

Boston University School of Medicine

Excellence
Innovation
Compassion
Inclusion





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.

BOSTON UNIVERSITY SCHOOL OF MEDICINE IS A PLACE OF EDUCATIONAL EXCELLENCE, INNOVATION, COMPASSION, AND INCLUSION.



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 a 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



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are determining the fundamentals of how the human body and its pathogens work, and discovering new ways to diagnose and treat the most devastating human diseases, including cancer, diabetes, Alzheimer's, heart attack, and stroke. They are studying the genetic signatures of exceptional longevity in humans and the cardiovascular consequences of metabolic disease.

Our partnership with Boston Medical Center and more than 20 other institutional partners gives our clinical faculty the opportunity to treat diverse patient populations and provides patient-centered training to our students. And our research programs are closely tied to our clinical programs, which helps our innovations find real-world applications.

Since 1971, BUSM faculty has collaborated with the National Heart, Lung, and Blood Institute to lead the Framingham Heart Study (FHS), initiated in 1948.

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.

Originally aimed at identifying factors that contribute to cardiovascular disease, principally heart attack and stroke, the study's focus has continued to expand as the children and grandchildren of the original subjects are added. Today, the FHS is recognized as a model of rigorous epidemiological research and one of the richest longitudinal medical databases in the world.

BUSM also hosts a National Emerging Infectious Diseases Laboratories (NEIDL), which represents a major step forward in the School's efforts to advance public health and biomedical research. Its mission is to develop diagnostic drugs, vaccines, and treatments to prevent and cure life-threatening infectious diseases.

Compassion

An ambitious goal is at the heart of our educational philosophy: to create a community of future physicians and other

health care professionals who are patient-focused and skilled in caring for patients who come from cultures that differ from their own.

In keeping with that goal, 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.

Much of this training takes place at Boston Medical Center, where a highly diverse patient population receives expert care. Taking compassionate care into our community, our Geriatrics and Home Care program visits housebound citizens in Boston, a tradition of more than 130 years.

In January 1997, a group of BUSM students launched a hands-on service-learning initiative called the Outreach Van Project (OVP). A mobile care unit, OVP provides basic necessities to medically underserved populations and connects them with primary medical care and community services.

Compassion at BUSM reaches beyond the individual to the societal. In today's world, disparities in health quality and disease outcomes exist across socioeconomic, racial, and geographic lines. Many of our clinical departments offer international programs that give our students the opportunity to provide medical care in places ranging from Lesotho to Vietnam. Beginning close to home in our partnership with Boston Medical Center and our other local and regional affiliates and moving outward around the globe, BUSM works to overcome health disparities.

Inclusion

BUSM was born in 1873 of a merger between Boston University and the New England Female Medical College, thus becoming the first coeducational medical school in the United States. Well before, the New England Female Medical College made history as the first institution in the United States to train women in medicine. Integrated in 1864, we graduated the first

David Rodriguez Exclusive—and Inclusive

I am of Mexican descent. My parents live in Ciudad Juárez, 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 US citizen.

At age 18, 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 tries 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.

BUSM actively promotes an environment in which diversity and pluralism can thrive. They “walk the walk”—something I learned firsthand, since I know how much they invested in me during my years in the EMSSP. The educational opportunities and support that the School of Medicine has given me are nothing short of exceptional. Coming from where I do, I never imagined that I would

have the opportunity to study medicine in a city that is, arguably, the mecca of medicine—and to do it at a school with such a strong sense of 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.



black female physician and the first Native American physician.

Inclusion and accessibility have been touchstones of Boston University since its founding; these principles are also embraced and embodied by BUSM. In a recent and typical class, our students came from a total of 38 states. Ranging in age from 19 to 31, they represented a wide variety of backgrounds and included many first- and second-generation Americans from 19 countries of origin.

Our commitment to inclusion extends to the community as well. Beginning in 1992, we pioneered CityLab, an innovative science-education outreach program designed to provide inner-city and under-resourced

public school systems with 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 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 of service to a society that is constantly changing and evolving.



FIRST YEAR

“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

Introduction to Clinical Medicine

At BUSM, clinical training begins in the first week of school, giving students an early anchor point for their medical education. Students begin with a half day per week of clinical training and that commitment expands steadily.

Virtual Microscopy (VM) in Histology

In Virtual Microscopy (VM), digitized images and computers replace glass slides and microscopes. A digitally captured glass slide reveals thousands of high-resolution images obtained with a 40x (or 60x) light microscope objective; these complete images of tissue sections can be viewed at up to 9 levels of magnification. As part of the new vertical integration of the curriculum,

these same VM slides weave into the DRx (Disease and Therapy) course, the core of the second year (see next page).

The BUSM Simulation Center is equipped with three state-of-the-art Laerdale “Sim-Man” mannequin simulators, two new Cardionics Torso heart auscultation simulators, and a variety of “task” simulators, including a Laerdale nasogastric tube insertion simulator. There are also simulators for learning lumbar puncture, male and female urinary catheter placement, phlebotomy and vein catheter placement, female pelvic exam, and male genital exam including prostate exam simulators. These devices are used in the first- and second-year introduction to clinical medicine, and the clinical clerkships in the third- and fourth-year curriculum.

“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 new 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



Douglas Hughes, MD

Above: Students practice clinical skills in the Simulation Center.

SECOND YEAR

DRx: Disease and Therapy, a Totally New Concept

“Everything in the second year is new. The course managers reorganized the old second year of microbiology, pathology, pharmacology, and health law to integrate 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. In the old curriculum, students learned about atherosclerosis in Pathology, and then a few weeks later they’d encounter myocardial infarctions in another course. Now, all the cardiac material is presented together, as one unit. 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 evidence-based medicine supports for treatment.”

