Now, more than ever before, basic medical research at Boston University School of Medicine focuses on the molecular and cellular aspects of urban diseases, while clinical care links innovations in the lab to clinicians practicing in a network of hospitals and neighborhood health centers.

Since 1848, this institution has practiced community-oriented patient care.

The first classes of instruction at the Boston Female Medical College—soon renamed the New England Female Medical College—began in November of 1848. The first medical college for women in the world, over the next 25 years the College produced 98 graduates, among whom was the first African-American female physician, Rebecca Lee, MD.

The Female Medical College merged with Boston University in 1873. The School—integrated since 1864 and coeducational since 1873—was recognized in the Flexner Report for its excellent laboratories. Since the first decade of the 20th century, BUSM faculty have consistently ranked among those on the frontiers of scientific and medical knowledge.

A good neighbor in the South End, the School’s Geriatrics and Home Care program has provided home visits for Boston citizens for more than 130 years.

Today, Boston University School of Medicine sits at the hub of a modern urban academic health center that includes Boston Medical Center, two VA hospitals, two graduate schools, BioSquare, and a growing number of biotechnology firms. The School remains a model urban medical center and a leader in clinical medical research.
Introduction to Clinical Medicine

Patient contact from the first week of school teaches students how to isolate and define the province of Medicine.

“Students begin 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 Professor of Psychiatry
Psychiatry Course Manager

Introduction to Clinical Medicine (ICM) as seen by an alumnus

“In ICM, you learn how to talk to patients while thinking about the disease process. It’s an opportunity to assimilate—in the patient setting—the knowledge obtained in the first two years. It’s exciting. It’s what you came to medical school to become—a doctor. You have few tools for diagnosis at this stage and are placed in an unpressured setting designed to allow you to practice your interviewing skills. You learn how to ask the right question and not be offensive. It is an opportunity to learn how to draw more out of the story and how to be comfortable with silence.”

Jon Eddinger, MD, ’00
Resident in Medicine
Boston Medical Center

Coordinating Basic and Clinical Sciences

“The second year curriculum is full, exciting and challenging as students recognize and learn the applications of the basic biomedical sciences to clinical medicine. In the case-based Integrated Problems and Biology of Disease courses students find they can use their accumulating scientific knowledge to begin to understand, diagnose, and manage the enormous variety of human conditions they will encounter in clinical training. They solidify their knowledge and skills in preparation for the USMLE Step I and then are launched into the clinical clerkships.”

Sharon Levine, MD
Associate Professor of Medicine
Associate Dean for Academic Affairs
Direct supervised clinical work in multiple settings:
Boston Medical Center
Community and VA Hospitals
Boston HealthNet—15 Neighborhood Health Centers
Physicians’ Offices

Four-week rotations in Radiology and Neurology, a Sub-internship, the Geriatric Home Service, and up to 20 weeks of electives.

End of Third Year Clinical Skills Assessment
A few tense moments in an Observed Structured Clinical Examination (OSCE) for Julieta Holman, MD, ’04: Who is this stranger and what is wrong with her?
“The first time I performed a 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 history and physicals (H&Ps) on standardized patients. Then, during the Family Medicine clerkship, standardized patients are trained to be every medical student’s worst nightmare: unreliable historians. 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 continues to operate the oldest continuous home visitation program in the nation.
Since 1875, BUSM students have made house calls to care for homebound Boston residents; in recent years, they’re focused on the geriatric population. Sometimes, patients who have been seen by third-year students in clinics or 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 assure optimum quality of life. This hands-on medical practice allows students to assess and understand elder issues as they are presented in a home environment.

Laughter is the best medicine. Heather Kettenis, BUSM IV, left, and Karen Bryant, MD, an assistant professor of medicine, enjoy a light moment during a home visit.

More than half the class enrolls in “outside” electives at academic health centers, rural clinics, and military installations.
20% of seniors participate in international electives.
20% of seniors engage in research electives.
The 3rd Thursday in March is Match Day.
"The combined degree program at BUSM provided me with the background, skills, and intellectual curiosity necessary to pursue a successful academic career with both a basic science and clinical emphasis. Throughout my career, I was led to believe that one couldn’t possibly excel in both the basic science and clinical realms. However, 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, ’90
Clinical Associate Professor, Department of Pediatrics and Communicable Diseases
University of Michigan School of Medicine

"The way medicine is changing, with a growing emphasis on evidence-based medicine and prevention, the fund of knowledge gained with the MPH complements medical education in a way that gives you an edge. With the MPH, you bring the broader perspective now necessary to the practice of medicine."

Joseph Y. Chang, MD, MPH, ’05
Clinical Assistant Professor, Department of Family Medicine
University of Michigan School of Medicine

"The MD-PhD combined degree teaches a systematic way of thinking that has been incredibly important through training. It taught me to think in a logical, rational manner, and has made a huge difference in the kind of doctor I have become."

