



Weekly news for faculty, staff and students from
the **Indiana University School of Medicine**

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News to Use

U.S. News & World Report ranks IU Health among nation's best

On Tuesday, U.S. News & World Report released its annual **Best Hospitals** rankings for 2015-16 and Indiana University Health appeared on the prestigious list of the nation's top hospitals for the 18th consecutive year. With 10 of its adult specialty programs ranked among the best in the country, IU Health has more nationally ranked programs than any other hospital in Indiana. U.S. News also ranked IU Health as the No. 1 hospital in Indiana and Indianapolis.

Of the nearly 5,000 hospitals evaluated, less than 3 percent ranked in even one clinical specialty program. IU Health is fortunate to stand among well-known peers such as the Mayo Clinic, Johns Hopkins, the Cleveland Clinic and UCLA Medical Center, in being nationally ranked in 10 or more specialty clinical programs. For IU Health, those nationally ranked specialty programs (with respective ranking out of 50) include:

- Pulmonology—14th
- Gastroenterology—17th
- Urology—17th
- Neurology & Neurosurgery—20th
- Geriatrics—21st (tie)
- Nephrology—24th

- Diabetes & Endocrinology—32nd
- Orthopedics—42nd
- Cardiology & Heart Surgery— 47th (tie)
- Cancer—47th

IU Health's Gynecology program was also listed as High Performing.

"It's a tremendous honor to be recognized as one of the nation's top destinations for high-quality medical care," said Daniel F. Evans, Jr., president and chief executive officer for IU Health. "Such recognition is a testament to the world-class care our dedicated and highly skilled team members provide to our patients every day."

U.S.News Best Hospitals rankings are determined by objective measures such as patient survival, safety data and adequacy of nurse staffing levels, as well as reputation among medical peers.

"We know that patients seeking complex medical care need reliable and clear information," said Jonathan Gottlieb, M.D., chief medical executive for IU Health. "Respected, national rankings like these have the potential to serve as a much-needed guide for both patients and health care professionals who are researching the best medical centers for the most complicated medical procedures or challenging health conditions."

U.S.News Best Hospitals rankings are in their 26th year and are available at <http://health.usnews.com/best-hospitals>.

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Visual Media announces new rates

The Visual Media team recently joined the Office of Strategic Communications, upgrading key equipment and increasing some prices as part of the realignment. Design, illustration and photography services will now be billed at \$75 per hour. This is the first rate increase for these services in more than five years.

Poster prices will increase 5 percent to \$8.50 per square foot. As an example, a 36" x 56" poster will increase from \$112 to \$119.

Price increases are effective Monday, Aug. 3.

Visual Media operates as an auxiliary (self-funded) department, offering graphic design, illustration, photography and other creative services.

"Many faculty and staff members know us for our poster design and printing services but we truly offer a full spectrum of services," explained Pat Collins, manager, Visual Media. "We're pleased to still offer prices for creative services that are below traditional market rates."

Contact Visual Media at 317- 274-7478 or vismedia@iupui.edu; or, drop by the office at Emerson Hall, Suite 102.

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Kent and Amber Brantly discuss their Ebola struggle at a book signing Tuesday

The IU School of Medicine is hosting a book discussion with Ebola survivor, IUSM alumnus and 2015 commencement speaker Kent Brantly and his wife Amber at 7 p.m. Tuesday, July 28, at Clowes Auditorium at the Indianapolis Central Library, 40 E. St. Clair St. The discussion will be followed by a book signing at 7:45 p.m.

Dr. Brantly was the first American Ebola survivor. He and his wife have chronicled their life and death battle with Ebola while working in Liberia and Kent's personal struggle to survive the deadly virus in their book **Called for Life: How Loving Our Neighbor Led Us into the Heart of the Ebola Epidemic** (WaterBrook Press/July 21).

Dr. Brantly, a medical missionary who captured headlines for weeks last year as the first person to be treated on U.S. soil for Ebola, was one of the Ebola health care providers named by Time magazine as its "Persons of the Year." The magazine released five covers picturing different Ebola caregivers, including Dr. Brantly, saying the five represent those who were dedicated to treating and curing the disease.