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



Third-year students participate in a procedure during their surgery rotation.

THIRD YEAR

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, unsuspecting lady—an absolute stranger—sat on the edge of the examination table in her hospital johnny, looking at me expectantly. I had rehearsed the sequence of a physical exam in my mind innumerable times, yet, when faced with the reality of it, I found myself paralyzed. Fortunately, this poor

lady turned out to be 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.



Left: A fourth-year student helps assess a patient in her home as part of the Geriatric Services rotation.

Below: The fourth year culminates in Match Day and Commencement.

More than half the class enrolls in out-side 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.

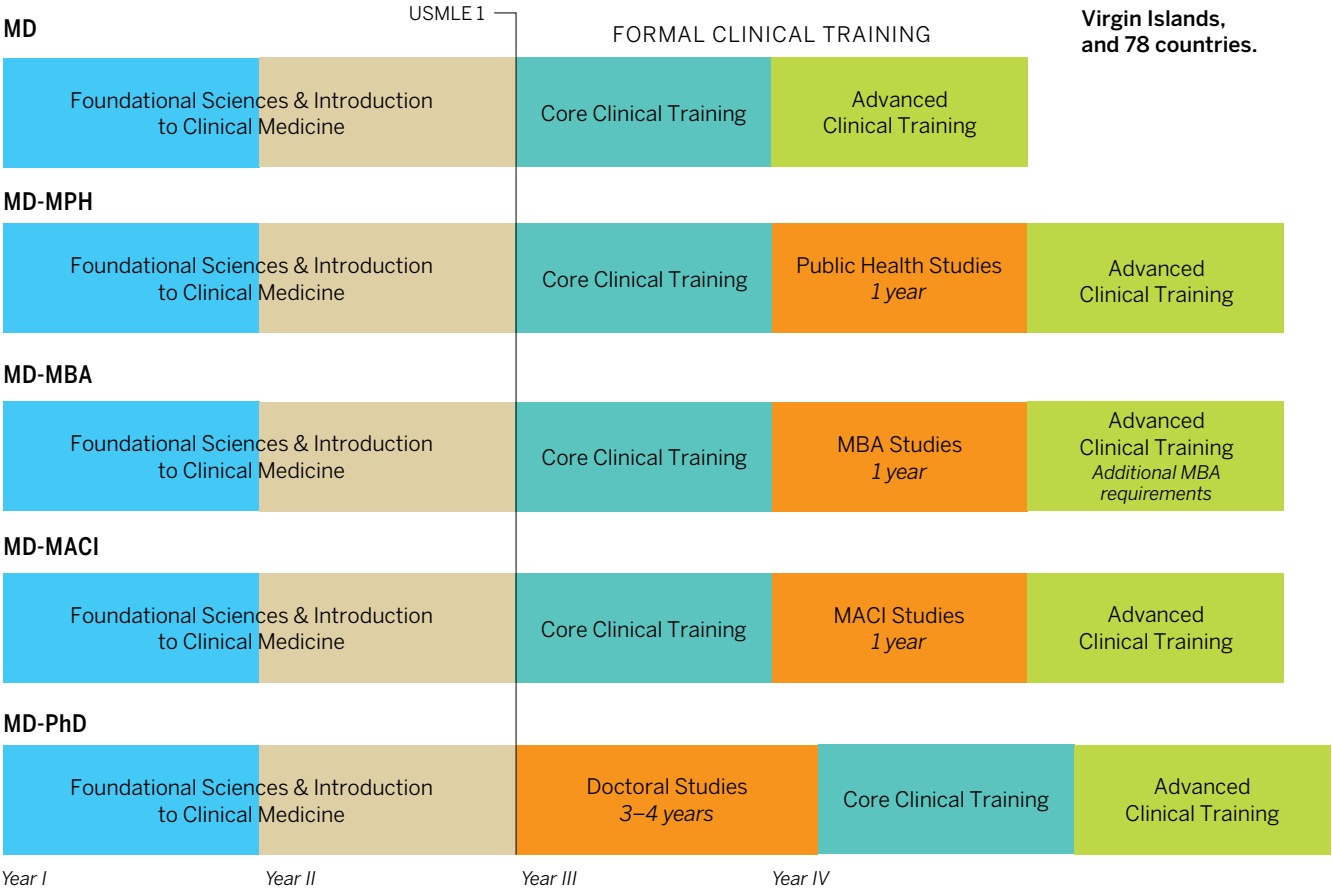
**FOURTH
YEAR**

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.