Elizabeth Pomfret, MD, PhD, ’90
Director, Adult Living Donor Liver Transplant
Lahey Clinic Assistant Professor of Surgery
Tufts University School of Medicine

Applicants from 38 States including many 1st and 2nd generation Americans
Educational Program

The Mission of the Doctor of Medicine program at the 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 there is more time for small group discussion, the Medical Education Committee has ruled that no student shall spend 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.

To the traditional priorities of education, research, and clinical service, the full-time faculty—over 1,000 strong—adds a unique public health mission. Students learn to weave these themes into an integrated approach to treating individuals and communities.

Learn more about the curriculum in our online Bulletin at www.bumc.bu.edu/admissions.

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 cultural and societal levels.

A dedication to advocate on behalf of patients at both the clinical and societal levels.

“Here’s what our students say about the educational program:"

“The curriculum is pass/fail first year, which creates a noncompetitive spirit between students. Second year changes to honors/pass/fail, but since the dynamic has already been created the previous year, the class collegiality remains. Monthly curriculum meetings in each class allow students the opportunity to share ideas with very receptive professors, 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—repetitively, we also play an integral role in treating the patients.”

Justin Dunn, BUSM III

“On a personal level, being able to work with individuals who are often from very different life circumstances than their own. I have found these two characteristics of BUSM to be cornerstones of my perspective on medicine and health care—a foundation on which an academic, research, or clinical life in medicine can be constructed.”

Chen Kenyon, BUSM IV

The School was racially integrated during the Civil War and became coeducational by admitting men in 1873.

Cultural competency plays a major role in shaping a student’s approach to patients. Medical students now learn early on how to prepare for patients who enter the health care system having little or no English and powerful, traditional belief systems.

“By the end of second year, students have already learned that there is no one way to approach patients from different cultural backgrounds. They understand that cultural diversity is inherent in medicine and health care and they are committed to learning how to integrate their cultural background into their clinical care.”

Chen Kenyon, BUSM IV

“Diversity is an integral part of the BUSM curriculum and mission. Our students are exposed to different cultures and perspectives from the very beginning of their medical education. They learn how to respect their patients’ cultural backgrounds and how to effectively incorporate these into their care.”

Chen Kenyon, BUSM IV

“Diversity means recognizing the differences in patients while also acknowledging the similarities. It is important for medical students to understand the unique challenges faced by patients from diverse backgrounds and to develop the skills necessary to provide culturally competent care.”

Chen Kenyon, BUSM IV

“Diversity is a value that is emphasized throughout the entire BUSM curriculum. It is not just a passing theme, but rather an integral part of our educational mission.”

Chen Kenyon, BUSM IV

“Diversity is one of the most important aspects of the BUSM curriculum. It is a topic that is addressed at every level and in every course, and it is a key component of all aspects of medical education.”

Chen Kenyon, BUSM IV
“Diversity is the theme of this campus,” says Robert A. Witzburg, MD, Associate Dean for Admissions, Professor of Medicine, and Director of Admissions. “We are a diverse community of scholars in the health sciences—clinicians, basic scientists, international health advocates and policymakers, students, dentists, public health professionals, and nurses. We offer the traditional values of medicine—notably, caring for the patient—in a high-tech world.”

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’s in Clinical Investigation—and a very strong Continuing Medical Education department.

At the School of Public Health, you can take a combined MD-MPH degree that gives substantial credit for undergraduate medical education.

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

Boston Medical Center provides exceptional care without exception. 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 room.

The library is everywhere, offering wireless round-the-clock access to MEDLINE, 2,600 e-journals, and 100 e-textbooks. The Alumni Medical Library and computer labs are open 106 hours a week. On the hospital side, BMC has over 6,000 PCs on the hospital network and uses computerized physician order entry and an electronic medical record.
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 (ICM-1). In this half-day, weeklong 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 interview exercises, and participates in ongoing patient care in selected hospital and office-based teaching practices.

During the second year (ICM-2), 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, and Psychiatry, as well as a clinical elective. Beginning in 2008, Radiology and Neurology will be offered in the third year. 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.

Three major affiliates—Quincy Medical Center, Roger Williams Medical Center, and the Boston VA HealthCare System—head up a network of community hospitals and neighborhood health centers.

Quincy Medical Center
Quincy, MA
www.quincymc.org

Quincy Medical Center is a 282-bed community teaching hospital that provides health care to residents of Quincy and the South Shore.

Quincy Medical Center offers a wide variety of services in primary care and specialty medicine, surgery, geriatrics, pediatrics, psychiatry, radiology, and women’s health and provides 24-hour emergency care 365 days of the year. The modern Medical Center features state-of-the-art technology, including MRI and PET scanning. The hospital’s inpatient services are supported by the finest in diagnostic and outpatient treatment services.