An Indianapolis native and 2009 graduate of the IU School of Medicine, Dr. Brantly is a family medicine physician who served as a medical missionary for Samaritan's Purse at ELWA Hospital in Monrovia, Liberia, from October 2013 until August 2014, when he was evacuated to Emory University Hospital for treatment of the deadly Ebola virus.

Nearly a year later, he returned to Indianapolis to address the 2015 IUSM graduating class. His May 9  **commencement address** can be read online.

Dr. Brantly now holds the position of medical missions advisor for Samaritan's Purse. The Brantlys and their two children currently call Texas home.

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Research News

IUSM receives more than \$6 million in grants and awards in June

IU School of Medicine researchers earned more than \$6 million in grants and awards (excluding commercial projects) in June 2015.

Investigator	Sponsor	Type	Project Title	Begin Date	End Date	Awarded Dollars
Ally-Khan Somani, M.D., Ph.D.	Purdue University	New	Prototyping compact and automated mesoscopic imagery for clinical studies	6/1/2015	11/30/2015	\$8,680
Anantha Shekhar, M.D., Ph.D.	IU Health	New	Advances in Medicine (AIM) Project 1: Fostering Skill Building for Surgeons	1/1/2015	12/31/2015	\$199,454

Anne Rietz, Ph.D.	Fight SMA	New	The Mechanism and Pharmacodynamics of a novel SMN-inducing compound for the treatment of SMA	5/1/2015	10/31/2015	\$27,500
Arif Nazir, M.D.	American Medical Directors Assoc. Foundation	New	POiSe-Care: A Unique Model for Rehabilitation Patients in SNFs	3/1/2015	3/31/2016	\$3,000
Barbara G. Lesko	Michigan Public Health Inst.	New	Genetic Services Project	1/1/2015	5/31/2015	\$4,000
Baskar Ramdas, Ph.D.	Showalter Trust	New	Repression of Rap1GTPase allows engraftment of Fanconi anemia deficient hematopoietic stem cells in the absence of genotoxic conditioning	7/1/2015	6/30/2016	\$60,000
C. Max Schmidt, M.D., Ph.D.	Lustgarten Fdn. Pancreatic Res.	Renewal (not prev committed)	Detection of Early Pancreatic Neoplasia	1/1/2013	12/31/2015	\$55,190
Catherine R. Sears, M.D.	Showalter Trust	New	Role of XPC on chronic cigarette-smoke induced DNA damage and early lung cancer development	7/1/2015	6/30/2016	\$60,000
Chandy C. John, M.D.	Doris Duke Charitable Foundation	New	Doris Duke Clinical Research Mentorship	6/1/2015	11/30/2016	\$64,800
Debomoy K. Lahiri, Ph.D.	Indiana State Dept. of Health	New	Neuroprotective Role of SOAP (Soluble 6myloid Precursor Protein) in Brain Injury and TBI	7/1/2015	6/30/2017	\$160,000
Emily K. Sims, M.D.	Lawson Wilkins Ped.	New	? cell Derived miR-21 as an Intrinsic Protective Response and Biomarker in Type 1 Diabetes	7/1/2015	6/30/2016	\$12,500
Erica A. Eugster, M.D.	Indiana State Dept. of Health	Renewal (not prev committed)	Indiana Congenital Hypothyroidism and Congenital Adrenal Hyperplasia Follow-	7/1/2015	6/30/2017	\$120,000