PATHWAYS TO THE MD DEGREE

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

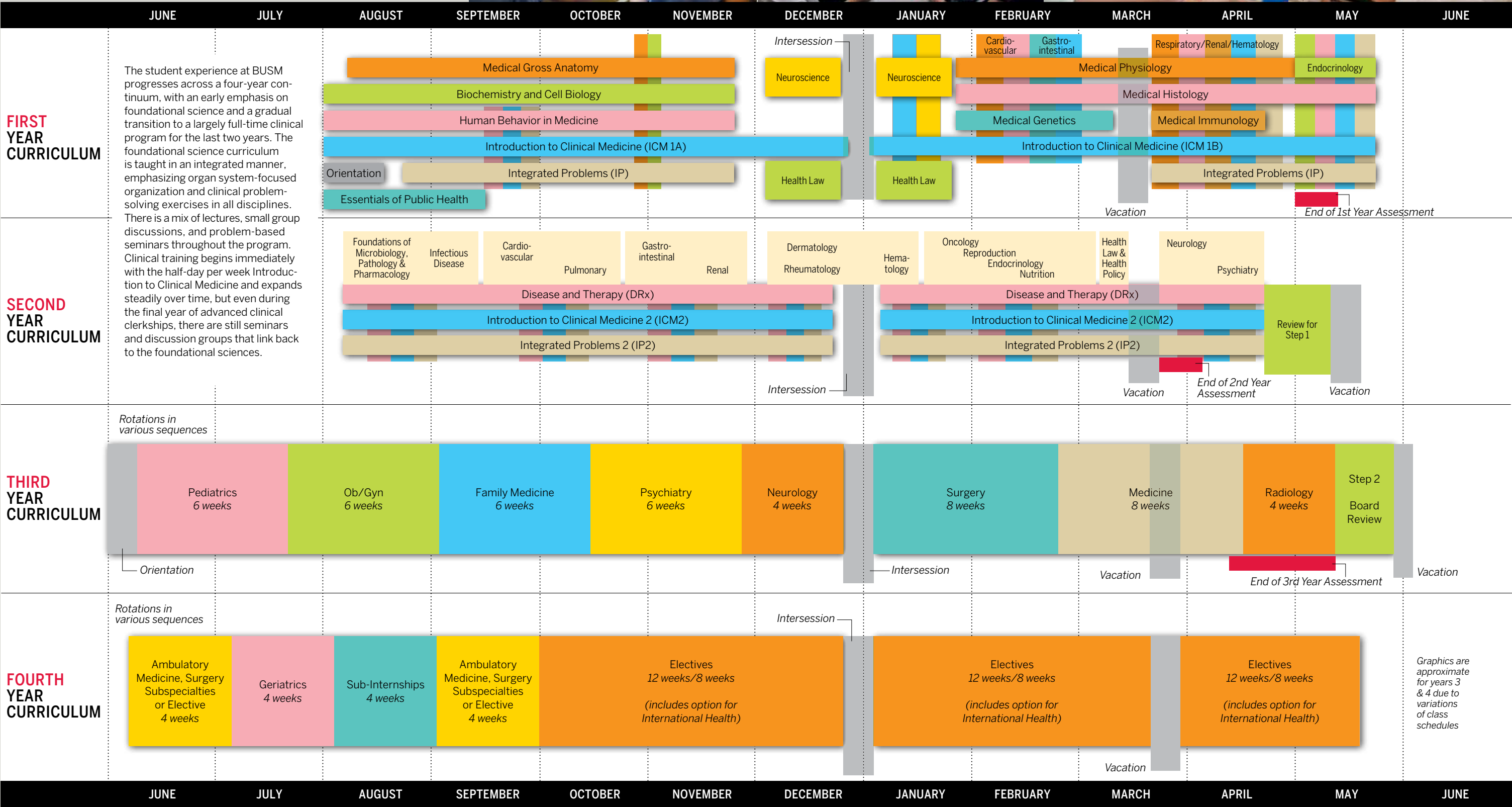


“The number-one reason I am pleased that I got my MPH during medical school is that I developed the training and public health sense to recognize the social determinants of health in my clinical work. **My medical school education and my public health training continue to inform one another. Having filled 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

“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 was led to believe that one couldn’t possibly excel in both the basic science and clinical realms, but 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



THE CURRICULUM 2013–2015



Graphics are approximate for years 3 & 4 due to variations of class schedules



Top: Angela Jackson, MD, associate dean for student affairs, associate professor of medicine.

Above: Assistant Deans of Student Affairs John Polk, MD, and Daniel Chen, MD, assist first-year students with their white coats.

STUDENT AFFAIRS OFFICE

The Academic Enhancement Program helps students achieve their full academic potential and offers a variety of resources for course and licensing exam preparation. The program hosts a series of educational workshops and panel presentations focusing on study enhancement, time management, and strategic ways of navigating the medical school curriculum.

The Board Review Program helps students prepare for the Step 1 & 2 exams. 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 (CBSSA).

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 www.bumc.bu.edu/busm-osa/academic-enhancement.

Our Mission

The mission of the Student Affairs Office at Boston University School of Medicine:

- *Support and guide* students throughout their medical school education;
- *Promote* medical student well-being and personal and professional growth by fostering an environment that supports and

encourages student creativity, academic engagement, and the development of lifelong learning skills;

- *Provide* early and ongoing career counseling, including active involvement with the student in the residency application process;
- *Ensure* that all requirements for promotion and graduation are met, and that the standards of student performance meet the highest quality of medical education; and
- *Foster* lasting and meaningful student-faculty mentoring relationships and offer an experience at Boston University School of Medicine that alumni will reflect upon with pride.

Student Organizations

The Student Affairs Office encourages students to get involved in campus life by offering a diverse group of activities. We support 48 student organizations, 11 student wellness activities, and 12 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 (SAMSA)
- Hispanic Health Outreach Leadership Association
- Abuse and Violence Awareness Project
- Physicians for Human Rights
- Creative Arts Society
- Student National Medical Association

Visit our homepage:
www.bumc.bu.edu/busm-osa.

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 student perspective on BUSM based on their peer advisor’s personal experience in medical school. The Peer Advising Program is the student complement to the more formal advising provided by the Academies of Advisors (see page 14).