Roger Williams Medical Center
Providence, RI
www.rwmec.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 warmth and individualized care of a community hospital.

Each year, Roger Williams delivers more cancer care—in the form of diagnosis, radiation and immunotherapies, surgery, preventive medicine, 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 therapies.

Teaching Objectives for Patient Care

Students are expected to:

- Obtain competent 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;
- 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.

“BUSM exposes you to ‘real-world’ medicine—the clinical training will prepare you to handle difficult cases involving not only the patient’s illness but also his social situation.” Christine Chui, MD, ’02

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

BUSM offers:
• Funded summer research opportunities for students
• 575 research programs
• More than 1,000 clinical trials
• A new, combined MD/MA in Clinical Investigation

Opportunities for Research

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, dermatology, endocrinology, geriatrics, immunology, infectious disease, nephrology, and pulmonary disease.

*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

Core Facilities
• State-of-the-art laboratory animal facility equipped with BL3 bi containment and surgical suites
• Transgenic facility
• Confocal laser-scanning microscope
• Cryo-electron microscope facility
• NMR spectroscopy core
• Mass spectrometry resource
• DNA/protein core
• Macromolecular X-ray crystallography core
• Computation for structural biology core

The Medical Campus Provides Equipment and Resources

National Centers of Excellence
• Allergy, Asthma, and Immunology Diseases
• Alzheimer’s Disease Center
• Clinical Research Unit for Alcoholism Treatment
• Multipurpose Arthritis and 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

The Department of Radiology Illuminates pathways to better treatment

“It lights up like a light bulb,” says Alexander Norbash, MD, Professor and Chairman of the Department of Radiology, describing visible images gained from PET scans. “This technology provides new information to locate abnormal metabolism, expedite diagnosis or treatment, and correct preconceived notions. The result is more accurate treatment pathways.”

We Changed America’s Heart

Now in its sixth decade, BU’s Framingham Heart Study (FHS) identified cardiac risk factors and added years to the lives of many Americans.

Starting in 1948, about 5,000 men and women were enrolled in one of the longest-running epidemiological studies in the world. Children of the first cohort joined in 1972; a multicohort cohort, the Omni study, was added in 1995; and in 2002, we enrolled the third generation—another 4,000 participants.

The risk factors developed here have been codified in national guidelines as dependable predictors. The rich data set that lies in the FHS now yields dense phenotypic characterizations in numerous areas. In addition to shedding light on clinical diseases, the study elucidates certain subclinical disease and helps target whom to treat. In particular, the study of left ventricular hypertrophy helps identify the genetic contribution to disease.

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, dermatology, endocrinology, geriatrics, immunology, infectious disease, nephrology, and pulmonary disease.

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Shirley Wang, BUSM III
Admissions at BUSM

“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, 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 life experience.”

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

Application Procedures
Students must apply annually for financial assistance and can obtain application materials from the Office of Student Financial Services of the Medical Campus in early December. Financial awards are made on an annual basis and students may apply April 22 or forty-five days after the date of acceptance to Boston University School of Medicine, whichever is later.

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 within 3 years
- • Junior or Community College, CLEP, or AP will need explanation
- • Applicants must present a minimum of two years 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
We Pledge:
Any applicant who accepts our invitation to attend BUSM will have adequate resources to do so. Learn about 45 scholarship funds and more than 70 loan funds at our website: www.bumc.bu.edu/osfs.

Housing:
Many students live at Harrison Court, a 60-unit apartment building across the street from the School. 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, visit the Office of Housing Resources online at www.bumc.bu.edu/ohr or send an e-mail to ohr@bumc.bu.edu.
Global Health Initiative

Boston University’s Global Health Initiative 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 their observations (see sidebars), these students make meaningful contributions to the sites they visit while significantly adding to their own fund of knowledge. About 20 percent of the class completes international electives during the fourth year; others take advantage of the combined MD-MPH degree to devote more time and coursework to international health.

“The new Global Health Initiative at Boston University (www.bu.edu/ghi) develops University-wide programs to address the great disparities in health between richer and poorer nations. Through education, research, and work on public policy in global health, the initiative focuses on training health professionals in disease prevention and health promotion, applied research, and mentored fieldwork in resource-limited settings. Why we are engaged in this effort can be clearly stated: if we as a University community do not participate in solving global health problems, we will fail as a society of nations. Boston University is committed to being a part of the solution.”

