# University of Central Florida
# College of Medicine
# M1/M2 Minutes

Meeting Date: 6/12/2026 Start Time: 3:00 PM Adjourn Time: 5:00 PM

Chair: Dr. Kauffman

**Attendance**:

**Voting member attendance**: Christine Kauffman, Robin Hines, Bernard Gros, Scott Barron, Bibi Nazeema Khan Assad, Nyla Dil, Hatem Kaseb, Shiva Kalidindi

**Student reps:** Viviana Rivera

**Discipline leads**: Paul Sturgis, Taseen Desin

**Other/online attendance**: Heidi Hoopingarner, Phil Bellew, Jeffrey Plochocki**,** Elizabeth Barbosa de Oliveira Sales, Feroza Daroowalla, Alessandra Peloggia, Nadine Dexter, Patrice Fredrick**|** Jonathan Kibble, Jane Gibson, Dale Voorhees, Kim Martinez, Caridad Hernandez, David Harris, Basma Selim, Shalu Gillum, Lane Coffee, Nicole Brooks, Luke Van Blaricom, Melinda Ragland, Michael Smith, Alina Warner, Lissette Tolentino, Ryan Retherford, Tracy Macintosh, Elizabeth Ivey, Andrea Berry, Jeffrey Plochocki, Lucia Schweitzer, Caitlin Garcia, Emily Bradshaw, Alisha Corsi, Alex Vanbennekom

| Agenda Item | Discussion | Decisions |
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| Approve minutes | • Minutes | • approved |
| Proposals for vote | A. Proposed Changes in Clinical Sciences Weights – Drs Kalidindi and Khan-Assad<br>**a. Motion: approved**<br>b. Aims to reduce grade weight of Clinical sciences and align it with actual time students spend on clinical sciences competencies<br>c. Reduce the overall weight of Clinical Sciences grades in the pre-clerkship curriculum:<br>i. Foundations: from 30% to 25%<br>ii. IS1–IS4: from 40% to 30%<br>iii. IS5: from 40% to 35%<br>iv. Remaining percentage redistributed to Basic Sciences.<br>d. Lower the impact of individual SCEs on course grades | A. (10 in favor)<br>B. (8 in favor to table/1 opposed to tabling)<br>C. (8 in favor)<br>D. (7 in favor) |

e. Addresses student stress from perceived over-assessment
f. A follow up proposal will determine how the redistributed grade percentage is allocated within the Basic Sciences domain

B. Adjustments of Pre-Clerkship Course Grade Cutoffs – Drs Gros and Castiglioni
   a. **Motion:** table until more research is done on other institutions data about cutoff practices and assessment difficulty
   b. Proposed grade cutoff changes: Raise the Honors cutoff from 90% to 92% and the High Pass cutoff from 80% to 85%, while keeping Pass at 70%, using data from the first two years of the new curriculum.
   c. Current grade distributions result in almost all students receiving Honors or High Pass, with very few students falling into the Pass category, making the intended four-tier grading system ineffective
   d. Concerns: lack of Step 1 outcome data, potential increased student stress, and admission marketing challenges, and whether adjusting cutoffs alone addresses the underlying assessment issues.
   e. Supporters argued that the change would reduce grade inflation, provide more accurate feedback to borderline students, better identify students at academic risk, and align pre-clerkship grading more closely with clerkship grading standards.

C. Improvement plan from Anatomy Education Taskforce – Dr Plochocki
   **a. Motion: approved with the following caveats:**
      i. structure and weighting of additional proposed anatomy assessments needs to be refined and brought back in july
         1. Options for implementation: A. large number of low stakes practicals, B. two low stakes practicals (ie midterm, final), and C. practicum at the end of the course
         2. Additional testing will impact calendar
         3. Assessment Currently proposed to have value of approximately 4%
   b. proposal focuses on increasing faculty guidance, improving lab learning experiences, enhancing assessment methods, and making anatomy instruction more clinically relevant.
   c. Aims to improve pre-lab preparation for students by providing a structured pre-lab preparation package including anatomy-focused materials, clinical

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| | correlations, anatomical relationships, dissection guidance videos, and practice quiz questions.<br>i. these changes would replace existing preparatory materials and should not impact calendar<br>d. Addresses student feedback on insufficient faculty guidance by splitting anatomy labs into smaller groups, reducing the number of dissection tables supervised by each faculty member<br>e. Incorporates prosections to compensate for reduced dissection time while maintaining quality<br>f. Create buddy-table learning and student-led anatomy activities<br>g. Shift anatomy instruction from asynchronous to synchronous<br>h. Offer optional after-hours anatomy opportunities<br>D. CS Feedback Taskforce Report – Dr Kalidindi<br>**a. Motion: approved**<br>b. proposal aims to improve and optimize feedback in the Clinical Sciences curriculum so that students receive clearer, more actionable guidance on their performance in simulated clinical encounters (SCEs), particularly in hypothesis-driven information gathering and communication/interpersonal skills.<br>c. Proposing a follow up session after all 14 SCEs where the checklist is shared with students after each assessment to see if they have any further questions in terms of what they got right or wrong<br>d. Students with less than 70% on the checklist will receive feedback from the clinical sciences co-director<br>e. Implement communication skills coaching sessions during both M1 and M2 years, where students receive personalized, actionable feedback on communication and interpersonal skills.<br>f. Addresses student concerns about insufficient feedback<br>g. No additional instructional calendar time is needed | |
| Announcements | • Curriculum Transformation Resources<br>• Clarification on assessment peer comparison – Dr Analia Castiglioni; tabled for next meeting<br>• Items approved at CCOM:<br>o From M1/M2<br>▪ Pre-clerkship faculty guidance re remediation plans M1/M2 | |

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| | ▪ Foundations Objective Change | |
| Student report | • M1<br>o Currently on summer break – no major updates | |
| Course director reports | • Will be covered next meeting | |
| Standing reports | | |
| Other Business | | |