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 BU Advocacy Training Program (BU ATP). This student-run and faculty-mentored 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 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 case-based online modules related to the rotations they are taking that year, and in the fourth year they choose a faculty-mentored advocacy project. The

curriculum addresses how advocacy can be applied to direct patient care; why advocacy is linked to the mission of medicine; health disparities that exist at all levels; and local trends in health outcomes and potential interventions to ameliorate the inequities. Students learn how to translate patient information and community trends into data that can help inform health and public policy making, and recognize opportunities for greater involvement in the promotion of individual patient health and well-being, community development, health policy, and global health. They also learn how to create research-based advocacy tools; how to screen for housing, food, and energy insecurities; and how immigration status and eligibility for benefits influences health or health outcomes.

Mentorship is a significant component of the program. Aligned with the BU Medical Campus mission to care for the underserved, there are many faculty members who are deeply involved in and committed to physician advocacy.

A recent grant awarded to BUSM by the Josiah Macy Foundation and the Institute on Medicine as a Profession builds on BUSM’s now well-established and innovative advocacy elective. According to Dr. Angela Jackson, the principal investigator for the project and associate dean for students, “Inoculating Against the Hidden Curriculum: Professionalism through Advocacy” incorporates an emphasis on patient advocacy throughout the four years of the medical school curriculum. All students are introduced to the concept of a physician’s broader role and responsibility to society, using advocacy as a platform to showcase professionalism in action.

ACADEMIES OF ADVISORS

The Academies of Advisors program consists of six academies named in honor of distinguished individuals who reflect the strengths, diversity, and history of Boston University School of Medicine.

The first of its kind at a Boston medical school, the program offers BUSM students exceptional advising and mentoring as well as an introduction to professional, ethical, and humanitarian values.

Each student is assigned to one of six academies. Working with some of the most senior faculty, students have access to all of the rich resources of Boston University School of Medicine from their first day. Research opportunities, community service, teaching/tutoring, and academic interest groups are all available to develop their professional character and nurture their idealism and humanistic qualities throughout the four years of their medical education. More than 200 full-time faculty members participate in the academies.

Throughout the year, the academies sponsor opportunities including:

- Dinners at faculty homes
- Breakfast meetings
- Carnival/Academies Competition
- Game night
- Appropriate Treatment in Medicine dinner
- Ethics/Professionalism breakfast
- Regular meetings with advisors
- Email access to the deans

For more information, please visit www.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 Doctress 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 BUSM 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 BUSM 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 BUSM in 1958 and returned to the School as a member of the hematology faculty in 1966. After nine years at BUSM, 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 BUSM from 1955 to 1960 and is credited with brokering the merger of BUSM 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 was one of BUSM's founding faculty members. She joined the School as a professor of diseases of women in 1873, and from 1878 to 1886 she was a professor of gynecology.

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 Dell*. 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 BUSM before finishing his medical

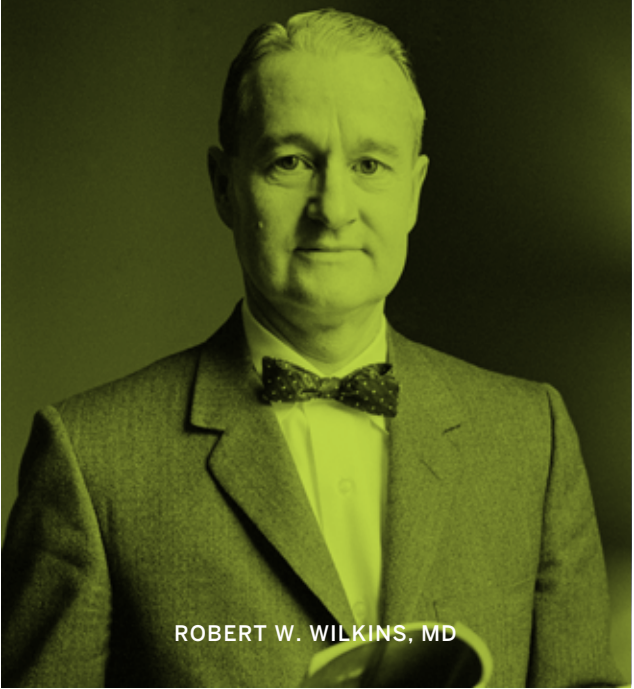
career as editor of *The New England Journal of Medicine*. Ingelfinger is credited with significant clinical advances relating to the esophagus and small intestine and is often referred to as the father of modern gastroenterology. He served as director of medical services at Boston City Hospital (a predecessor 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.

“The Cadillac of Advising Programs”

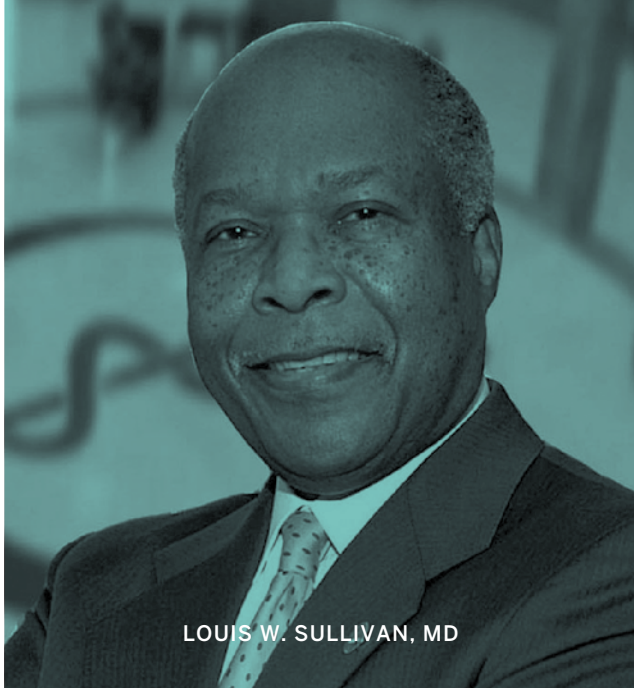
The Association of American Medical Colleges



