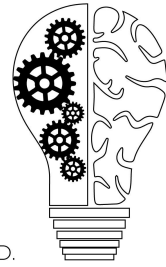


Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.

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**PSYCHIATRY &
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There are no conflicts of interest for this episode.

A Medical Student’s Roadmap to Success on the USMLE: Mindset, Planning, and Execution

Trace Huang, David Puder, M.D.

If you are a medical student or someone studying for a big exam, this episode is for you. We will first discuss the mental roadblocks that prevent students from performing at their top potential for exams. We also break down and outline some effective study strategies, and provide a sample day-by-day study plan for any 2nd year medical student preparing for the USMLE Step 1 exam. Finally, we have also created a 3-step challenge all students can follow.

What are some common mindset or psychological issues that medical students face?

Fear of Failure

“The students who have never experienced some form of failure before, or have never had their limits truly tested are usually the ones who struggle with failure in medical school,” says clinical psychologist Dr. Jerry Hoyle, PhD, who has worked specifically with struggling medical students for decades.

Failure is usually subjective, not objective. When was the last time you, as a medical student, felt like you “failed” yourself because you “only” studied for 5 hours?

Here is something to try: practice failure on a daily basis to “desensitize” ourselves, therefore CHANGING our definition of failure. Find a safe space to practice the act of failing over and over again (learning an instrument, learning a new hobby, new exercise challenges, do messy finger painting, etc.) until it normalizes and eventually increases our failure threshold in other areas of our lives.

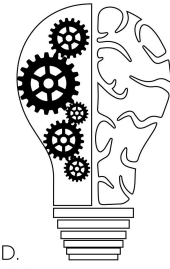
A medical student’s takeaway: Spending more time with the activity fear (practice tests, question blocks) will decrease your fear of failure over time, if you remain consistent. Low confidence in the beginning doesn’t mean you can’t overcome your fear of failure. Keep practicing what you fear and that fear will eventually diminish.

Self-Fulfilling Prophecy

“I’m a slow learner, I’m not cut out for this, school is not my thing.”

Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

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DAVID PUDER, M.D.
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PSYCHOTHERAPY**

Start practicing empowering self-talk. “You are what you believe” is a powerful thing. “The person who broke the record of a 4 minute mile imagined himself breaking the record every day. He made it happen in his head. Nobody believed it was possible to break 4 minutes, but he believed, and then he did it. Then afterwards, everybody started breaking the record because he made people believe in it,” said Jim Kwik, a widely-recognized expert in speed-reading, memory improvement, brain performance, and accelerated learning.

Similarly enough, cognitive behavioral therapy ([CBT](#)) is a highly effective and evidence-based practice that is driven by the concept of “belief drives/influences behavior.”

The following [study](#) examines the evidence for the self-fulfilling prophecy effect on parents’ beliefs, and subsequently their child’s marijuana use:

N = 3131 adolescents, 2 surveys given: Time 1 (T1), “Have you ever used marijuana?” and Time 2 (T2), 1 year later, “How much have you used?” Parents were also surveyed independently about their belief about their child’s marijuana use.

Results: Scale 1 (never) - 5 (many times). Children of parents who expressed the belief that their children had used marijuana at T1 reported more frequent use of marijuana at T2 (*mean* = 4.67) than youth whose parents believed their children had been marijuana-abstinent (mean = 2.49). Basically, on a 5-point scale, there was a 2 point difference.

Conclusion: Children of parents who believed they were drug-free used less marijuana than children whose parents believed they were users, and this result held true whether or not the child had admitted to using marijuana in the past.

“[Good Days Ahead](#)” is an online CBT program that can identify and help us manage our core-beliefs in an interesting and effective way. It also helps people manage stress, anxiety, and depression to achieve optimal wellness and productivity.

A medical student’s takeaway: Self-fulfilling prophecies are proven to affect a person’s behavior and outcome time and time again. It’s important to surround ourselves with people who believe in our abilities and success in order to maximize our chances of achieving our goals.

Viewing mistakes as failures

“[Perfectionism](#)” is actually “perceived failure.” It’s a subjective standard we set for ourselves based on past life experiences and exposures.

Mistakes *now* are *good* so you don’t make them *later* when it *MATTERS* (exam day). Seeing mistakes as flat out failures may be a result of maladaptive perfectionism. Mistakes are not failures, they’re learning opportunities (especially for medical students). Remember, it takes time to “learn how to learn.”

This [study](#) explored the outcomes of 2 different RCTs (Swedish and UK trials) of an internet-based CBT program in terms of perfectionism, depression, and anxiety:

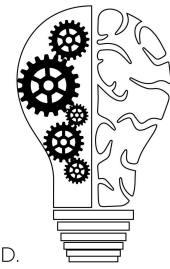
Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.

N=120, 2 groups: 8 week (Swedish trial) or 12 week (UK trial) web CBT group and a control group (no CBT). Follow up questionnaires were given at either 12mo (Swedish) or 6mo (UK).

Results: CBT group effect sizes were 1.21 (Swedish trial) and 1.24 (UK trial) on the Frost Multidimensional Perfectionism Scale.

Conclusion: The use of web-based CBT may be a promising intervention to target perfectionism.



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A medical student's takeaway: CBT, in the context of correcting perfectionism, can be effective in identifying and reducing negative automatic thoughts that were born and reinforced since early childhood. Identifying and scrutinizing cognitive distortions will encourage success. Consider starting a CBT journal or seeing a therapist to “rewire” your perfectionist mindset and optimize your performance in medical school.