			Up Programs (ICHFP & ICAHFP)			
Fletcher A. White, Ph.D.	Indiana State Dept. of Health	New	Novel therapeutic strategies against traumatic brain injury-induced neuroinflammation and chronic pain	7/1/2015	6/30/2016	\$156,884
Flora Hammond, M.D.	U.S. Dept. of Health & Human Services	New	Brain Research in Aggression and Irritability Network (BRAIN): Building Evidence-Based Approaches to Managing Traumatic Brain Injury	4/1/2015	9/30/2015	\$427,500
Gregory S. Montgomery, M.D.	Seattle Child Res. Inst.	New	A Two-Part Multicenter Prospective Longitudinal Study of CFTR-Dependent Disease Profiling In Cystic Fibrosis (PROSPECT)	7/1/2014	12/31/2017	\$72,241
Heather A. Hundley, Ph.D.	American Cancer Society	New	Mechanisms regulating RNA editing at specific sites in the transcriptome	7/1/2015	6/30/2016	\$189,600
James M. Croop, M.D., Ph.D.	Children's Hospital Philadelphia	New	ADVL1412, A Phase 1/2 Study of Nivolumab in Children, Adolescents and Young Adults with Recurrent or Refractory Solid Tumors as a Single Agent and in Combination with Ipilimumab	6/5/2015	6/30/2019	\$68,000
Jason M. Organ, Ph.D.	Showalter Trust	New	Enhancing skeletal mechanical properties in Osteogenesis Imperfecta	7/1/2015	6/30/2016	\$60,000
Jay L. Hess, M.D., Ph.D.	National Institutes of Health-NCI	New	New Therapeutic Targets in AML	6/26/2015	7/31/2015	\$163,784
Jay L. Hess, M.D., Ph.D.	Northwestern University	New	Targeting the HOXA9 Axis in	10/1/2014	9/30/2015	\$180,000

			Acute Leukemia			
Jinhui Chen, M.D., Ph.D.	Indiana State Dept. of Health	New	Pharmacological manipulation of adult-born hippocampal neurons to rescue memory in a mouse model of traumatic brain injury	7/1/2015	6/30/2017	\$160,000
Kathleen M. O'Neil, M.D.	Children's Hospital Philadelphia	New	Urinary HER2 as a biomarker for lupus nephritis	10/1/2014	9/30/2015	\$10,000
Kathy D. Miller, M.D.	Komen Cancer Foundation	New	Impact of LOFT training on muscular recovery after breast cancer treatment	4/9/2015	4/8/2016	\$175,000
Kimberly Q. De Cordon, Ph.D.	CHDI	New	A Prospective Registry Study in a Global Huntington's Disease Cohort (Enroll-HD)	1/8/2015	1/7/2016	\$6,881
Laurence B. Kempton, M.D.	Orthopaedic Research and Education	New	Maximizing Value of Orthopaedic Trauma Care through Surgeon-based Cost Analysis Education	7/1/2015	6/30/2016	\$41,999
Linda A. DiMeglio, M.D.	Stanford University	New	Using a Closed-Loop System Plus Behavioral Supports in Preschoolers with Diabetes	9/25/2014	9/24/2016	\$90,620
Mark H. Kaplan, Ph.D.	National Institutes of Health-NIAID	New	Regulation of Humoral Immunity by Tox	7/1/2015	6/30/2016	\$78,000
Mark P. Cain, M.D.	Riley Children's Foundation	New	Pediatric Urology Research Personnel Support	7/1/2014	6/30/2017	\$300,000
Matthew J. Turner, M.D., Ph.D.	Showalter Trust	New	Role of Basophils in the Stat6VT Mouse Model of Atopic Dermatitis	7/1/2015	6/30/2016	\$60,000
Michael S. Sturek, Ph.D.	American Heart Midwest	New	: Effect of SERCA dysfunction and ER/SR stress on coronary artery disease	7/1/2015	6/30/2016	\$26,000
Momoko	Showalter	New	The Role of Notch	7/1/2015	6/30/2016	\$60,000