REBECCA LEE CRUMPLER, MD



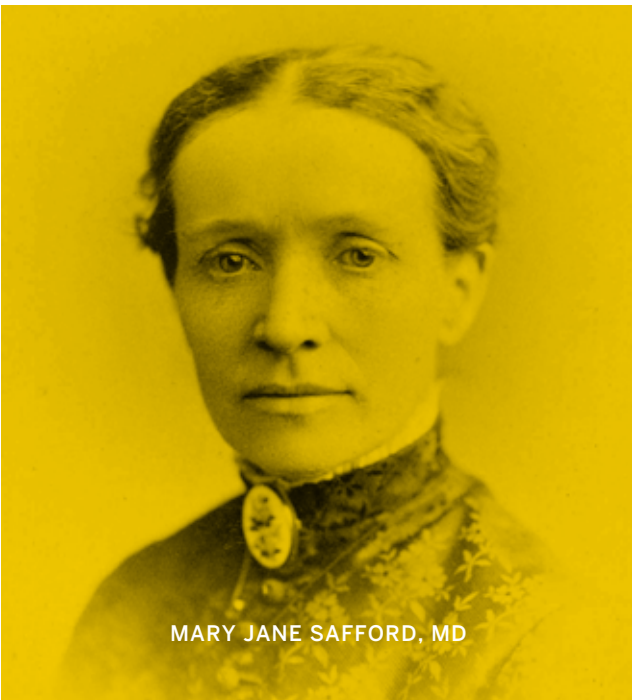
ROBERT W. WILKINS, MD



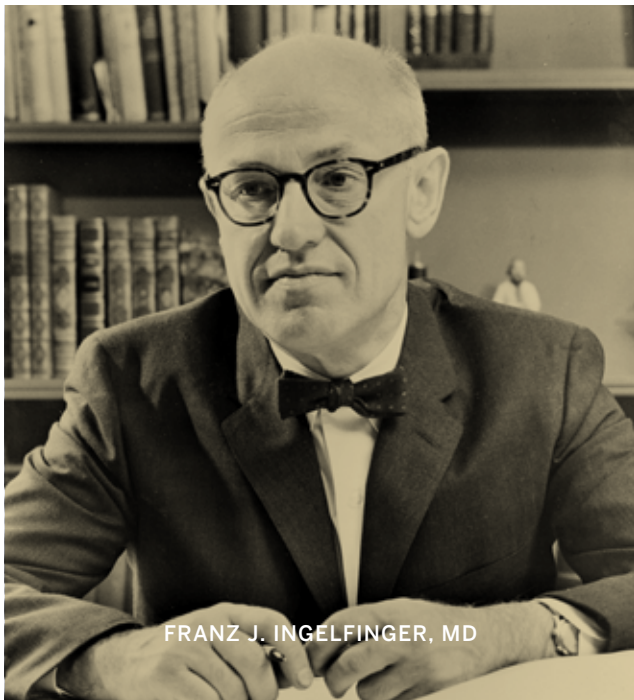
LOUIS W. SULLIVAN, MD



CHESTER SCOTT KEEFER, MD, DSc



MARY JANE SAFFORD, MD



FRANZ J. INGELFINGER, MD

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 www.bu.edu/academics/busm.

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.

“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

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)



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

“To be culturally proficient, you don’t need to memorize 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 discover 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 perception with your clinical knowledge.”

Waleska Pabon-Ramos, BUSM IV

BOSTON UNIVERSITY MEDICAL CAMPUS

A Scientific Community

In addition to the medical curriculum, the School of Medicine boasts a vibrant Division of Graduate Medical Sciences with innovative master's and doctoral programs—including a new Master in Clinical Investigation—and a very strong Continuing Medical Education department.

At the School of Public Health, students can complete a combined MD/MPH degree in five years.

Many investigators from the Henry M. Goldman School of Dental Medicine participate in research across the campus. BioSquare, a 16-acre biotechnology park adjacent to the campus, provides core research facilities for the faculty.

