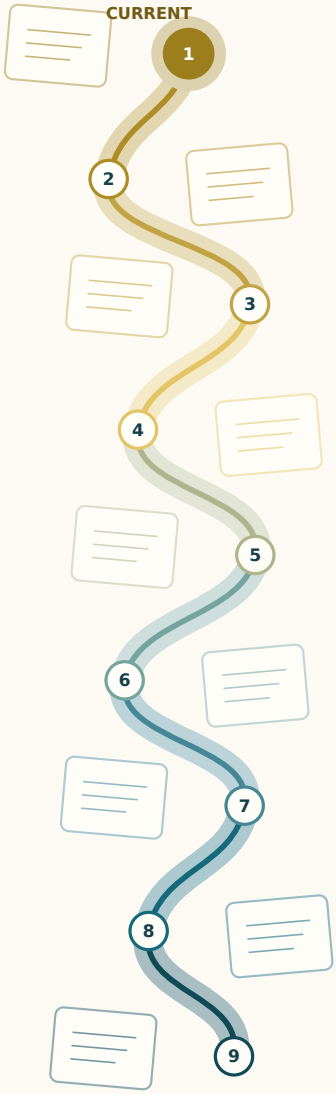
DDQX LEARNING
Think like a PHYSICIAN

WHITE COAT JOURNEY • PLANNING ROADMAP

PREMED ADVISING ROADMAP

Through the White Coat Journey

Turn an uncertain premed path into the next evidence-based decision - and a plan that fits your real life.



A FILLABLE PLANNING WORKBOOK

Bring your White Coat Diagnostic result, your current evidence, and your actual constraints. Use them together to choose a bounded plan, a checkpoint, and the next decision.

Your Place on the White Coat Journey

The nine roadmaps form one progression of increasing responsibility, reasoning, and clinical development. Use the current stage to make the next decision; keep adjacent stages visible so dependencies are not missed.

GET INTO MEDICAL SCHOOL	THRIVE IN MEDICAL SCHOOL	MATCH INTO SPECIALTY
1 **Premed Advising** — CURRENT ROADMAP	4 **M1 Success**	7 **USMLE Step 2 CK**
2 **MCAT**	5 **USMLE Step 1**	8 **Residency Admissions**
3 **Medical School Admissions**	6 **Clinical Rotations**	9 **USMLE Step 3**

THE DEVELOPMENTAL PROGRESSION

Planning → Preparing → Applying → Entering Medicine → Integrating Knowledge → Caring for Patients → Making Clinical Decisions → Entering Residency → Managing Patients

ORIENT

Bring Your White Coat Diagnostic Result

USE THE RESULT AS A STARTING POINT

Your primary bottleneck is the initial planning hypothesis - not destiny and not a complete explanation of you. Transfer the result, compare it with real evidence, and revise the plan when the evidence changes.

My White Coat Journey stage

My primary bottleneck

What the result means in my own words

Evidence that seems to support this starting hypothesis

The next outcome or decision I am working toward

PLAN FROM EVIDENCE

Define the Destination + Starting Line

Build a realistic near-term plan connecting academic foundation, requirements, experiences, capacity, timeline, support, and eventual MCAT readiness.

BASELINE RULE

Use stage-appropriate evidence instead of manufacturing a score. Record the source and context of each baseline whenever they affect interpretation.

Current academic stage

Next important decision

Decision or review date

Academic trajectory evidence

Tentative MCAT window

Tentative application window

Most important constraint

Evidence missing for the next decision

AUDIT BEFORE ADDING

Resource + Support Audit

Every retained resource needs a defined job. A resource without a job does not automatically remain in the plan.

PRIMARY
Owns a defined job.

SUPPLEMENTARY
Repairs one specified gap.

REFERENCE
Consulted when needed.

STOPPED
Has no current job.

RESOURCE / SUPPORT	ROLE	FREQUENCY + EVIDENCE	KEEP / REDUCE / STOP

My resource ceiling

A duplicated or unassigned resource I will pause

BUILD FROM THE CALENDAR

Map Capacity That Can Survive Real Life

CAPACITY RULE

The ideal week is the ordinary plan. The minimum viable week is the reduced loop that preserves continuity during unusually demanding periods. Neither assumes a dedicated study period.

Fixed academic, clinical, work, and family commitments

Realistically protected blocks

High-energy tasks

Lower-energy tasks

Assessments, deadlines, travel, or variable weeks

Buffer and recovery time

My ideal week

My minimum viable week

Review date

USE THE METHOD

The Premed Foundation Map

Connect the next decision to the evidence that supports direction, academic stability, meaningful experience, and readiness.

1 DIRECTION

2 ACADEMICS

3 EXPERIENCE

4 READINESS

APPLY IT TO YOUR PLAN

DIRECTION - the decision I need to make

ACADEMICS - evidence and next repair

EXPERIENCE - purpose and continuity

READINESS - evidence needed before advancing

MOVE FROM EVIDENCE TO ACTION

Roadmap Phases

These phases describe work, not a universal calendar. Compress or extend them around your starting evidence, available time, responsibilities, and checkpoints.

