

## I. Teaching Responsibilities

Since becoming a full-time member of the faculty in the Division of General Internal Medicine at the University of Miami Miller School of Medicine in 1996, I have had a wide range of teaching responsibilities within the areas of continuing medical education, undergraduate and graduate (residency) medical education.

- ◆ ***Internal Medicine Residency Program:*** I am currently the Program Director of the Internal Medicine Residency Program for Jackson Memorial Hospital / University of Miami Miller School of Medicine, a position I have held since 2004. Prior to that, I was an associate program director from 2001-2004. In my current role, I have the responsibility for the training and education of approximately 130 interns and residents. I oversee the curriculum for the residency program as well as the medical care provided by our housestaff. I direct the annual intern selection process for the Department of Medicine, and am responsible for documenting the achievement of the ACGME competencies of each of our residents. Along with our Department Chair, I oversee and actively participate in daily resident report, and mentor our residents in their scholarly and research endeavors.

I have directed the effort to enhance the education of our residents in several ways. I led the change in format of resident report to one that focuses on improving the critical thinking of residents rather than the prior faculty-led didactic format. I helped strengthen the role of our teaching resident rotation at Jackson Memorial, and led the effort to establish an innovative teaching resident rotation for select senior residents at the VA Hospital.

- ◆ I participate monthly in the teaching resident lecture series, leading small group discussions among 2<sup>nd</sup> and 3<sup>rd</sup> year residents. I have been the faculty discussant for numerous Clinical Pathologic Conferences (CPC) and Morbidity and Mortality Conferences (M & M) for the Department of Medicine.
- ◆ ***Ambulatory Education:*** Initially in my role as Director of Ambulatory Education, and now in my role as Program Director, I have brought several important innovations to the education of our residents. I established ambulatory morning report as a regular (weekly) part of the ambulatory rotation, often leading these discussions myself. Under my guidance, a weekly women's health clinic was re-established, during which our residents obtain necessary training and experience in performing breast examinations and pap smears. Recently, training in adolescent medicine was also added to our ambulatory rotation.

I established a new approach to the senior resident rotation at the University of Miami Hospital and Clinics. As part of a new, innovative curriculum, goals, objectives, and a schedule of dedicated faculty preceptors were created. This has served to not only improve the educational experience of the residents, but has led to improved patient care and satisfaction as well.

I developed a community practice elective for residents, during which a resident spends dedicated time with a physician(s) in the community. Goals and objectives for this rotation were established, and I actively recruited numerous community faculty to participate in this endeavor. This has served to better prepare our residents for private practice and has given them practical experience with which they are better equipped to make decisions about their professional future.

**General Internal Medicine Inpatient Ward Attending:** I have attended either two or three months per year on the general internal medicine inpatient wards. During this rotation, I actively teach medical students and residents, as well as actively participate in the care of inpatients.

- ◆ **Ambulatory clinic attending:** One or two months per year, I serve as attending physician in the medical ambulatory clinic. During this time, I supervise and teach students and residents, as well as lead frequent small group case discussions based on patients seen in this setting. I also lead ambulatory morning report during this period of time. Throughout the year, I also attend one afternoon per week in the resident continuity clinic, where I supervise the residents as they provide ongoing care for their patients. During this time, I emphasize the enhancement of preventive medicine, as well as professionalism and systems-based learning.
- ◆ **Undergraduate Education:** My role in undergraduate education has involved several different areas.

Clinical skills (2<sup>nd</sup> year students): I have been a faculty preceptor for the clinical skills program each year since joining the faculty. During this portion of the medical school curriculum, I prepare my students for their clinical years, and teach them the skills of history-taking and physical examination. In addition, medical professionalism, and communication and interpersonal skills are emphasized.

Problem-based Learning Transition Module (2<sup>nd</sup> year students): I have been a faculty preceptor since the inception of the Problem-Based Learning curriculum. In addition, this year I served as the discussant for morning report for the 2<sup>nd</sup> year students. In each case, I taught students how to begin to develop differential diagnoses, and proceed with establishing further plans for evaluation and management of clinical cases.