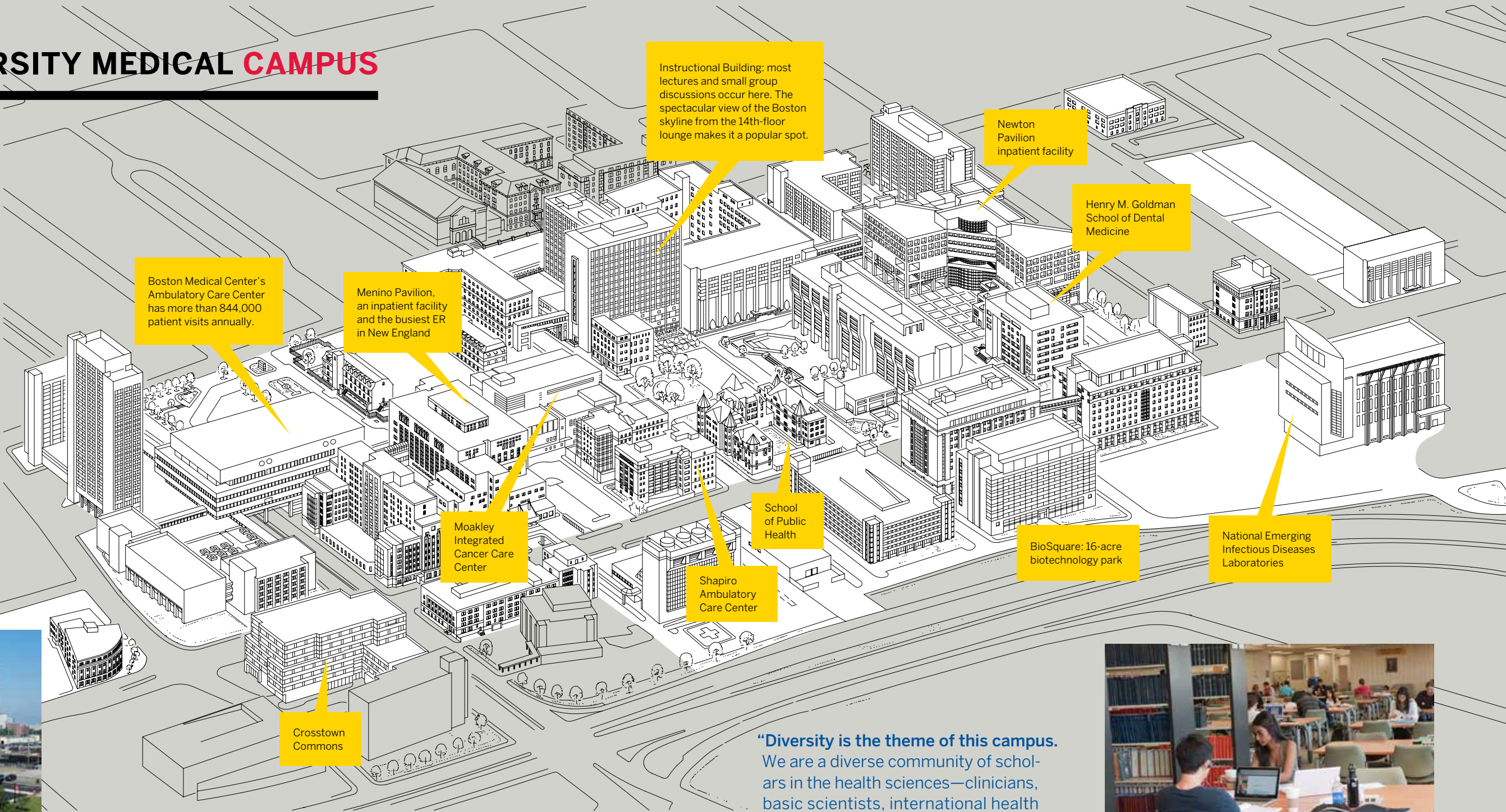
Boston Medical Center provides exceptional care without exception. The famous Boston City Hospital (1864) merged with University Hospital in 1996 to form the largest safety net hospital in the northeast as well as New England's busiest emergency department.



Student Residence: the 104-unit, 9-story building that opened in the Summer of 2012 houses 208 students. (See page 27, Housing.)



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.



Instructional Building: most lectures and small group discussions occur here. The spectacular view of the Boston skyline from the 14th-floor lounge makes it a popular spot.

Newton Pavilion inpatient facility

Henry M. Goldman School of Dental Medicine

BioSquare: 16-acre biotechnology park

National Emerging Infectious Diseases Laboratories

School of Public Health

Shapiro Ambulatory Care Center

Moakley Integrated Cancer Care Center

Menino Pavilion, an inpatient facility and the busiest ER in New England

Boston Medical Center's Ambulatory Care Center has more than 844,000 patient visits annually.

Crosstown Commons

"Diversity is the theme of this campus. We are a diverse community of scholars in the health sciences—clinicians, basic scientists, international health advocates and policy makers, students, dentists, public health professionals, and nurses. We offer the traditional values of medicine—notably, caring for the patient—in a high-tech world."

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



The library is everywhere, offering wireless round-the-clock access to MEDLINE, 7,341 e-journals, 7,069 e-books, and 328 bibliographic databases. The Alumni Medical Library is open 106 hours a week and provides 188 student computers in 5 classrooms and multiple public locations. On the hospital side, BMC operates more than 6,000 PCs on the hospital network and utilizes computerized physician order entry, physician documentation, and state-of-the-art radiology, laboratory, and pharmacy systems.

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 weekly 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 examination—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. These 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.

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 19 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.

Students head down the hall to see patients.



Boston Medical Center

A 508-bed hospital that handles 30,000 admissions and 845,000 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 79 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 20 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 Geriatric 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 '03

Boston HealthNet

Boston HealthNet is a network affiliation of Boston Medical Center and BUSM with 15 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

www.rwmc.org

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

continued over

with innovative cancer treatments and up-to-date experimental therapies.

Boston VA Healthcare System

*Veterans Administration
Medical Center*

www.boston.va.gov

Located in Brockton and on three campuses in the Jamaica Plain and West Roxbury sections of Boston, the Boston Veterans Administration Medical Center is a major patient care, teaching, and research facility. Inpatient tertiary care services are concentrated at the West Roxbury campus, while ambulatory care is provided at all three campuses and in many satellite clinics. The hospital offers primary care and also serves as a referral center for specialized care from other VA facilities throughout New England. The VA is a national leader in quality health care and offers superior care coordination through an advanced, integrated, fully electronic medical record.

The Boston VA Medical Center conducts a vigorous program of medical research, including major activities in epidemiology, health services research, women's health, cognitive neuroscience, and a broad spectrum of basic laboratory research.

