

USMLE STEP 1 ROADMAP

Through the White Coat Journey

Build a realistic pass-readiness plan from converging evidence, institutional requirements, resources, and capacity.

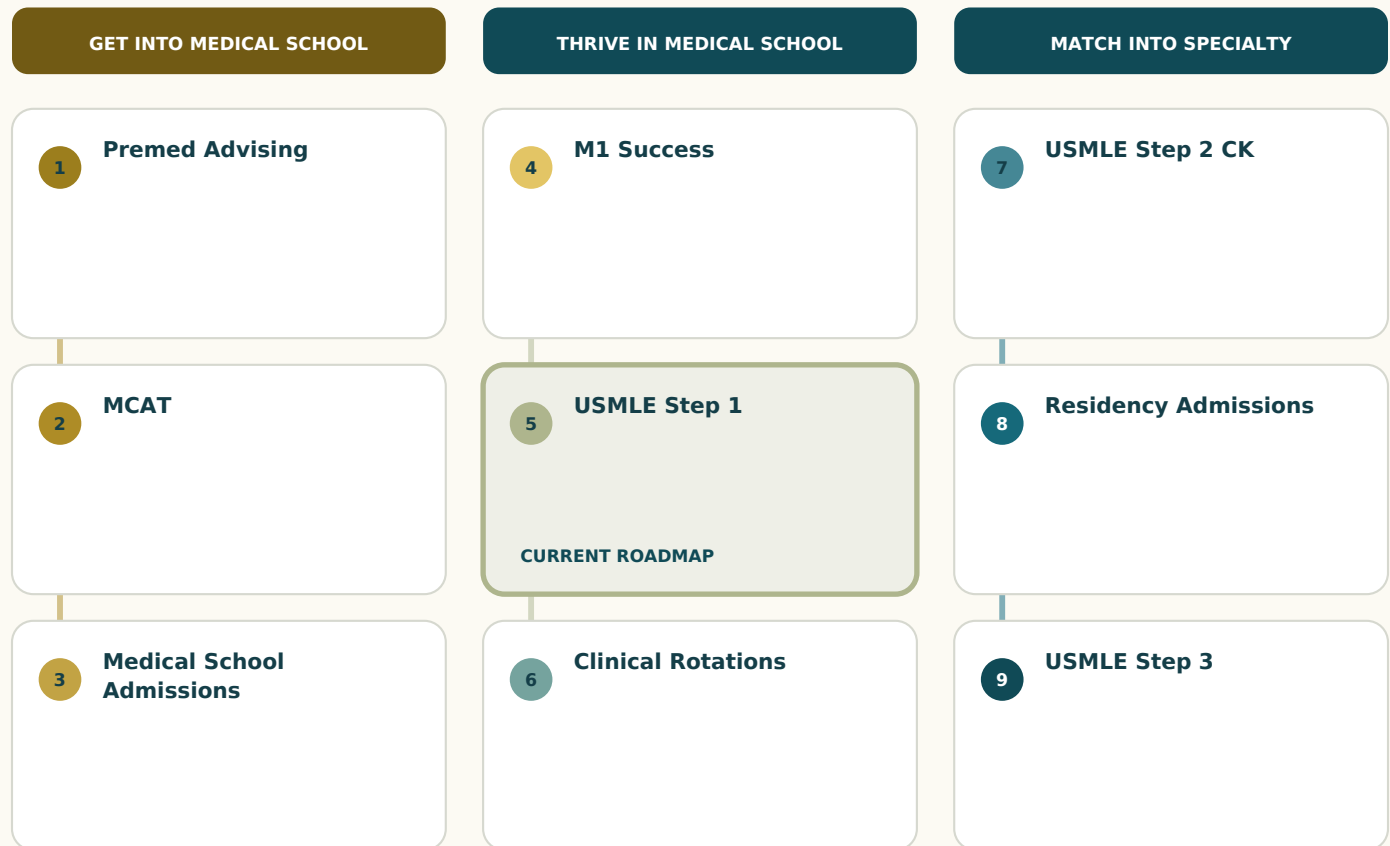
A FILLABLE PLANNING WORKBOOK

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

Create a documented system for content organization, question execution, error analysis, endurance, assessment, and test-date decisions.

BASELINE RULE

Record the source, date, and testing conditions for each readiness signal, plus institutional requirements. No single score or question-bank percentage establishes readiness; the date decision requires converging evidence.