Patient Oriented Problem Solving (POPS): (3<sup>rd</sup> year students): I have participated as an active faculty preceptor for these small case discussions with 3<sup>rd</sup> year students since joining the faculty. Along with Dr. Paul Mendez, I brought new innovation to this exercise. The clinical cases were re-designed, and the discussion of each case was completed by reviewing ten key “take-home points”, points that the students could then use as study tools.

Internal Medicine Bedside rounds (3<sup>rd</sup> year students): Two years ago, I helped to create and implement small group bedside rounds as part of the 3<sup>rd</sup> year medicine clerkship. During these rounds, three or four students and one faculty preceptor go to the bedside of several patients (ideally one patient that each of the students is caring for) and review history and physical examination findings. I have also served as a faculty preceptor since the inception of this program.

Medical Knowledge Self-Assessment Program (MKSAP): (3<sup>rd</sup> year students): Along with Dr. Paul Mendez, a session of reviewing MKSAP questions using the audience-response system format has been incorporated into the 3<sup>rd</sup> year clerkship in medicine. I have served as one of the two faculty participants since the start of this innovation.

Internal Medicine Medical Student Report (3<sup>rd</sup> year students): I attend student report weekly, during which students present cases, and clinical discussion ensues. I am one of three dedicated faculty who participate actively in these sessions.

Roentgen Academic Society Faculty Mentor: Since the inception of this program, I have been a faculty leader for one of the Academic Societies of the medical school. In this role, I have participated in the teaching of clinical skills to first and second year medical students, and also served as advisor and mentor to many of the students in the society.

- ◆ **Postgraduate Education:** I have been the Director of Postgraduate Education for the Department of Medicine since 2001. In this role, I have organized and have served as the course director for three Department of Medicine CME courses annually. These are: "Update in Internal Medicine," Board Review Course for Internal Medicine," and "Pri-Med Update." The latter is co-sponsored by Harvard Medical School and the University of Miami. In addition to developing the educational program for each course, I have participated as a faculty presenter for each one.

For the past two years, I have been the course director for the annual Recertification Board Review Course, co-sponsored by the American College of Physicians and the American Board of Internal Medicine (ACP/ABIM). This is a nationally recognized CME course, attended by board-certified internists from throughout the country.

I have taught a Self-Evaluation Module (ACP/ABIM) for internists as part of their recertification requirements for the past two years. On two occasions (2004, 2005), this was at the conclusion of the recertification course mentioned above. On another occasion, I had the honor of teaching this module at the American College of Physicians Annual Session (Pre-Session Course). I have recently been asked to direct the recertification course again in February 2006, teach the module at that session as well, and also return to the ACP Annual Session in April 2006 in Philadelphia to teach a recertification module.

I have been an active participant in academic activities of the Florida Chapter of the American College of Physicians. This has involved speaking at the annual meeting, and participating in several community outreach educational forums.

## II. Philosophy of Education

I feel very fortunate to have been given the opportunity to return to the faculty in the Department of Medicine in 1996 to pursue my dream of becoming a teacher and mentor of young physicians. To be in such a position is a true honor. I look forward with great anticipation to every teaching session with students and residents, and I strive to make each one a valuable experience for all involved.

I bring my experience and love for teaching and continuous learning to every student and resident encounter. My philosophy of education is to engage all individuals present, to facilitate active involvement from all learners, to teach a logical, practical approach to medicine, and to emphasize the compassionate, humanistic aspects of patient care. In addition, I strive to make each encounter one that students and residents look forward to, feel comfortable in asking any question, and have fun in the process.

Mentoring of students, residents, and junior faculty has also been a very significant component of my academic life. Included in this has been the active role I have played in the professional development of many of my junior colleagues. It is extremely gratifying to see many of these individuals continue to grow and achieve success in their own professional careers. In my role as an educator, nothing is more important than knowing that I have had a significant impact on a student's, resident's, or colleague's personal and professional growth, and that, in turn, each of them will bring to their patients a more caring, compassionate brand of medicine.