Bedford VA Medical Center

*Veterans Administration
Medical Center*

www.bedford.va.gov

Located in Bedford, Massachusetts, and housing the Edith Nourse Rogers Memorial Veterans Hospital, the Bedford Veterans Administration 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 Geriatric Research Education Clinical Center (GRECC) at the Bedford facility has been at the forefront of geriatric research and clinical care since its inception in 1975. It is currently one of 20 GRECCs at VA Medical Centers throughout the US and provides a highly integrated, three-component system of research, education, and clinical care to the geriatric veteran population. The Medical Center maintains a comprehensive clinical Alzheimer's disease program and provides special

programs in mental health intensive case management, compensated work therapy, and peer services.

Mount Auburn Hospital

Cambridge, MA

www.mountauburnhospital.org

Mount Auburn Hospital has 191 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. More than 850 physicians care for approximately 19,000 inpatients and more than 500,000 outpatients annually in 25 locations throughout the metropolitan Boston area. 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.

MetroWest Medical Center

Framingham, MA

www.mwmc.com/home.aspx

MetroWest Medical Center is the largest health care system between Worcester and Boston, Massachusetts, and provides advanced care with a community touch. The 269-bed regional health care system includes Framingham Union Hospital, Leonard Morse Hospital in Natick, and the MetroWest Wellness Center, an outpatient diagnostic imaging and rehabilitation center.

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.

OPPORTUNITIES FOR RESEARCH

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

BUSM offers:

- Funded summer research opportunities for students
- 640 research programs
- More than 1,000 clinical trials
- A combined MD/MA in Clinical Investigation

Building on 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 Flexner 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.

The Medical Campus Provides Equipment and Resources

Core Facilities

- Analytical Instrumentation Core
- Animal Research Resource Center
- Biomedical Imaging Center
- Biospecimen Archive Research Core
- BU Clinical and Translational Science Institute
- Cellular Imaging Core
- Confocal Facility
- Experimental Pathology Laboratory Service Core
- Flow Cytometry Core Facility
- High Throughput Screening Core
- Illumina Sequencing Core Facility
- Immunohistochemistry (IHC) Core Facility
- LinGA—Linux Genetic Analysis Core



BUSM Professor Earns Nobel Prize

Osamu Shimomura, 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 2008 Nobel Prize in Chemistry.

Shimomura 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 fusing 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.

- | | |
|-------------------------------------|--|
| ■ Microarray Resource Core Facility | ■ Boston Environmental Hazards Center |
| ■ Molecular Genetics Core Facility | ■ Specialized Center of Research in Hypertension |
| ■ Proteomics Core Facility | ■ National Mass Spectrometry Center |
| ■ Transgenic Center | ■ National Center for Post-Traumatic Stress Disorder |
- National Centers of Excellence*
- | | |
|--|--|
| ■ Allergy, Asthma & Immunology Diseases Clinic/Research Center | ■ Specialized Center of Research in Pulmonary Fibrosis |
| ■ Alzheimer's Disease Center | ■ Center for Sexually Transmitted Diseases |
| ■ Clinical Research Unit for Alcoholism Treatment | ■ National Center of Excellence in Women's Health |
| ■ Multipurpose Arthritis & Musculoskeletal Diseases Center | |
| ■ Specialized Center of Research in Coronary Heart Disease in Blacks | |

“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 (GCRC), 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.

Boston University
School of Medicine's
International Health
Experience program

takes students around the world with a mission. In every corner of the globe, BUSM students bring clinical skills to urban health centers, rural clinics, and small villages. Judging from a sampling of their observations, these students make meaningful contributions to the sites they visit while significantly adding to their own fund of knowledge. Approximately 20 to 25 percent of fourth-year students complete an international health elective; others take advantage of the combined MD/MPH degree to devote more time and coursework to international health.

www.bumc.bu.edu/ihbusm



INTERNATIONAL HEALTH EXPERIENCE

Riobamba, Ecuador

Cacha Medical Spanish Institute

Between my first and second years of medical school in the summer of 2010, 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 Cachamsi, a nonprofit international medicine program. We pioneered a summer health camp for the indigenous children of two villages, teaching them basic health, hygiene, and nutrition in their one-room schoolhouses. Without enough writing materials for all, proficiency in the native dialect, or heating of any sort, together we creatively and resourcefully brought about learning in the purest sense.

My experiences taught me lessons of persistence and humility. They inspired

me to address global population health needs by pursuing clinical training and enriching my public health involvements.

Vitoria, Brazil

Nucleo de Doenças Infeciosas

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.

Beijing, China

Acupuncture Education International

Our first week in China, we toured historic sites in Shanghai, Xi'an, and Beijing, including the Great Wall, the holy temples,

and the terra cotta warriors. All of the students got to know each other better during this experience. The next week was spent in lectures. We learned about the five elements, different aspects of qi and blood, ideas of acupuncture and how to perform acupuncture. Lectures ended every day by four; after that we were allowed to do what we wanted. Some days involved practicing the acupuncture points on ourselves and our classmates, others involved exploring the city of Beijing. The last two weeks alternated between clinic and lecture. Every morning in clinic, groups of three to four of us (with one or two doctors) spent time with the patients, practicing the techniques we learned in class. The doctors spent a lot of time with the students; some clinic days were hectic and they had less time to explain things, but they made sure that we were involved in taking care of the patients. Evening lectures focused on specific diseases and their treatment using traditional Chinese medicine with an emphasis on acupuncture. This was extremely interesting because we were able to compare western etiology and treatments with traditional Chinese medicine.