Yoshimoto, M.D., Ph.D.	Trust		signaling in HSC emergence in the mouse embryo			
Naomi B. Swiezy, Ph.D.	Riley Children's Foundation	New	HANDSmade: Making Adults Dependable Employees	1/1/2015	12/31/2015	\$10,000
Nutan Prasain, Ph.D.	American Heart Midwest	New	Human iPS cell-derived Mesoderm Specification to Endothelial Colony forming Cells	7/1/2015	6/30/2016	\$71,500
Peng-Sheng Chen, M.D.	American Heart Midwest	New	Calmodulin mutation and sympathetic nerve activity	7/1/2015	6/30/2016	\$60,272
Ping Hu, M.D., Ph.D.	Showalter Trust	New	Role of stress p38MAPK in Diamond Blackfan Anemia	7/1/2015	6/30/2016	\$60,000
Purvi Mehrotra, Ph.D.	Showalter Trust	New	Role of immune cells in pulmonary dysfunction induced by ischemia-reperfusion kidney injury in rats.	7/1/2015	6/30/2016	\$60,000
Richard B. Rodgers, M.D.	Indiana State Dept. of Health	New	Investigation of a Novel Hemoadsorption System in Rats with Traumatic Brain Injury	7/1/2015	6/30/2017	\$160,000
Richard L. Bell, M.D.	National Institutes of Health-NIAAA	New	Rodents with Genetic Differences in Alcohol Preference	6/1/2015	4/30/2016	\$543,968
Rick F. Nelson, M.D., Ph.D.	Showalter Trust	New	Modeling Hearing Loss and Degeneration using in vitro 3-D Hair Cell Organoids.	7/1/2015	6/30/2016	\$60,000
Robert J Fallon, M.D., Ph.D.	Riley Children's Foundation	New	RCF Riley Hospital at IUH Clarian	4/1/2015	6/30/2016	\$2,780
Ronald C. Wek, Ph.D.	Showalter Trust	New	Translation and Stress Regulatory Pathways in Health and Disease	7/1/2015	6/30/2016	\$60,000
Ruben Vidal,	National	New	Conditional deletion	7/1/2015	6/30/2016	\$189,187

Ph.D.	Institutes of Health-NINDS		of Mapt in adult mouse brain			
S. Hamid Sayar, M.D.	University of Minnesota	New	Biosensor assay to screen for signaling pathway inhibition in cancer	3/1/2015	2/28/2016	\$15,767
Sami Naidu, Ph.D.	Showalter Trust	New	Targeting PKM2 for melanoma therapy	7/1/2015	6/30/2016	\$60,000
Samir K. Gupta, M.D.	Mass General Hospital	New	Randomized Trial to Prevent Vascular Events in HIV - REPRIEVE (A5332)	5/1/2015	4/30/2016	\$242,820
Stephanie D. Davis, M.D.	Cystic Fibrosis Foundation	New	Third Year Clinical Fellowship Award	7/1/2015	6/30/2016	\$100,000
Stephen F. Kralik, M.D.	IU Health	New	Integration of Patient-specific Computational Hemodynamics and Vessel Wall Shear Stress Analysis into Diagnostic MRI of Vascular Diseases	6/1/2015	5/31/2016	\$50,000
Stuart Sherman, M.D.	Medical University of South Carolina	New	Optimizing the role of ERCP in evaluating indeterminate bile duct strictures	10/1/2014	3/31/2015	\$20,158
Susan J. Gunst, Ph.D.	American Heart Midwest	New	Novel role of Rho kinase in smooth muscle contraction & inflammation	7/1/2015	6/30/2016	\$50,432
Theodore R. Cummins, Ph.D.	Indiana State Dept. of Health	New	Sodium channel function and pharmacology in posttraumatic injury epileptogenesis	7/1/2015	6/30/2016	\$160,000
Timothy W. Corson, Ph.D.	Showalter Trust	New	Role of heme metabolism in ocular angiogenesis	7/1/2015	6/30/2016	\$60,000
Troy A. Markel, M.D.	Showalter Trust	New	Direct peritoneal resuscitation improves mesenteric vascular flow following intestinal ischemia and reperfusion injury by hydrogen sulfide dependent	7/1/2015	6/30/2016	\$60,000

			mechanisms			
William A. Truitt, Ph.D.	National Institutes of Health-NIMH	New	Neural regulation of social familiarity induced anxiolysis	6/1/2015	2/29/2016	\$582,011
William J. Sullivan, Ph.D.	American Heart Midwest	New	TgElp3: a novel mitochondrial acetyltransferase and drug target in the heart pathogen Toxoplasma gondii	7/1/2015	6/30/2016	\$26,000
Xiangbing Wu, M.D., Ph.D.	Indiana State Dept. of Health	New	RhoA/Rho kinase inhibition-mediated neuroprotection after spinal cord injury	7/1/2015	6/30/2017	\$160,000
Yang Sun, M.D., Ph.D.	Showalter Trust	New	Optogenetic Regulation of Eye Pressure: Mechanosensory Roles of Primary Cilia	7/1/2015	6/30/2016	\$60,000

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Study identifies traits in those who screen positive for dementia but refuse testing

The best-known genetic variant linked to Alzheimer's disease may be "at work" promoting deposits of plaque in the brain long before any symptoms of the disease can be measured on tests, according to a national research study led by Indiana University School of Medicine investigators.