Gerald Kresch, MD, Associate Provost for Global Health

Graham Snyder, BUSM IV
Himachal Pradesh, India

Amber Lambert, BUSM IV
La Paz, Bolivia

In April of 2005, I joined approximately two dozen other medical students, several residents, and U.S. and Indian attendings (all working with the program Himalayan Health Exchange) on a medical trip to the Himachal Pradesh state of India. I saw many patients with multiple complaints: low back pain and other musculoskeletal issues, respiratory infections, sun, acne, and tinea-related dermatological and ophthalmologic issues (usually pterygium) were the most common. Some unusual complaints included possible Progeria, a blueberry-like mass on the surface of an eye, VSD in a teenage boy, and a humeral bone pin emerging from the skin near an elbow secondary to severe osteomyelitis and abscess formation.

The day would begin with a morning report during which new patients and interesting, challenging cases were discussed, and would then progress to pre-rounds and morning rounds. Conferences, lectures, and seminars including radiology rounds, grand rounds, and the journal club were also part of the workweek. The medical service fluctuated between forty and fifty patients divided among three teams. At any one time, approximately 50 to 60 percent of patients on the service were over the age of sixty-five—evidence of the cultural bias against seeking medical care unless absolutely necessary.

Patit Armenian, BUSM IV
St. Grigor Lusavorich Medical Center, Yerevan, Armenia

Two nights a week we would visit areas where street children typically sleep—such as under bridges and in sewers—and offer these children medical care. The majority of the cases were minor—colds, dog bites, bruises from physical abuse, and self-inflicted wounds, for example—but there were times we had to rush a child to the hospital for care due to fractures inflicted by abusive police, pregnancy complications, or other critical circumstances. We also spoke to the children about drug abuse—the street children of La Paz use paint thinner heavily, as they do not have the resources for more expensive drugs. When the indigenous patients arrived at the rural clinic, I learned to ask respectfully about any other treatments that they might have already tried—most patients had already tried a traditional remedy before visiting the clinic, and it was important to screen for them because the traditional remedies could undermine my prescribed treatment or even exacerbate the illness.

Constantine Tziros, BUSM IV
University Hospital in Iraklion, Crete

The ED was a combination emergency room, medical intensive care unit, post-anesthesia care unit, and surgical intensive care unit. Because of the high cost of health care and the fact that there is no medical insurance in Armenia, patients don’t go to the hospital when they have minor complaints as they do in the United States. Rather, they come to the ED only when they are gravely ill, and have long stays—if they even stay alive. It was an adjustment to work in their steamy operating rooms—which were usually hotter than 100 degrees—especially when sweat would drip off of our faces. It takes a certain skill to not let your sweat drop into the operating field! Nothing in the OR is wasted. The paper that wraps the sterile gloves is used to dry your hands. All needles, chest tubes, and endotracheal tubes are reused. Even the sterile operating gowns are made of cloth and reused. It was amazing to see how little trash was produced! Even more amazing was the pathology that I was able to observe, from picking off echinococcal cysts on the liver to tuberculosis-infested lungs. I was assisting on cases that I had only read about in books. My favorite part of the rotation wasn’t the pathology I saw or the procedures I learned. Rather, it was watching the patients actively participate in their healing process. Every morning, before rounds, almost all patients who were not intubated would make coffee, get out of and make their own beds, socialize with the many family members who were always there, and eat breakfast. Even patients who’d had lobectomies the day before could not sit still. That level of activity and socialization definitely improved patient outcomes.

Mark Franciosa, BUSM IV
Vellore, India
Fogarty Ellison Fellow for International Health

The Fogarty- Ellison Fellowship started this year by matching twenty U.S. medical students who have completed three years of medical school to fourteen different sites around the world. I was matched to Christian Medical College (CMC) in Vellore, India. My main project involved supplementing the nutrition of patients with TB and HIV and assessing the effects of this supplementation on the course of their recovery and their overall nutrition. The project was challenging emotionally because I was working with very sick and starving patients, many of whom would not live to the end of the study. I also had the opportunity to work with relief organizations that help people who were affected by the tsunami—I was part of a team assigned to a coastal village where we provided tetanus and typhoid vaccines and treated anyone with simple upper-respiratory or diarrheal infections. More serious cases are sent to the nearest hospital.
Our students enjoy the many advantages the School’s Boston location offers—historical and cultural landmarks are at their fingertips, and major professional sports venues are just a short trolley 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! The largest city in New England and one of the truly unique metropolitan areas in the world, Boston glorifies 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 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 delightful dining options including Portuguese, Indian, Thai, Vietnamese, Middle Eastern, Irish, and soul food. These culinary delights are, of course, in addition to the world-class pizza, tacos, and other fast foods necessary to student survival! Boston is the home of the world-famous Boston Symphony Orchestra, the Boston Pops, 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 is home to dozens of museums, including the world-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 always-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 world-famous 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 beaches of Maine are also just a few hours away.

Given the wealth of educational opportunities, industry, culture, and recreation that Boston offers, it’s not surprising 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.