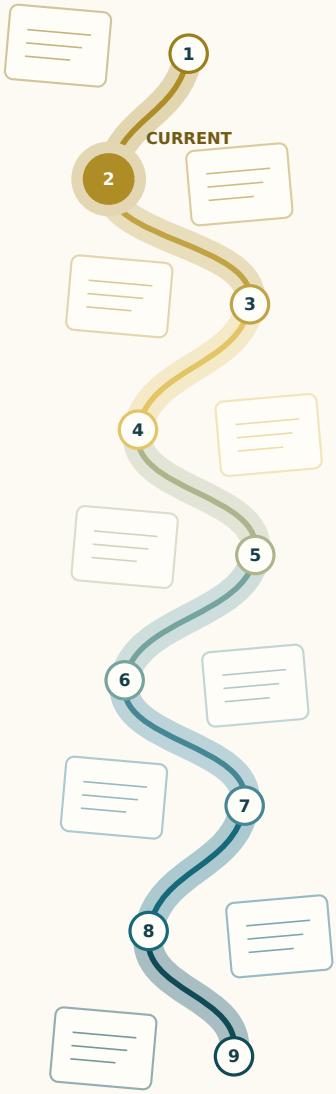
DDQx Learning
Think like a PHYSICIAN

WHITE COAT JOURNEY • PLANNING ROADMAP

MCAT ROADMAP

Through the White Coat Journey



Connect your baseline, target, score-limiting pattern, resources, and calendar to a measurable score-growth plan.

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	4 M1 Success	7 USMLE Step 2 CK
2 MCAT — CURRENT ROADMAP	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 an MCAT plan in which the work changes the mechanism limiting performance, not merely the amount studied.

BASELINE RULE

Record the source, date, and testing conditions for the baseline. Baseline, target range, score gap, time available, and weekly capacity must shape the plan; do not treat a nonstandard baseline as a full simulation.

Planned test date

Application timeline

Baseline source and date

Testing conditions

Baseline total and sections

Target score or range

Score gap

Weeks and weekly hours available

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 5P Approach

Use the sequence during passage practice and review to locate where execution breaks, then test the same reasoning move again.

1. **PRIORITIZE**
2. **PARAPHRASE**
3. **PROGNOSE**
4. **PICK**
5. **POST-MORTEM**

APPLY IT TO YOUR PLAN

Question or passage set

First 5P step that broke down

Evidence I missed or misused

Rule or reasoning move to retest

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

Establish baseline, target, timeline, and dominant score-limiting pattern.

2 BUILD

Repair selected content and improve passage reasoning.

3 INTEGRATE

Use mixed passages, timed application, and recurring-error review.

4 SIMULATE

Complete full-lengths with realistic timing, breaks, and endurance demands.

5 CALIBRATE

Interpret trend and change the limiting mechanism, not everything.

6 TAPER

Preserve routines, target review, and settle logistics.

STAGE-SPECIFIC PLANNING TOOL

Baseline-to-Target Map

Record context with the score. A baseline taken under nonstandard conditions should not be interpreted as if it were a full simulation.

Baseline source/date/conditions

Total and section scores

Target score/range and why

Score gap

Weeks available

Next decision checkpoint

STAGE-SPECIFIC PLANNING TOOL

MCAT Error Map

Classify the first mechanism that made the item vulnerable; correctness alone is not a diagnosis.

Missing content

Passage evidence

Misunderstood task

Weak prediction

Answer discrimination

Timing/fatigue

Answer changing

Review/transfer failure

STAGE-SPECIFIC PLANNING TOOL

Full-Length Review + Assessment Timeline

Make one primary experiment after each review. Do not rebuild the entire plan from one fluctuation.

Full-length result and conditions

Section pattern

Recurring errors

One primary lever

Next experiment

Next assessment date and decision rule

EXECUTE

Build Your Weekly Score-Growth 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 - 1 of 2

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

CONTENT ORGANIZATION GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
Facts are reviewed repeatedly but remain fragmented, hard to retrieve, or difficult to connect across passages.	Select one weak domain and organize it into Concept, Pattern, Rule, and Applications before more broad review.	Retrieval without prompts, accuracy on unfamiliar applications, and recurrence of the same content errors.

REASONING GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
You know relevant science but lose passage evidence, misread the task, predict weakly, or choose tempting distractors.	Use the 5P Approach on a small passage set and mark the exact step where reasoning breaks.	Error location by 5P step, transfer to unfamiliar passages, and fewer unsupported answer changes.

STRATEGY GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
Your target, timeline, full-length schedule, and daily work do not yet form one score-growth plan.	Build backward from the test date using baseline, target, score gap, capacity, and decision checkpoints.	Whether weekly work addresses the dominant score-limiting mechanism and full-length dates create usable decisions.

START WITH THE HYPOTHESIS; FOLLOW THE EVIDENCE

Diagnostic Bottleneck Routing - 2 of 2

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

EXECUTION GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
The plan is plausible but inconsistent, overly ambitious, or repeatedly displaced by school or work.	Define an ideal week and a minimum viable week with protected passage practice and review.	Completion rate, protected-hour reliability, and whether missed work is recovered without destabilizing the week.

CONFIDENCE GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
Confidence swings with one passage, section, or full-length and changes decisions faster than the evidence should.	Record a prediction before each scored block, then compare confidence with result and error mechanism.	Calibration across several assessments, stability under timed conditions, and alignment between prediction and result.

RESOURCE OVERLOAD GAP

HOW IT MAY SHOW UP HERE	START HERE	WATCH THIS EVIDENCE
Multiple books, banks, videos, and schedules duplicate jobs while completion and review remain shallow.	Assign one primary content source, one passage source, and a defined assessment set; stop unassigned resources.	Whether retained resources are used deeply, review quality improves, and unfinished volume becomes realistic.

JUDGE THE INTERVENTION

Evidence + Checkpoints

Useful evidence at this stage may include: section trend, error recurrence, timed passage transfer, full-length endurance, planned-vs-completed work. 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

Did the intervention improve the limiting mechanism or only increase study volume?

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

See the 5P Approach Work on an MCAT Passage

Use the 5P Approach to make MCAT reasoning more consistent

Visit the MCAT stage page

Return to the Free Resource Hub

Book a Strategy Session

Previous: Premed Advising

Next: Medical School Admissions

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.