In a research paper published in the Alzheimer's and Dementia journal, the scientists provide additional evidence for focusing research, and eventually treatment, on people at risk of Alzheimer's long before the disease is diagnosed.

The **study** focused on people with "significant memory concerns," defined as older adults who complained that they had mentally slipped in recent months or years, but when given standard cognition and memory tests they fell within normal ranges. People in this category have also been called the "subjective cognitive decline" group by Alzheimer's researchers.

The paper's authors, led by Shannon L. Risacher, Ph.D., assistant professor of radiology and imaging sciences, and Andrew J. Saykin, Psy.D., director of the **Indiana Alzheimer Disease Center** and **IU Center for Neuroimaging**, drew on data collected as part of the national **Alzheimer's Disease Neuroimaging Initiative**. The ADNI project is a global public-private collaborative initiative that is collecting and making available a broad range of long term Alzheimer's-related data from volunteers ranging from cognitively normal "controls" to patients with diagnosed Alzheimer's disease.

As it becomes more evident that effective treatments for Alzheimer's may need to be applied many years before serious symptoms appear, researchers are focusing more intently on at-risk patients with significant

memory concerns, Risacher and Saykin said.

"These are the individuals who are the logical target for the next wave of clinical trials," said Dr. Saykin, who also leads the ADNI Genetics Core.

"There are many potential interventions, and not only on the pharmaceutical side," he said. "There are intensive studies now of exercise, diet modification, cognitive stimulation, sleep and other lifestyle factors that could lead to an improvement."

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Lower-risk treatment for blood clots empowers patients, improves care

Potentially fatal blood clots account for thousands of emergency room visits each year and often those patients are admitted to the hospital, treated with an injectable anticoagulant and monitored for a few days. In [companion studies](#) published July 15 in Academic Emergency Medicine, an alternative approach was found to be more effective, less costly and allowed patients to go home the same day.

Researchers at the Indiana University School of Medicine treated 106 low-risk patients diagnosed with deep vein thrombosis or pulmonary embolism at two metropolitan emergency rooms. The patients were admitted to the emergency room between March 2013 and April 2014. Seventy-one had deep vein thrombosis, 30 had pulmonary embolisms and five had both diagnoses.

The standard of care is to admit the patient to the hospital, treat with heparin, an injectable anticoagulant, and oral warfarin with close monitoring to assure safe dosage levels to prevent additional blood clots or bleeding.

The patients in the study were treated with rivaroxaban, which does not require daily blood monitoring, and released to go home. The patients received follow-up monitoring at two and five weeks, and at three and six months. Heparin and warfarin require blood monitoring about every week. Warfarin also means the patient must carefully control their intake of vitamin K, which is found in green leafy vegetables.

Senior author [Jeffrey A. Kline](#), M.D., vice chair of research in emergency medicine and professor of emergency medicine and cellular and integrative physiology at the IU School of Medicine, said the prospect of being able to send patients home from the emergency room is a quality of life issue. In addition to avoiding a hospital stay, Dr. Kline and his team found that patients diagnosed with deep vein thrombosis who were immediately discharged from the emergency room and treated with rivaroxaban had a low rate of recurrent thrombosis and bleeding.

"This study is about giving patients a new option," Dr. Kline said. "Treating patients at home for blood clots was found to have fewer errors than the standard of care and better outcomes. Patients have to be taught to give themselves injections and it scares them to death. Almost everyone has taken a pill so there is no learning curve for patients."

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Study identifies traits in those screening positive for dementia but refuse testing

Two thirds of individuals 65 and older who screened positive for cognitive impairment refused subsequent evaluation according to the first study of its kind to examine older adults willingness to undergo diagnostic assessment. The Indiana University Center for Aging Research, Regenstrief Institute and Eskenazi Health [study of approximately 500 older adults](#) found that individuals living alone were the least likely to agree to

diagnostic assessment following a positive screening test for dementia.