One of my trademarks in education has been the value of the "take-home point." At the conclusion of each session, I ask each person present to articulate at least one point that he or she will take away from the session, and use for future patient care or education. This serves to re-emphasize important aspects of the encounter, and allows all those present to learn from each other. My own "take-home point" I share with them is to always end each interaction with a patient by asking, "Is there anything you would like to ask, or is there anything I can do for you?" I leave them with the thought that caring about each patient, in addition to caring for each patient, is at the heart of what it means to be a physician.

### III. Teaching Performance and Skills

#### Learner Ratings

##### Graduate Education:

General Internal Medicine Ward Attending: I am evaluated by residents and students at the conclusion of each inpatient attending month. I have consistently received outstanding evaluations, rating near the top of all faculty who serve in this role. Since the inception of our on-line evaluation system, *myevaluations.com*, my summary evaluations have ranked among the best in the Department of Medicine (see Appendices A1, A2).

Sample of written comments are:

*"Dr. Lichtstein is a role model that made me love medicine even more. Outstanding attending that not only contributed in the betterment of my medical skills, but also as a person."*

*"It was refreshing and inspiring to be around someone so genuinely interested in medicine. Your passion for medicine, teaching, and patient care were infectious and motivating. And of course you upheld your rule which was to always try and have a good time while practicing medicine. You are a great role model, and I feel I will be a better Dr. having learned from you for a couple of weeks. Thanks."*

*"Dr. Lichtstein is an excellent professor of medicine. Look forward to working/learning with him again. Excellent job-loves what he does."*

*"Dr. Lichtstein is one of the best teachers that I've met, transmits knowledge in a practical, simple, efficient way. Motivates learning by example. Great with patients, and very accessible."*

*"Dr. Lichtstein is an absolute gem! He never stops teaching and it's obvious that he enjoys teaching. He is a wealth of knowledge."*

*"He is the kind of professor considered a model to follow, excellent knowledge, ethical, respectful, motivating and a friend."*

Ambulatory clinic attending: I am evaluated by the residents with whom I work both in the continuity clinic and during the dedicated ambulatory rotation. I consistently receive very high evaluations in these settings. (See Appendix A3).

#### Undergraduate Education:

Clinical skills (2<sup>nd</sup> year students): As a faculty mentor and preceptor, I have received very high ratings from my students. (See Appendix B1)

Representative comments include:

*“Best part of the clinical skills program. Awesome, awesome mentor.”*

*“Dr. Lichtstein is an absolutely wonderful mentor. He is patient and teaches us so much with every session. We feel comfortable learning from him, and were not afraid of being belittled because we have made a mistake.”*

*“Dr. Lichtstein is phenomenal-he takes such a great interest in teaching. I really enjoy the sessions-this aspect of clinical skills I find the most beneficial.”*

*“As usual, Dr. Lichtstein is the most outstanding doctor I’ve worked with here at UM.”*

Problem-based learning (PBL) (2<sup>nd</sup> yr students): As a PBL facilitator, I am evaluated by the students with whom I have worked. My evaluations in this setting have been consistently outstanding (See Appendix B2).

Comments include:

*“Dr. Lichtstein was wonderful.”*

*“Our tutor was amazing! He helped us so much.”*

*“If there was a number better than 1, I would have circled that. Dr. Lichtstein was extremely helpful and truly did all of the things above. It was such a good and valuable experience and I hope I get to work with him in the hospital.”*

Patient-Oriented Problem Solving (POPS); (3<sup>rd</sup> year students): These are small group sessions with students during their internal medicine rotation. I am evaluated by the students at the conclusion of each teaching session. My evaluations in this setting are consistently excellent (See Appendix B3).

Comments include:

*“Phenomenal teacher. I hope he continues to teach for a long time.”*

*“Dr. Lichtstein was an amazing teacher.”*

*“Dr. Lichtstein is superb.”*

*“Dr. Lichtstein is a tremendous asset. He makes sure we go home with a take-home point.”*

Bedside rounds (3<sup>rd</sup> yr students): I am evaluated by the students with whom I work, and have consistently received outstanding evaluations for these bedside sessions.