Planned test date

Eligibility/readiness requirements

Latest standardized assessment/date

Baseline performance and conditions

Question-bank status

Weekly capacity

Dedicated/non-dedicated schedule

Next assessment/date



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

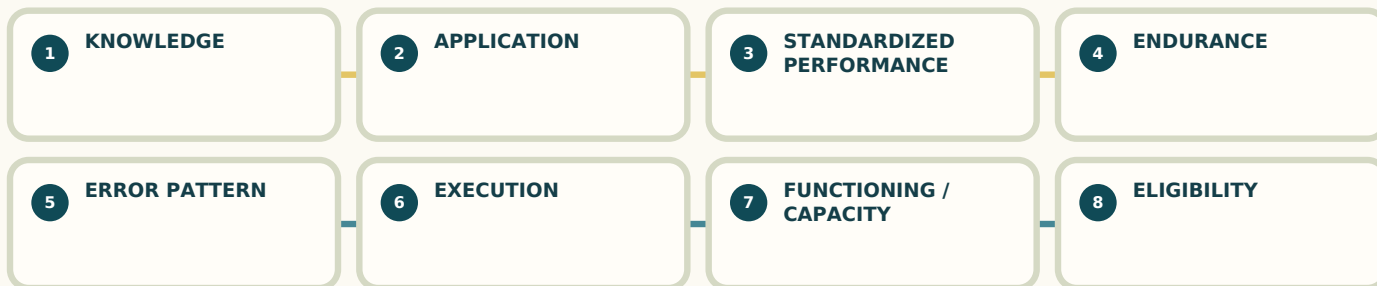
The ideal week is the ordinary plan. The minimum viable week is the reduced loop that preserves continuity during unusually demanding periods. Neither assumes a dedicated study period.

Fixed academic, clinical, work, and family commitments**High-energy tasks****Assessments, deadlines, travel, or variable weeks****My ideal week****Review date****Realistically protected blocks****Lower-energy tasks****Buffer and recovery time****My minimum viable week**

USE THE METHOD

The Readiness Evidence Gate

Make the date decision from converging evidence and institutional requirements. No single score or QBank percentage establishes readiness.


APPLY IT TO YOUR PLAN

Evidence supporting readiness

Institutional requirement status

Current date decision: keep / move / escalate

Evidence that remains unstable

Reviewer/support person

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 AND MAP**

Establish the starting evidence, requirements, content map, errors, and capacity.

2**BUILD AND CONNECT**

Repair selected content with CPR and connect knowledge to applications.

3**APPLY AND ANALYZE**

Use the 5P Approach, mixed questions, and mechanism-level review.

4**SIMULATE AND DECIDE**

Test endurance and execution; apply The Readiness Evidence Gate.



STAGE-SPECIFIC PLANNING TOOL

Institutional Requirement + Resource Map

Official eligibility and school-specific readiness rules remain controlling.

Requirement | official source | status | next action

Primary content organization resource

Stopped duplicate resource

Primary question resource

Assessment set



STAGE-SPECIFIC PLANNING TOOL

CPR Content Map + 5P Question Review

Use CPR to make knowledge transferable and the 5P Approach to locate execution failures.

CONCEPT

PATTERN

RULE

APPLICATIONS

First 5P step that failed

Evidence/rule to retest



STAGE-SPECIFIC PLANNING TOOL

Error + Assessment Timeline

Track recurring mechanisms and schedule evidence collection before the test-date decision.

Content/retrieval pattern

Interpretation/reasoning pattern

Timing/endurance pattern

Execution/review pattern

Assessment date | conditions | evidence needed | decision

EXECUTE

Build Your Pass-Readiness 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

Knowledge remains fragmented across systems or resources and cannot be retrieved reliably in integrated questions.

START HERE

Use CPR to repair one recurrent domain and connect Concept, Pattern, Rule, and Applications.

WATCH THIS EVIDENCE

Repeated retrieval, unfamiliar question transfer, and decline of the same content-error pattern.

REASONING GAP

HOW IT MAY SHOW UP HERE

Relevant knowledge is present, but question interpretation, prediction, or answer discrimination remains unstable.

START HERE

Use the 5P Approach on a bounded set and document the first failed reasoning step.

WATCH THIS EVIDENCE

Error distribution by 5P step and transfer across mixed, unfamiliar questions.

STRATEGY GAP

HOW IT MAY SHOW UP HERE

Resources, assessments, institutional requirements, and the planned date are not connected by decision rules.

START HERE

Build an assessment timeline and define the converging evidence required at The Readiness Evidence Gate.

WATCH THIS EVIDENCE

Whether multiple evidence streams support the date while institutional requirements are satisfied.

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

The plan repeatedly exceeds available time or fails under non-dedicated obligations.

START HERE

Protect a minimum viable question-review loop and schedule the next assessment before adding volume.

WATCH THIS EVIDENCE

Completion consistency, quality of review, backlog, and performance under realistic conditions.

CONFIDENCE GAP

HOW IT MAY SHOW UP HERE

Reassurance or fear is outweighing readiness evidence, especially after a single assessment.

START HERE

Record the readiness conclusion each evidence stream supports and identify where they agree or conflict.

WATCH THIS EVIDENCE

Convergence across standardized performance, execution, endurance, error patterns, functioning, and eligibility.

RESOURCE OVERLOAD GAP

HOW IT MAY SHOW UP HERE

Competing banks, videos, decks, and schedules create shallow completion and diffuse review.

START HERE

Assign one primary job to each retained resource and pause duplicates before choosing replacements.

WATCH THIS EVIDENCE

Depth of use, realistic remaining volume, error transfer, and whether the plan becomes executable.



JUDGE THE INTERVENTION

Evidence + Checkpoints

Useful evidence at this stage may include: knowledge retrieval, mixed-question application, standardized trend, endurance, functioning/capacity, eligibility. 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

Do multiple evidence streams support the same readiness conclusion?

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**[Review the USMLE Step 1 stage](#)[Apply the 5P Approach to USMLE questions](#)[Return to the Free Resource Hub](#)[Book a Strategy Session](#)[Previous: M1 Success](#)[Next: Clinical Rotations](#)**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.