1 DIAGNOSE

Name the current decision and what makes it uncertain.

2 VERIFY

Confirm requirements and the source of each requirement.

3 STABILIZE

Protect the academic foundation before adding complexity.

4 PRIORITIZE

Choose meaningful experiences by purpose and continuity.

5 MAP 90 DAYS

Turn priorities into owned actions and dates.

6 EXTEND

Build 3-12 month and 12-24 month horizons.

7 BRIDGE

Assess foundation, capacity, baseline, and timing for the MCAT.

8 REASSESS

Use new evidence to make the next decision clearer.

STAGE-SPECIFIC PLANNING TOOL

Academic + Requirement Map

Verify each requirement at its authoritative source; do not rely on memory or a generic checklist.

Requirement | official source | status | risk | next action

Academic evidence that needs protection

Requirement risk that needs qualified guidance

STAGE-SPECIFIC PLANNING TOOL

Experience + Milestone Map

Prioritize experiences by purpose, responsibility, continuity, and what they help you learn - not by item count.

Experience | purpose | continuity | responsibility/growth | next decision

Next milestone | evidence needed | target date | support

What I will not add this cycle

STAGE-SPECIFIC PLANNING TOOL

MCAT Bridge + Next 90 Days

The bridge is a readiness check, not permission to begin a massive pre-study plan.

Foundation evidence

Baseline or baseline plan

Direction priority

Experience priority

Timeline and realistic capacity

Resources already available

Academic priority

Execution priority

EXECUTE

Build Your 90-Day Action System

ONE PRIMARY LEVER

Select the smallest intervention likely to address the dominant problem. Schedule it, protect a minimum viable version, and test it before redesigning the entire plan.

The primary lever I will test

Why this lever fits my evidence

The smallest scheduled action

My ideal-week execution

My minimum-viable-week execution

Likely friction and how I will reduce it

Support or accountability

Planned-versus-completed review date

START WITH THE HYPOTHESIS; FOLLOW THE EVIDENCE

Diagnostic Bottleneck Routing

Use only the route named in your diagnostic result unless later evidence supports a different bottleneck.

STRATEGY GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
You are juggling prerequisites, experiences, timing, and possible pathways without a clear decision order.	Name the next decision and map only the evidence and dependencies needed for it.	Whether the decision becomes clearer, risks are verified, and the next milestone can be dated.

EXECUTION GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
A reasonable plan exists, but academic, experience, or advising actions repeatedly remain unscheduled or incomplete.	Choose one academic and one experience action for the next two weeks; place both on the calendar.	Planned-versus-completed work, missed-action causes, and whether a minimum viable week preserves continuity.

CONFIDENCE GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
Uncertainty about competitiveness or belonging is driving delay, overchecking, or avoidance of useful feedback.	Separate known evidence from predictions; request one specific evidence-based review from a qualified source.	Whether decisions become faster and better calibrated as objective academic and experience evidence accumulates.

RESOURCE OVERLOAD GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
Advice from websites, peers, advisors, and social media conflicts or produces more collecting than action.	Choose an official requirement source, one primary advisor, and one planning system; pause duplicate inputs.	Whether each retained source has a distinct job and research time now produces completed decisions or actions.

JUDGE THE INTERVENTION

Evidence + Checkpoints

Useful evidence at this stage may include: academic trend, verified requirement status, experience continuity, MCAT baseline plan, completed milestone. Look for a pattern across enough evidence to support a decision.

KEEP

Executed and intended evidence is moving.

ADJUST

Executed, but evidence is not changing enough.

ESCALATE

Time, risk, eligibility, safety, or repeated failure requires qualified support.

Intervention being tested

Evidence I will measure

Checkpoint date and conditions

What improvement would look like

Evidence that supports KEEP

Evidence that supports ADJUST

Condition that requires ESCALATE

Decision and next experiment

MAKE THE NEXT DECISION

Post-Mortem + Reassessment

REASSESSMENT QUESTION

What evidence now makes the next premed decision clearer?

What changed?

What remained unstable?

Did the predicted problem improve?

Did a different bottleneck become more important?

Which resource or schedule decision helped?

What should be retained?

The next smallest useful change

My one visible next decision

LEAVE WITH ONE VISIBLE DECISION

Your Next Step

A roadmap is useful only when it produces a next action, a protected time, and evidence for the next decision.

The action I will take within 24 hours

When I will complete it

Who or what can support the next decision

CONTINUE WITH DDQX

- Take or revisit the White Coat Diagnostic
- Visit the Premed Advising stage page
- Return to the Free Resource Hub
- Book a Strategy Session
- Next: MCAT

IMPORTANT BOUNDARIES

This roadmap is an educational planning tool. It does not guarantee an exam score, admission, interview, scholarship, Match outcome, or clinical result. Requirements and procedures can change; verify current rules with the relevant official source and institution.