



M.D. Program Curriculum Committee Meeting Minutes

Date: September 25, 2026

Time: 3:02 PM – 4:29 PM

Chaired by: Dr. Abdo Asmar

Voting members present: Drs. Dexter, Dil, Gros, Khan-Assad, Mehta, Slimani, Urquieta, and Villacres; (M2) Kelley and Tamaro, (M3) Nakirikanti and Rodriguez, and (M4) Brandt.

Attendees: Drs. Bradshaw, Del Toro, Harris, Kauffman, Selim, and Verduin; Ms. Berry, Ms. Borges, Ms. Brooks, Ms. Corsi, Ms. Garcia, Ms. Gillum, Ms. Mann, Ms. Poole, Mr. Quigley, and Mr. Van Blaricom.

Welcome New Voting Member – Dr. Asmar

- Dr. Asmar introduced Dr. Emmanuel Urquieta who is his replacement as a voting member for a term through June 30, 2029.

Consent Agenda – Dr. Asmar

- Members approved of the meeting minutes for August 21, 2026.

M3/M4 Subcommittee – Dr. Del Toro

- Members approved of the M4 Transition to Internship Syllabus proposal. This course focuses on advanced diagnostics, data interpretation, management reasoning, and intern-level responsibilities such as informed consent and escalation of care. Positioned after interview season, this course ensures focused preparation for the demands of residency.
- Members approved of the M3/M4 Calendar and requested periodic updates if challenges are encountered with clinical rotations in the 2nd semester.

PES Subcommittee – Dr. Selim

- Members approved of the IS-2 recommendations intended to address concerns related to course organization, workload, instructional methods, and assessment while building upon existing strengths and prior quality-improvement efforts. These include:
 - Restructuring the gastrointestinal curriculum to improve organization, sequencing, and pacing.
 - Utilizing the additional instructional week approved by CCOM for 2026-2027 to help decompress course content, improve workload distribution, and provide additional

time for gastrointestinal and other high-density content areas. This additional week is temporary so the course and the program at large would need a new plan.

- Improving alignment between asynchronous content, active learning activities, and assessments.
- Increasing faculty-facilitated application exercises, including clicker-based learning sessions and guided review activities.
- Reviewing KuraCloud activities and modifying CDL activities to align with recently approved curricular policies, including enhanced emphasis on self-directed learning, resource evaluation, and faculty-facilitated discussion.
- Implementing the recently approved anatomy curriculum changes passed by CCOM, including modifications to anatomy instructional activities and assessment approaches intended to improve student learning and long-term retention.
- Improving workload distribution across organ systems and instructional weeks, with particular attention to reducing content compression within the GI portion of the course.
- Increasing integration of epidemiology and biostatistics content and application activities in accordance with recently approved curricular policies and assessment expectations.
- Continuing evaluation of Clinical Skills assessment processes, including opportunities to improve narrative feedback, grading transparency, evaluator calibration, and student understanding of assessment expectations.
- Exploring additional formative Clinical Skills practice and feedback opportunities.
- Refining Health Systems Science instructional activities and assignments to improve clarity of expectations, consistency of communication, and alignment with course objectives.
- Implementing the new HSS assessment structure, including incorporation of an NBME-style multiple-choice examination to assess Health Systems Science learning objectives while continuing to evaluate the impact of these changes on student learning and engagement.
- Monitoring the effectiveness of all curricular and assessment changes through course evaluation data, student performance outcomes, and faculty feedback.
- Ensuring that qualified faculty replacements are identified for any instructors who leave UCF or become unavailable prior to delivery of the course.