Academic Society Mentor: Each year, the academic societies recognize several faculty mentors for their outstanding contributions to the education of the students in the respective society. I have been recognized in two of the past three years as one of the outstanding faculty mentors.

#### Postgraduate Education:

University of Miami CME: I have been the Director of Postgraduate Education for the Department of Medicine since 2001. In this role, I have been course director and speaker for

three CME course per year. The courses and my participation have been evaluated by the attendees, and the evaluations have been consistently excellent. (See Appendix C1).

National CME: I have been course director for two nationally sponsored (ACP/ABIM) recertification courses (2004, 2005), and have been asked to continue in this role by these organizations for 2006. The course evaluations have been excellent.

I have also taught a Self-Evaluation Program (SEP) module for the ACP/ABIM on three occasions: two in Florida, and one at the Annual Session in New Orleans. I have been asked to return to the Annual Session in 2006 in Philadelphia to teach a SEP module. My evaluations in this role have been excellent (See Appendix C2). For the module in 2004 in Orlando, I received the highest score (5.0=excellent) from *every* attendee (56), and for the 2005 module a score of 4.9 (out of 5.0).

American Academy of Neurology: I was invited to speak at the Annual Meeting of the American Academy of Neurology in April 2005. I was asked to speak to the Program Directors on the ACGME competency of "Communication and Interpersonal Skills." The feedback from the attendees was excellent (See Appendix C3).

American College of Physicians MKSAP 14: I was recently asked to be a reviewer for the General Internal Medicine section of the MKSAP 14 continuing education program.

#### National Workshops

I participated in the "Teaching Residents to Teach in the Clinical Setting" workshop at the Southern Group on Educational Affairs 2003 Annual Meeting, Miami, FL, April 2003.

#### Mentoring:

I have served as a mentor for many medical students, residents, and junior faculty throughout my career on the faculty at UMMSM. This has included mentoring in areas such as medical professionalism, interpersonal and communication skills, and career guidance. Please see Appendix for letters from faculty members with whom I have worked as a mentor. Many student and resident comments on evaluation forms have also specifically commented about my role as a mentor (See Appendices D1, D2).

I have given an annual series of talks to senior residents on "Preparation for Private Practice." I have written a book on this topic, and speak to them each year about such areas as: starting and building a medical practice, medical malpractice, licensure, billing, proper use of consultants, interpersonal and communication skills, end-of-life issues, and proper documentation. This series has been extremely popular among the senior residents, and evaluated very highly.

#### Teaching Awards:

Since joining the faculty, I have been the recipient of several prestigious teaching awards. (See Appendix E)

These include:

Internist of the Year (American College of Physicians, Florida Chapter) 2000

Excellence in Teaching Award (American College of Physicians, Florida Chapter) 2001

Inpatient Student Teaching Award (UMSM Department of Medicine) – for “consistent excellence in student teaching”: 2003, 2004, 2005.

Mount Blanc Award, 2003, Department of Medicine, for excellence in teaching.

Elected as a member of Alpha Omega Alpha (AOA) by the UMSM Chapter (faculty excellence).

George Paff Award for excellence in teaching: 2004: 2 awards-class of 2004 and class of 2005.

George Paff Award for excellence in teaching: 2005: 2 awards- class of 2005 and class of 2006.

Outstanding Teacher of the Year (UMSM), 2005: as voted upon by the graduating class of 2005.

Additional honors:

Hooder (graduation), 2003: as elected by the graduating class.

Grand Marshal (graduation), 2004: as elected by the graduating class.

Faculty Marshal (graduation), 2005, as elected by the graduating class.

#### **IV. Instructional Innovation**

Through my involvement with undergraduate and graduate medical education, I have initiated and participated in the implementation of several important curricular innovations.

