



**Boston University Chobanian &
Avedisian School of Medicine**
Graduate Medical Sciences
M.S. in Clinical Research Program

The MSCR Practicum

The goal of the practicum experience is to provide the student with hands-on exposure to clinical research. The student will work with a research mentor and will be actively involved in the development, execution, and evaluation of a clinical research project or project(s). During the practicum, students should be exposed to some of the following objectives:

- clinical research planning
- protocol preparation
- interaction with Institutional Review Boards
- regulatory requirements
- selection of subjects/consent process
- data collection
- study monitoring
- data analysis.

*Students may be involved in more than one clinical research study.

The practicum may be completed with a research mentor who is actively conducting clinical research studies within a clinical research or hospital setting, and will usually be an investigator on the study or studies that the student is using for his/her thesis. The practicum may also be performed under the direction of a clinical research professional within a drug, device, or biotechnology company, a clinical research organization (CRO), or site management organization (SMO) actively involved in clinical trials. MSCR faculty can assist students in finding an appropriate practicum, but it is the student's responsibility to find a practicum site.

Practicum Requirements

****It is the responsibility of the student to identify/select a practicum site, under the guidance of the program Director/Assistant Director.**

Completion of a *minimum* of 240 hours of a practicum in clinical trials is required for the degree. The actual number of hours depends on the research project(s). At initiation of the practicum, the mentor and the student will complete the MSCR Practicum Form, as they agree on the plan to be followed. ***The plan must also be approved by a MSCR Assistant Director BEFORE the work begins.***

At the completion of the practicum, the student will write a one to three page summary of activities accomplished during the practicum. This description will be reviewed by the mentor, signed that both agree that the practicum was successfully completed, and then submitted to the MSCR Assistant Director as documentation of objectives achieved.

For students participating in the practicum outside of Massachusetts, information regarding Boston University's State Authorization approval and related complaint resolution processes can be found on the State Authorization and Distance Education website at: <http://www.bu.edu/state-authorization/>.



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PRACTICUM PROPOSAL FORM

****Please submit this form for approval PRIOR to the initiation of the practicum****

Student's Name _____

Mentor's Name _____

Mentor's Contact Information _____

Mentor's email address: _____

Location of practicum _____

Date of practicum initiation _____

Student's planned involvement (list study titles, IRB numbers if applicable, student's activities)

-
-
-
-
-

Date of expected completion _____

Mentor's signature _____ Date _____

Student's signature _____ Date _____