Screening is designed to detect if a problem exists. Diagnostic assessment provides a diagnosis based on the best available tests.

"Traits of Patients Who Screen Positive for Dementia and Refuse Diagnostic Assessment" is published in the June issue of *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*, an open access, peer-reviewed journal from the Alzheimer's Association.

In addition to living alone, an individual's negative preconceptions of the stigma surrounding dementia were associated with refusal to undergo diagnostic assessment; although, surprisingly, not with unwillingness to undergo initial screening. Those who agreed to continue from positive screening to diagnostic assessment were also more likely to agree with positive statements about other types of screening, such as colonoscopy.

Age, sex and race appeared to have no impact on an older adult's decision to follow or not follow a positive cognitive impairment screening result with diagnostic assessment.

"The findings from our study are important given the low rates of detection of dementia and the high percentage of older adults with dementia who never receive a cognitive evaluation," said Nicole R. Fowler, Ph.D., MHSA, the IU Center for Aging Research and Regenstrief Institute investigator who led the new study. "Early intervention and education of patients and their caregivers on dementia and dementia screening could increase the number of patients seeking diagnostic assessment and inform efforts that address the perceived stigmas associated with dementia screening.

"While screening and evaluation can't delay or alter dementia progression, definitive diagnosis based on a cognitive assessment can alert physicians to treatable symptoms and allow the older adult and family members to prepare for future cognitive decline," Dr. Fowler said.

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IU researchers play role in FDA approval of drug for treating radiation exposure

An Indiana University Melvin and Bren Simon Cancer Center researcher played a role in the recent Food and Drug Administration approval of a drug to treat people exposed to potentially lethal doses of radiation.

Christie M. Orschell, Ph.D., a senior research professor at the Indiana University School of Medicine and a researcher at the cancer center, and colleagues performed preclinical work that contributed to the approval of Neupogen (filgrastim) to treat adult and pediatric patients exposed to myelosuppressive doses of radiation. Such exposure may happen in a radiation nuclear event.

Radiation destroys the bone marrow, resulting in loss of blood cells and increasing the risk of infection and uncontrolled bleeding, according to Dr. Orschell. Neupogen can help patients by facilitating recovery of bone marrow cells that develop into neutrophils, white blood cells that help fight off infections.

"The approval of Neupogen is an important step in advancing medical countermeasures for radiation," Dr. Orschell said. "Still, we're continually investigating new drugs that are easier to administer and perhaps only require a single injection."

Neupogen is the first radiation countermeasure approved under the FDA's Animal Rule, which was drafted to guide the development of drugs when human efficacy studies cannot ethically be performed. In March 2015, the FDA approved Neupogen for use following an acute exposure to a radiation dose capable of causing severe loss of bone marrow cells.

Dr. Orschell and nine researchers in her lab developed a mouse model to test medical countermeasures

against radiation as part of a consortium of investigators working together to find drugs to treat irradiated people. Data from the Orschell lab contributed to the understanding of how Neupogen may work in humans.

Dr. Orschell explained that a mouse model is used to mimic a disease in humans. "Our mouse model of acute radiation syndrome has become one of the standard models to test medical countermeasures under the Animal Rule," Dr. Orschell said.

In 2005, the National Institute of Allergy and Infectious Diseases awarded a federal contract to the University of Maryland School of Medicine, which established the consortium of institutions to facilitate the development of medical countermeasures that could be used in an emergency mass casualty situation involving radiation injuries. IU was an integral part of that consortium.

Dr. Orschell's ongoing work recently earned her \$750,000 in funding from the Department of Defense to study drugs for civilians or first responders who report to a site following radiation exposure. "In the case of first responders, you would have an opportunity to administer the drug to them before they are exposed at the site," she said.

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Faculty and Staff News

Veteran educator selected to lead basic science curriculum development and implementation

Maureen A. Harrington, Ph.D., has been named the assistant dean of medical student curriculum phase 1.