- Members approved of the IS-4 recommendations intended to guide the incoming course director, but excluded the recommendations proposed for the committee as these are not specific to the course. Approved recommendations include:
 - Evaluate the course objectives to determine whether each objective appropriately aligns with the course content and goals, particularly CLOs 2415, 2407 and 2409.
 - Review the overall organization and sequencing of the course to ensure the structure supports student learning.
 - Reassess the sequencing of Neurology and Psychiatry content to promote clearer progression, reduce perceived fragmentation, and strengthen integration across related concepts when educationally appropriate.
 - Ensure an appropriate balance between independent learning activities and active learning experiences, such as flipped classroom sessions, so students have sufficient opportunities to apply and consolidate material with faculty guidance.
 - Establish a planning timeline prior to the start of the course to support smoother implementation.
 - Establish and clearly communicate the expected level of faculty engagement to all faculty who teach in the course.
- Members approved of the IS-5 recommendations intended to support continued course improvement, based on review of course data, student evaluations, and the Course Director report. These include:
 - Clarify expectations for instruction and assessment while acknowledging students' proximity to Step 1 preparation.
 - Ensure students understand the course's instructional goals, CLOs, learning expectations, and assessed content, while recognizing that many students are concurrently preparing for Step 1.
 - Consider providing targeted review sessions and explicit guidance on key course concepts to support course exam preparation, reduce uncertainty, and reinforce alignment with course learning objectives.
 - Review course learning objectives (CLOs) to determine whether each objective appropriately aligns with the course content and goals, particularly CLOs 2513, 2514, 2516-18, and 2522-24.
 - Consider recalibrating objectives and moving some experiences to Transition to Clerkship Course.
 - Continue efforts to improve integration of clinical sciences, basic sciences, and HSS.

- PES supports ongoing curricular refinement to improve cohesion, reinforce connections between disciplines, and enhance alignment with course objectives and Step 1 preparation.
- Strengthen clinical sciences assessment feedback and formative learning opportunities.
 - In line with the CS Taskforce recommendations, PES supports the planned addition of coaching report sessions following SCEs to provide students with the opportunity to review their individual assessments in a secure environment and provide feedback prior to subsequent assessments.
 - Continued monitoring of student perception data related to clinical sciences organization, assessment preparedness, and feedback to help determine the effectiveness of planned interventions in future course offerings.
 - Work with faculty and administrators to secure and post content earlier whenever possible to facilitate student preparation and participation.
- Members approved of the FIRE I & II recommendations which reflect the second iteration of FIRE I/II under the new curriculum and leadership structure, demonstrating continued refinement of an already robust research, mentorship, and scholarly training program that prepares students for independent scholarship. These include:
 - Optimizing FIRE II timelines.
 - Enhancing communication with students regarding course requirements and updates. Consider the use of a dedicated FIRE mailbox to streamline communication.
 - Ensuring consistent implementation of regrade policies.
 - Providing updates on previously identified initiatives related to the IRB process. FIRE mentor database, mentor numbers, and faculty development.
 - Developing a clear assessment strategy for CLOs FI-1103, FI-2204, and FI-2207, including explicit descriptions of the expected communication and project management behaviors, the methods used to evaluate them, and how achievement of these outcomes is documented for all students rather than only when performance concerns arise.

Student Updates

- M2s: Students reported recently participating in the Foundations Task Force, and the candidate interviews for the next Vice President for Health Affairs and Dean of the College of Medicine. Dr. Bradshaw was recognized for her coordination of the anatomy lab exam/assessment.

- M3s: Students are in the middle of clinical rotations and report no concerns; grateful for patient experiences.
- M4s: Students are excited for the upcoming interview season, and shared appreciation for faculty flexibility.

M1/M2 Subcommittee – Dr. Kauffman

- No voting items shared this month.

Faculty Affairs Updates

- Ms. Berry reminded members of the following two faculty development opportunities:
 - The Stanford Faculty Development Course is scheduled to take place in early 2027 at COM. Anyone interested in registering to participate should visit: https://med.stanford.edu/sfdc/clinical_teaching.html.
 - NBME Item-Writing Workshop is scheduled for Friday, October 16, 2026, from 1:30–4:00 PM by Zoom. This interactive faculty development session is designed to strengthen skills in writing high-quality assessment items and to support our ongoing efforts to enhance the quality and consistency of our examinations. Faculty interested in participating should contact Ms. Berry.

Announcements/Updates – Dr. Asmar

- Dr. Asmar thanked the committee for their contributions and progress, to date, and looks forward to opportunities that strengthen the committee’s strategic vision and integrates data for the continued health of the curriculum.

Action Items

- Future recommendations intended for the Curriculum Committee should be actionable with relevant metrics and/or definitions for how the committee will support the recommended action(s).
- References to specific Competency Learning Objectives (CLOs) need to be included in future recommendations provided to the Curriculum Committee.