San Jose, Costa Rica

International Health Central American Institute

I spent a few days in San Jose, Costa Rica, at the International Health Central American Institute Foundation offices attending classes in tropical medicine and advanced Spanish. The majority of my time was spent in Grecia, where I lived with a Costa Rican family and worked five days a week at a small community hospital. I was assigned to the wards with the internal medicine interns and an attending physician. In the morning, the medicine interns and I pre-rounded on the patients, performing targeted exams and obtaining histories of any overnight events. We wrote up patient notes and, later, rounded on the patients with the attending physician. I also performed some procedures including ABGs and ECGs, and helped with daily blood glucoses on all the diabetic patients. Twice a week, I attended lectures given by our attending physician in Spanish on topics including community-acquired pneumonia, hepatitis, and autoimmune diseases, and took quizzes with the other medical students to assess our understanding of the

material. During my rotation in the hospital, I was able to interact with patients a lot. I became much more comfortable obtaining a medical history, answering questions about medical conditions, and counseling the patients about their health behaviors. All in Spanish, no less!

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

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.

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



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

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 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.

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



Dr. Robert Witzburg, left, and staff in the Admissions Office review and process your application. Once you matriculate, Associate Professor of Medicine and Associate Dean for Student Affairs Angela Jackson, MD, and her staff will shepherd you through daily routines of medical school, board exams, clinical schedules, Dean’s Letters, Match Day, and graduation.

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 www.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 www.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 new Medical Student Residence (MSR) is a state-of-the-art, 88,000-square-foot building featuring 104 fully furnished two-bedroom suites, eight 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 9,000-square-foot park surrounding the building.

Off-Campus Housing

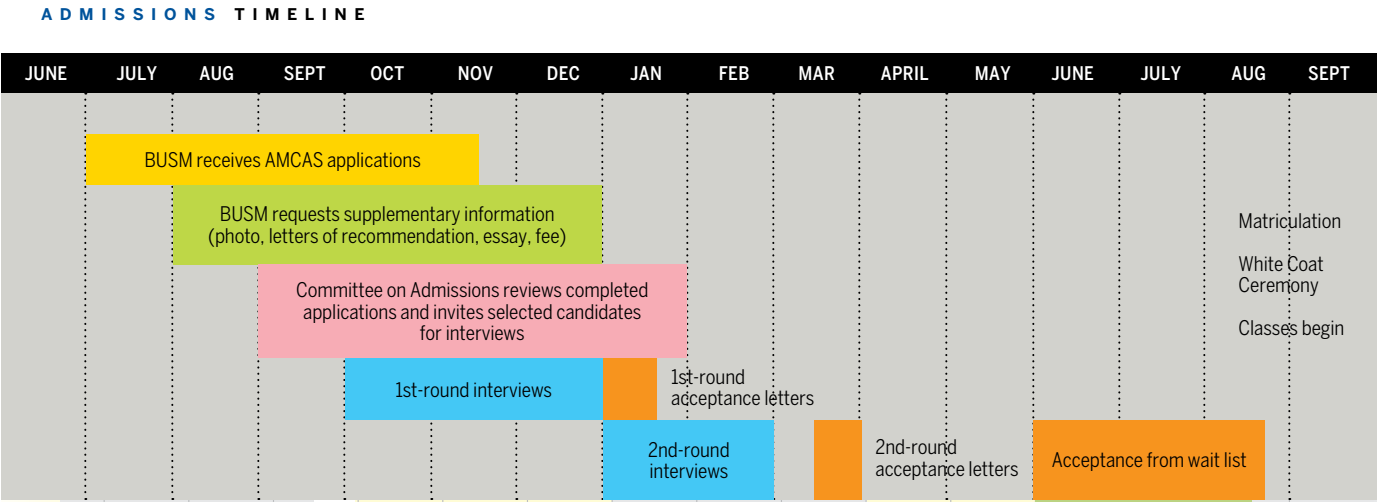
We can help you locate suitable accommodations at a reasonable price, find a roommate or short-term housing, and identify rental properties.

For more information on housing options at BUSM, visit the Housing Resources Office online at www.bumc.bu.edu/ohr or send an email to ohr@bumc.bu.edu.



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.





THE CITY OF BOSTON

BUSM students enjoy the many advantages our Boston location offers—historical and cultural landmarks are at their fingertips, and major professional sports venues are just a short ride away. Fenway Park—home of the Boston Red Sox and often cited as America’s most beloved ballpark—is just two miles down the road.

A Cultural and Intellectual Hub

The largest city in New England and one of the truly unique metropolitan areas in the world, Boston glories in tradition and bursts 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.

Boston’s cobblestone streets and historic landmarks evoke images of the Boston Tea Party, Paul Revere’s legendary ride, and other significant events in early American colonial and Revolutionary history. A seaport that grew to prominence in the days of the China trade and the whaling industry, the city maintains a thriving and picturesque waterfront. The always-popular New England Aquarium shares the harborside with cruise ships, New England fishermen unloading their catches, international cargo traffic, and the USS *Constitution*, or, as it

is affectionately known, “Old Ironsides.” 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 charming community of Chinatown boasts several 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,



There’s something for everyone here—the challenge is deciding where to begin exploring all this splendid city has to offer.



and a wealth of music including opera, rock, jazz, and reggae. Many dance and theatre groups appear here regularly, and students can also enjoy many annual performances at the Boston University College of Fine Arts and the highly acclaimed resident Huntington Theatre Company. The city also boasts dozens of museums, including the renowned Museum of Fine Arts, the Isabella Stewart Gardner Museum, 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 champions 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 seashore—are located both north and south of the city and are easily accessible by car or bus. 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.



Boston University School of Medicine

www.bumc.bu.edu/busm/

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