Dr. Harrington, who joined the IU School of Medicine faculty in 1988, is the co-director of the M.D./Ph.D. Program, and a professor of biochemistry and molecular biology. She is currently the chair of the basic science component of the Curriculum Council Steering Committee.

Dr. Harrington has been extensively involved in the education of medical as well as graduate students. Shortly after arriving at IU, she helped to develop Eukaryotic Cell Biology, one of the first cell biology courses offered to IUSM graduate students and subsequently served as its co-director for more than 15 years. In medical student education, Dr. Harrington also was involved in the first integration of small group cases studies into the medical biochemistry course. For eight years she has been the director of the medical school's cell and molecular biology course.

This new position within Medical Student Education has been created to help guide the School of Medicine as it institutes its revised curriculum. With primary responsibility for leadership and implementation of the new phase 1 curriculum, Dr. Harrington will collaborate with teams of assistant deans and statewide course directors to accomplish the vertical and horizontal integration of the curriculum to meet LCME requirements statewide. She will lead a team of faculty and staff to manage the statewide basic science curriculum on all nine campuses, providing oversight of the development and implementation of an integrated and competency-based medical student education program.

Applications are now being accepted for the  [phase 2](#) and  [phase 3](#) assistant dean positions.


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Opportunities

Searches underway for assistant deans of medical student curricula

Assistant dean of medical student curriculum phase 2

The IU School of Medicine Office of Medical Student Education is accepting applications for the position of assistant dean of medical student curriculum phase 2. This position will play an integral role in the formation of the dynamic new IUSM curriculum, which will be initiated in August 2016. Phase 2 of the new curriculum will encompass the principal clinical training and clinical clerkships for IU medical students.

The assistant dean of medical student curriculum phase 2 will lead a team of professional faculty and support staff to advance curricular reform through implementation of the new statewide clinical curriculum, providing oversight of the medical student education program that is competency-based and vertically and horizontally integrated. This position will work closely with the senior associate dean for medical student education, as well as the assistant deans of Phase 1 and Phase 3 curricula, and the assistant deans of curriculum in the foundational and clinical sciences.  [Additional information for this position is available.](#)


The person selected for this position must be a doctoral-level IUSM faculty member. The assistant dean should have previously demonstrated excellence in medical education and leadership experience in MSE or GME settings. Attributes should include the ability to implement effective statewide programs that meet internal and external metrics related to excellence in teaching and learning. The individual effective with new ideas and leading change will be successful in this position.

This position will be part time and require a 0.2 to 0.4 FTE commitment. Interested applicants should send a letter of interest and CV to Bradley Allen, M.D., Ph.D., senior associate dean for medical student education, at bradalle@iu.edu. Application deadline is August 6, 2015.

Assistant dean of medical student curriculum phase 3

The IU School of Medicine Office of Medical Student Education is accepting applications for the position of assistant dean of curriculum phase 3.

The assistant dean of medical student curriculum phase 3 will lead a team of faculty and staff to develop, implement, and manage the statewide medical student curriculum for senior medical students. This curriculum will include advanced clinical experiences, professional development, a revisiting of key basic science concepts through clinical applications, and enhanced training in life-long learning skills.

The position will provide oversight of a vertically and horizontally integrated, competency-based medical student education that prepares IUSM medical students for success, continuing into residencies. This position will work closely with the senior associate dean for medical student education, as well as the assistant deans of phase 1 and phase 2 curricula and the assistant deans of curriculum in the foundational and clinical sciences.  [Additional information about this position is available.](#)

In collaboration with statewide course directors and center course directors, the assistant dean will coordinate basic and clinical sciences faculty recruitment, development, and retention for phase 3 courses.

The person selected for this position must be a doctoral-level IUSM faculty member. The assistant dean should have previously demonstrated excellence in medical education and have leadership experience in MSE or GME settings. Attributes should include the ability to implement effective statewide programs that meet internal and external metrics related to excellence in teaching and learning. The individual effective

with new ideas and leading change will be successful in this position.

This position will be part time and require a 0.2 to 0.4 FTE commitment. Interested applicants should send a letter of interest and CV to Bradley Allen, M.D. Ph.D., senior associate dean for medical student education, at bradalle@iu.edu. Application deadline is August 6, 2015.