Undergraduate education:

Third year medicine clerkship: In close collaboration with the clerkship director, I helped to re-write the clinical cases used for the POPS sessions, and through my innovation, added “the top ten take-home-points” for each case. My idea to bring MKSAP (medical knowledge self-assessment program) cases for medical students became reality when, together with the clerkship director, we started a regular session during each clerkship of a review of thirty questions, using the audience-response system format. This has been an extremely popular and valuable part of the clerkship from the students’ perspective. Through my innovation, a regular bedside session with a faculty member was added to the clerkship, to enhance the physical examination and critical thinking skills of the students.

Fourth year subinternship in medicine: Through my recommendation, a weekly student report for the 4<sup>th</sup> year students on their subinternship was added to their curriculum.

Graduate Education:

Physician-of the Day (POD): I established a new curriculum, as well as new goals and objectives for this senior resident rotation (See Appendix F1). This specifically entails a dedicated faculty member working closely with two senior medical residents in the private practice setting of the UMHC General Internal Medicine practice.

Community elective: I established a community elective for residents with accompanying goals and objectives during my tenure as Director of Ambulatory Education. (See Appendix F2).

Teaching resident rotations: I was an integral part of the original planning of the teaching resident rotation at JMH, and initiated a teaching resident rotation (for select, outstanding senior medical residents) at the VA Hospital, modeled after a program at the University of Iowa School of Medicine.

Mentoring: I initiated a mentoring program for all incoming interns to the Department of Medicine. (See Appendix F3). This program assigns a faculty member (program director or associate program director) to each intern, with the goal of establishing a close relationship to assist with career guidance, managing stress, and other residency issues.

“From Internship to Residency”: This June (2005), for the first time, I will be holding a one-half day orientation for our current interns as they prepare to become residents. The goal of this session is to address the six ACGME competencies systematically as they apply to the transition from internship to residency (See Appendix F4)

Hot-Line: This academic year, I am instituting a resident “Hot-Line”. This is an innovation that will allow residents to anonymously report any unprofessional activity or perceived substandard care. In addition, issues relating to stress and fatigue, and anything of importance to a resident may be discussed utilizing this hot-line. Each call will be carefully reviewed and investigated with the goal of recognizing areas of needed attention as well as limiting medical errors (See Appendix F5).

## V. Professional Development

I have been a faculty preceptor for the past three years (since inception of the course) for the Problem-Based Learning Course for second-year medical students. Professional development has been an integral part of this course. Small group sessions have been videotaped and feedback provided. In addition, regular meetings between preceptors and course directors have been held to discuss effective teaching modalities and potential areas of improvement.

### Professional Meetings

I have attended almost all Annual Sessions of the American College of Physicians since 1982. I have also served as Treasurer of the Florida Chapter of the American College of Physicians, and have attended most of both the annual meetings and the associates meetings for this chapter.

During several of the Annual Meetings of the ACP, I have served as a mentor for young physicians.

I have been a faculty instructor for three SEP Modules for the ACP/ABIM. Preparation for and subsequent presentation and directing of these modules (to audiences of board-certified internists preparing for recertification) has helped to a very significant degree in my own



personal professional development. Being course director for several annual CME courses during the past four years has also assisted in this professional growth.

## VI. Educational Research and Scholarship

Since joining the faculty, I have published several articles, written a book (Preparation for Medical Practice Made Ridiculously Simple), edited and contributed to a manual for private practice, written a book chapter, and have several articles accepted awaiting publication. Many of these papers have involved very close collaboration with and mentoring of residents in my program

