

M1 SUCCESS ROADMAP

Through the White Coat Journey

Create a sustainable learning system that handles medical-school volume while building retrieval and application.

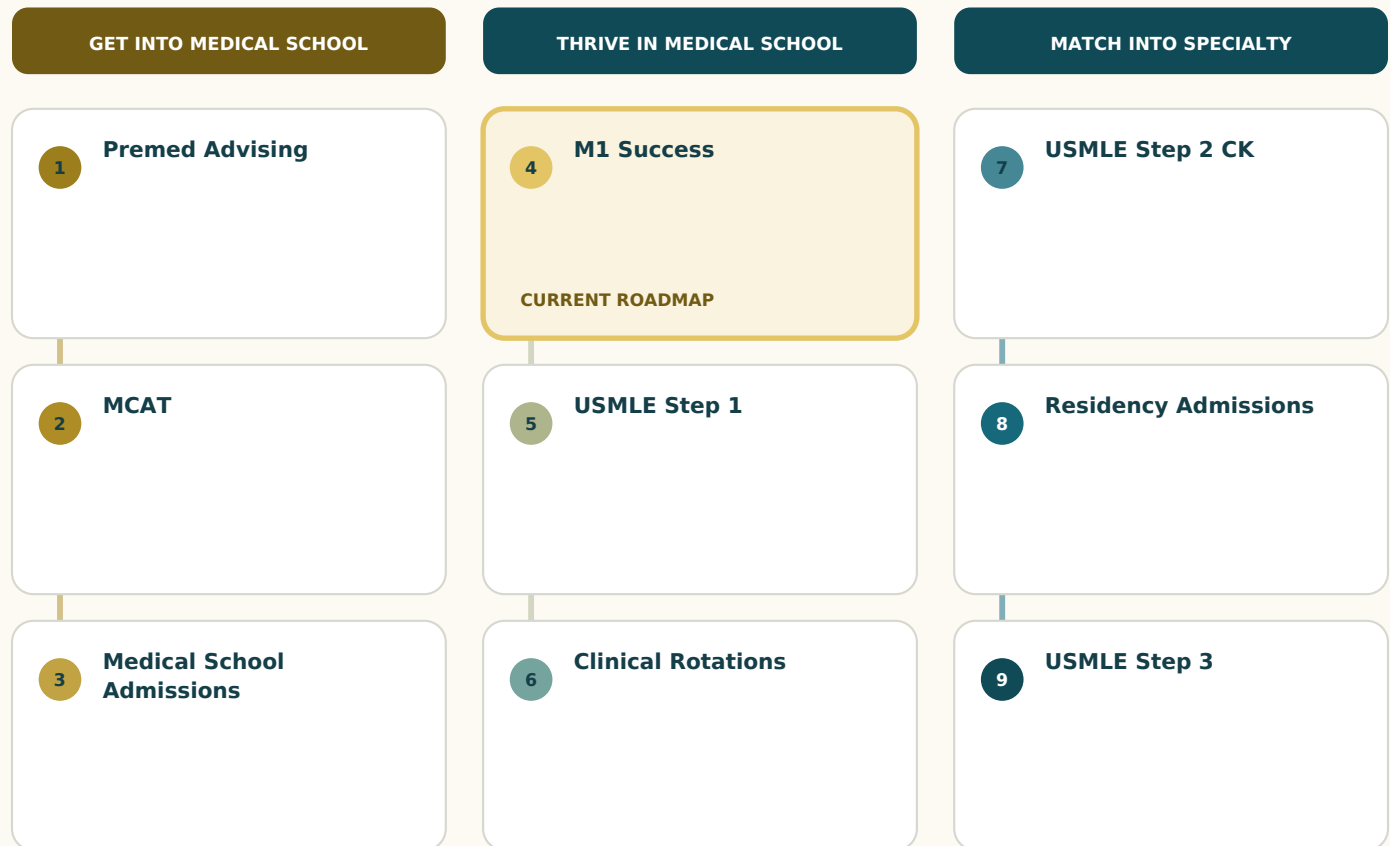
A FILLABLE PLANNING WORKBOOK

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.



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

What the result means in my own words

The next outcome or decision I am working toward

My primary bottleneck

Evidence that seems to support this starting hypothesis



PLAN FROM EVIDENCE

Define the Destination + Starting Line

Connect curriculum demands, required activities, resources, assessments, time, and learning evidence in one operating system.