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IUSM seeks department of obstetrics and gynecology chair

Applications are being accepted for chair of obstetrics and gynecology. The successful candidate will be a strong, visionary academic leader with a background in advocating for women's health care, education and research. Administrative expectations include leadership of departmental faculty, staff and learners; programmatic oversight in residency and fellowship education; strategic recruitment of outstanding faculty; fiscal responsibilities; and oversight of the clinical, education and research tripartite mission. The successful candidate should have academic leadership experience, a national reputation in obstetrics and gynecology, documented success in leading strategic initiatives and a record of research and scholarship in the field.

Interested candidates should visit faculty.medicine.iu.edu/jobs to apply. Priority application deadline is Monday, Aug. 31.

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Next AEI Accent Modification course begins Aug. 26

International medical professionals interested in improving verbal communication with patients and colleagues can enroll in the next AEI Accent Modification course, which begins Wednesday, Aug. 26. The course runs for 10 consecutive Wednesdays, from 5:15 to 7:15 p.m., concluding Oct. 28. Open to international faculty, post-docs, fellows, residents, medical students and nurses, the course is designed to empower participants with effective communication skills in the context of the American language and cultural norms.

Registration and more information are available on the [Faculty Affairs and Professional Development website](#). Register by July 31 and save \$100 on the course fee.

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HANDS in Autism offers clinical programming experiences

HANDS in Autism has opportunities for clinical practicum students across disciplines who are interested in gaining clinical programming experiences. Students will be paired with HANDS staff and supervised by Naomi Swiezy, Ph.D., and Tiffany Neal, Ph.D., and provided structure and independence based on their level and demonstrated skills. Programming occurs throughout the year. Community visitations, workshops, groups and other programming opportunities are potentially available to students depending on their schedules and HANDS activities and events.

The organization serves individuals of all ages and functional ranges, as well as the staff and caregivers who serve them. Evaluation of skills and determination of interventions are individualized and addressed in either individual or group settings.

Students interested in practicum opportunities for fall/spring placements should email Dr. Swiezy at nswiezy@iupui.edu or Dr. Neal at nealtiff@iupui.edu. Applicants available for full-year placements are preferred.

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Kudos

Center for Pancreatic Cancer Research earns IUPUI Signature Center designation

Accomplishments in the first three years of collaboration to fight pancreatic cancer have earned the scientists at the Center for Pancreatic Cancer Research designation as an IUPUI Signature Center.

In a multi-approach, multi-university effort headquartered at the Indiana University Melvin and Bren Simon Cancer Center, about 50 research scientists have geared up to fight the deadly malignancy.

The Signature Center designation from the IUPUI Office of the Vice Chancellor for Research also recognizes the center's potential to sustain efforts the researchers hope will lead to increased survival rates and better quality of life among pancreatic cancer patients.

"This is a well-deserved recognition of a center that is making significant impact on the understanding and treatment of pancreatic cancer, and I am delighted that it is attracting national and international recognition for its work," said Kody Varahramyan, IUPUI vice chancellor for research.

The Pancreatic Cancer Signature Center is composed of multiple interdisciplinary partnerships among the team of basic, translational and clinical researchers working at sites on the IU Bloomington, Purdue University, University of Notre Dame and IUPUI campuses.

The center's researchers are engaged across the continuum of disease research from the biological/molecular investigation of pancreatic tumor development in the laboratory stage, to pre-clinical trials with mouse models, to clinical trials pursuing improved therapies for pancreatic cancer patients

"Our center combines the strengths of senior investigators working on basic cancer mechanisms and potential therapeutic interventions, with the strengths of mid-level and junior faculty using novel technologies and collaborating with the senior investigators to further our overall understanding of pancreatic cancer genesis, progression, tumor microenvironment and metastasis, and coordinating these advances to devise novel diagnostic biomarkers and novel combinatorial therapeutic approaches," said Murray Korc, M.D., director of the Pancreatic Cancer Signature Center, a researcher at the IU Simon Cancer Center and the Myles Brand Professor of Cancer Research at IU School of Medicine.

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