### SCIENTIFIC ARTICLES IN REFEREED JOURNALS:

1. DM Lichtstein, LB Gardner: Positioning Yourself to Survive in Managed Care. Hospital Practice, 33 (2): 82-86, 1998
2. DM Lichtstein, B. Herskowitz: Massive Gastrointestinal Bleeding from Meckel's Diverticulum in a 91 yr old man. Southern Medical Journal, 91(8)753-754, 1998
3. DM Lichtstein, BJ Materson, DW Spicer: Reducing the Risk of Malpractice Claims. Hospital Practice, 34(7): 69-79, 1999.
4. DM Lichtstein, MA Gelbard, ML Gonzalez: Ambulatory Care Training at the University of Miami (letter). Academic Medicine, 74(9): 945-6, 1999
5. JA Chirinos, DM Lichtstein, J. Garcia, et al: The Evolution of Lemierre Syndrome: Report of 2 Cases and Review of the Literature. Medicine, 81(6), 458-465, November 2002
6. AM Palacio, DM Lichtstein, et al: Parasitic Chyluria. Southern Medical Journal. Jan 2003; 96(1):110-111
7. JA Chirinos, DM Lichtstein, J Garcia, et al: The Evolution of Lemierre's Syndrome: Report of Two Cases and Review of the Literature. (as above). Infectious Diseases, Review Series, April 2003, 12-13
8. DM Lichtstein, L Caceres: Heeding Clues to Giant Cell Arteritis. Postgraduate Medicine, 115:4, May 20004, 91-95
9. JA Chirinos, DM Lichtstein, J Garcia, et al: Large Vessel Involvement in ANCA-associated Vasculitis: Report of a Case and Review of the Literature. Clin Rheumatology. April 2004;23(2), 152-159
10. M Alcaide, DM Lichtstein. How Best To Treat Urinary Tract Infection in Adults: A Rational Approach. Consultant, July 2004, 1145-1151

11. M Alcaide, DM Lichtstein. Management of Urinary Tract Infections in Patients with Urinary Catheters. Hospital Physician, August 2004, 29-33

JA Chirinos, LJ Tamariz, D Lichtstein: Large Vessel Compromise in Antineutrophil Cytoplasmic Antibody Associated Systemic Vasculitis: Comment on the article by Booth (Letter). Arthritis Rheumatology. October 2004; 50(10), 3398-3399

12. GA Heresi, J Wang, R Taichman, J Chirinos, JJ Regalado, DM Lichtstein, JD Rosenblatt: Expression of the Chemokine Receptor CCR7 in Prostate Cancer Presenting with Generalized Lymphadenopathy: Report of a case, review of the literature, and analysis of chemokine receptor expression. Urologic Oncology: Seminars and Original Investigations. (accepted for publication).
13. JA Chirinos, DM Lichtstein, et al: Septic Thrombophlebitis: Diagnosis and Management. American Journal of Cardiovascular Drugs. (to be published August 2005).

#### BOOKS, BOOK CHAPTERS AND MANUALS:

1. DM Lichtstein: Preparation for Medical Practice, Made Ridiculously Simple. Medmasters, Inc. 1998.
2. DM Lichtstein. Editor: Introduction to the Practice of Medicine in Florida, A Manual for Medicine, Housestaff, Florida Chapter, American College of Physicians/American Board of Internal Medicine, March 2000.
3. DM Lichtstein, R Hernandez: Approach to the Patient with Unintentional Weight Loss, Kelley's Textbook of Internal Medicine. Fourth Edition, Lippincott, Williams & Wilkins, 245-246, 2000 (Chapter).

## VII. Educational Administration and University Service

I have chaired and contributed to several committees at UMSM.

University of Miami:

1997-1999: Chairman, Practice and Standards Committee, University of Miami Medical Group

2001-2004: Member, Board of Directors, University of Miami Medical Group

2001-2004: Member, Executive Committee, Board of Directors, University of Miami Medical Group

Department of Medicine:

Intern Selection Committee, Member 1996-1999, 2001-2004

Chairman, Intern Selection Committee, 2004-present

**Chairman, Education Committee, Department of Medicine, 2004-present**

**VIII. Community Outreach**

I created a partnership between UMMSM and an eighth-grade class of at-risk (drop-out risk) students at Congress Middle School in Boynton Beach, Florida. Two of my clinical skills students and I visited the class and demonstrated the health risks of smoking and alcohol. Diseased pathology specimens were brought in for demonstration. My entire clinical skills group proceeded to mentor the students as part of a pen pal project (See Appendix G).

I also visited an elementary school in Miami as part of a project of introduction to health care as a profession.