BASELINE RULE

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

Start date/current block

Curriculum format

Next assessment/date

Current performance evidence

Target institutional/course performance

Required weekly activities

Realistic study hours

Recurring difficulty

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.
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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 90-Day Operating System

Use 30-, 60-, and 90-day reviews to make the learning system more reliable as volume and expectations become clearer.



APPLY IT TO YOUR PLAN

First 30 days - establish

By 90 days - refine

By 60 days - test

Institution-specific adjustment

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**SET UP**

Map requirements, schedule, assessments, and support before adding optional resources.

2**STABILIZE**

Protect a repeatable first-pass, retrieval, application, and recovery rhythm.

3**ORGANIZE**

Use CPR to connect core concepts, patterns, rules, and applications.

4**APPLY**

Move from recognition to recall and unfamiliar questions.

5**REVIEW**

Use assessment post-mortems to identify mechanisms, not just grades.

6**REFINE**

Stop, start, or continue components based on evidence.

7**REASSESS**

Review the operating system at 30, 60, and 90 days.



STAGE-SPECIFIC PLANNING TOOL

Curriculum + Assessment Map

Do not pre-study large amounts of low-yield content. Build the architecture that will process the curriculum you actually receive.

Required activity | purpose | time

Assessment | scope | date | evidence

School support/resource

Current risk and next action



STAGE-SPECIFIC PLANNING TOOL

Recognition → Recall → Application Check

Comfort while reading is not the same as durable access or question performance.

Topic

Recognition evidence

Recall evidence

Application evidence

First failed level

Next repair



STAGE-SPECIFIC PLANNING TOOL

Assessment Post-Mortem + 30/60/90 Dashboard

Use the result to refine the system, then make one visible decision.

What the assessment measured

Likely mechanism

START

30-day evidence

90-day evidence

Performance pattern

STOP

CONTINUE

60-day evidence



EXECUTE

Build Your Weekly Operating Map

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

The curriculum arrives as slides, lectures, readings, and facts without a stable structure for retrieval.

START HERE

Choose one current topic and organize it with CPR; separate core learning from reference detail.

WATCH THIS EVIDENCE

Recall after delay, application performance, and whether the map remains usable as volume increases.

REASONING GAP

HOW IT MAY SHOW UP HERE

Recognition feels comfortable, but recall and question application are weaker than passive study suggests.

START HERE

Add short, deliberate question sets and use the 5P Approach to identify the failed reasoning step.

WATCH THIS EVIDENCE

Recognition-to-recall-to-application conversion and transfer to new question contexts.

STRATEGY GAP

HOW IT MAY SHOW UP HERE

Required activities, independent learning, assessments, and support resources do not yet fit one operating system.

START HERE

Map the curriculum and next assessment, then assign each weekly block a specific learning job.

WATCH THIS EVIDENCE

Whether the system covers required scope, creates repeated retrieval, and leaves time for application.

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

Your workflow works on light days but collapses when volume, fatigue, or required sessions increase.

START HERE

Define an ideal week and a minimum viable week; protect the smallest repeatable retrieval-and-application loop.

WATCH THIS EVIDENCE

Weekly reliability, backlog growth, recovery time, and performance as volume changes.

CONFIDENCE GAP

HOW IT MAY SHOW UP HERE

One difficult block or comparison with peers is distorting your estimate of progress.

START HERE

Use assessment evidence, retrieval checks, and completed-work data to calibrate the concern.

WATCH THIS EVIDENCE

Trends across assessments and tasks, not one emotional or performance fluctuation.

RESOURCE OVERLOAD GAP

HOW IT MAY SHOW UP HERE

School materials and outside resources duplicate content and crowd out retrieval, questions, or rest.

START HERE

Give school-required materials first claim, assign one job to each supplement, and set a resource ceiling.

WATCH THIS EVIDENCE

Whether the chosen architecture improves completion and application without increasing backlog.

JUDGE THE INTERVENTION

Evidence + Checkpoints

Useful evidence at this stage may include: retrieval after delay, question application, assessment trend, backlog, sleep/recovery and capacity. 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

Is the learning system becoming more reliable as volume increases?

What changed?

Did the predicted problem improve?

Which resource or schedule decision helped?

The next smallest useful change

What remained unstable?

Did a different bottleneck become more important?

What should be retained?

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[Review the M1 Success stage](#)[Explore CPR Applications](#)[Return to the Free Resource Hub](#)[Book a Strategy Session](#)[Previous: Medical School Admissions](#)[Next: USMLE Step 1](#)**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.