science, humanities, and behavioral and social sciences is expected.

Financial Assistance Program

An applicant who accepts our invitation to attend BUSM will have adequate financial resources to do so. Learn about scholarships and loan funds at bumc.bu.edu/osfs.

Financial Aid Application Procedures

Students must apply annually for financial aid and may obtain application information from Student Financial Services at bumc.bu.edu/osfs. Applicants are encouraged to apply after January 1 with a priority deadline of April 11 in order to ensure financial aid is secured for enrollment.

HOUSING

On-Campus Housing

Opened in the summer of 2012 and located two blocks from the School, the Medical Student Residence (MSR) is a state-of-the-art, 88,000-square-foot building featuring 104 fully furnished 2-bedroom suites, 8 of which are ADA compliant. Each suite offers a full bath, a kitchenette with new appliances, high-speed data capability, and a common living area. The MSR also includes a student lounge, fitness center, laundry facilities, and access to a 9000-square-foot park surrounding the building.

Off-Campus Housing

We can help you locate suitable accommodations at a reasonable price, find a roommate or short-term housing, and identify rental properties. For more information on housing options at BUSM, visit the Housing Resources Office online at bumc.bu.edu/ohr or send an email to ohr@bumc.bu.edu.

ADMISSIONS TIMELINE

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Above: Each unit in the Medical Student Residence features a kitchenette and common living space.

Left: The Medical Student Residence includes a fully equipped fitness center.
A Cultural and Intellectual Hub

The largest city in New England and one of the truly unique metropolitan areas in the world, Boston shines in tradition and busts with modern vitality. Home to more than sixty colleges and universities, the "Hub"—as the city is often called—is a thriving intellectual and cultural center, yet maintains a small-town feel through its diverse and charming neighborhoods. There’s something for everyone here—the challenge is deciding where to begin exploring all this splendid city has to offer.

So Much to Do!

Boston is a city where historic treasures and modern technology intermingle, and Bostonians take as much pride in their busy financial and business communities, world-class health care facilities, and abundance of research and technological centers as they do in their wealth of history. The BU Medical Campus is located in Boston’s South End, not far from the many cultural and recreational opportunities available in the heart of the city. Whether you want to shop in the elegant boutiques of Copley Square, sit back and relax at a sidewalk café on trendy Newbury Street, enjoy the sights and sounds of Faneuil Hall Marketplace, or cheer at a sporting event, travel from the BU campus is easy and convenient.

The city’s rich cultural and ethnic mix is evident in its varied neighborhoods and restaurants. The North End prides itself on serving up outstanding Italian fare, the South End excels in many excellent eating establishments, and smaller enclaves offer dining options including Portuguese, Indian, Thai, Vietnamese, Middle Eastern, Jewish, and soul food. These culinary delights are, of course, in addition to an abundance of first-rate pizza, tacos, and other fast foods.

Restaurants to Red Sox—So Much to Do!

Boston is home to the world-famous Boston Symphony Orchestra, the Boston Pops, and the Institute of Contemporary Art. Several smaller art galleries are mixed in with the stylish boutiques of Newbury Street, and visitors can participate in a variety of interactive exhibits at the ever-popular Museum of Science.

Famously passionate about its professional sports teams, Boston roots for the Red Sox, the New England Patriots, the Celtics, and the Bruins with a devotion that spans generations—and visitors often find themselves caught up in the excitement. The city also hosts the Boston Marathon every April, which passes through the Boston University campus and brings out huge and enthusiastic crowds that cheer on runners from all over the world.

Beautiful beaches—including the celebrated Cape Cod shoreline—are located both north and south of the city and are easily accessible by car or public transportation. The scenic mountains of New Hampshire, the quaint bed-and-breakfasts of Vermont, and the picturesque villages of Maine are also just a few hours away.

Given the wealth of educational opportunities, industry, culture, and recreation that Boston offers, it’s no wonder that so many students come here from all over the world to study and work—and often stay long after graduation. Boston is truly a place like no other, and Boston University is proud to share in the city’s magnificent heritage.