“I’m not motivated”

Motivation is very personalized and looks different for each person. If our reasons for pursuing medicine line up nicely with our deeply-rooted values then it’s generally easier to stay motivated throughout the process (Luoma et al., pp. 201-202). For example, something important to me is connecting with the people on a deeper level, so, medicine, especially psychiatry, lines up with something I value.

“Values-oriented behavior is constructive; it’s about moving in a particular direction or fostering a particular quality in life....values tend not to change frequently. Once you clarify, state, and commit to your values, those values become a lighthouse that can keep you steer clear of the rocks during psychological storms. Choosing life directions based on the intrinsic properties of actions tends to work better” (Luoma et al., 2017).

Also, maintaining a healthy level of affective capability is important in promoting learning. This means a student’s values and emotions related to becoming a doctor must also be treated with care, as it can enhance motivation and learning outcomes (Dornan et al, 2019).

Here’s an exercise created by us, and inspired by Acceptance and Commitment Therapy (ACT), to help clarify your values and intrinsic motivation:

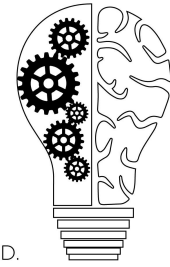
Exercise 1: Make a list of reasons you want to do medicine, then rank and examine them. Then, list the important values in your life. Next, try to see if your reasons for pursuing medicine line up with the values in your life. In case you have a hard time coming up with some of your values, here are some common ones specific to medicine: compassion, humility, communication, responsibility, competency, respect, commitment, integrity, life-long learning, connecting with people.

What if you can’t, at this point, connect what you are doing with your values?

Exercise 2: Look at your list of values and consider how they might apply to medicine. E.g. do you want to connect with people? If you can’t figure it out, ask other doctors what it’s like. Get their perspective. It’s possible to lack motivation because you haven’t connected your values to why medicine is valuable to you, which can make exams

Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.



DAVID PUDER, M.D.

**PSYCHIATRY &
PSYCHOTHERAPY**

like the USMLE more difficult. However, even if you can't connect your values to medicine right now doesn't mean they're not there.

Exercise 3: Imagine a physician who is treating your family in an amazing way. What aspects of this person do you appreciate the most? What aspects of their interaction do you value the most?

Exercise 3.1: Imagine a horrible physician that is treating your family member. What are they doing that you despise the most? Now reverse those things to make a positive list of things you would have valued. You can create an "ideal mentor" by combining and analyzing these values.

Exercise 4: Compare the lists from exercises 1 and 3. Do the lists have any matching values?

Exercise 5: Imagine yourself 20 years from now as a doctor. In what way are you helping patients? How does helping them make you feel? How did your laborious tests during school help you in this journey?

Something interesting about motivation: "Most of us have it backwards. We think motivation comes first before action. For example, I want to feel motivation first before I begin my studies for the day. In reality, motivation often comes *after* the act, as a reward mechanism. Thus, it is important to make a commitment to your action (studying) *first* rather than relying on motivation, which can be a fleeting emotion" (Dr. Jerry Hoyle).

A medical student's takeaway: Identify your core values, as they may provide you direction and keep you on track. Try the "sweet spot exercise," where you imagine a sweet moment in your life and consider how it illuminates your values (Wilson, pp. 200-209). And, remember that motivation is fluctuating. Commit to your success and values, with discipline and time, and the motivation will come.

Test-Taking Anxiety

"I start to panic and I can't think straight when I actually take a test, even when I'm prepared."

Everybody gets anxious when they have to perform, and sometimes this anxiety can give you the edge you need. But how much is it affecting your level of function? Some students sit down to take a test and their body reacts as if they are running from a bear. This is counterproductive. Dr. Darcy Trenkle says, "It's always safe to first get evaluated by a doctor for test-taking anxiety because they are an objective, trained professional outside of your own head."

This [study](#) assessed the efficacy of propranolol in improving test-taking anxiety in high school students who needed to retake the SAT:

N = 32 students retaking the SAT, all have a history of test-taking anxiety (PSAT, or previous SAT attempt). All took 40mg propranolol 1 hr before retaking the SAT.

Results: mean improvement in verbal section = +50 points ($\frac{1}{2}$ SD), math = +80 points (almost 1 SD). SD = 100 points.

Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.

It's interesting that math improved more than verbal, and that may be due to the importance of the frontal lobe function for math. Test-taking anxiety is essentially a fight-or-flight response, and one of the first things that get shut off is the frontal lobe with test taking anxiety.

A medical student's takeaway: It's important to be evaluated by a professional in regards to test-taking anxiety. It may be beneficial to take medication such as propranolol in order to function at your fullest potential, because when test anxiety hits, the first parts of the brain that shut off are the frontal lobe (problem solving and memory), and hippocampus (recording recent memories). Don't wait until test day to take a new medication. Try taking it on a Saturday to see how you're affected. Therapy may be necessary and CBT on your own time is a great adjunct, along with cardiovascular exercise and strength training.

Here are some other practices: Frequently practice the same anxiety-provoking scenario at home in a stepwise fashion. In doing so, you are practicing the act of performing. Slowly, you can start with grounding yourself (deep slow breaths, sit comfortably, self-soothing talk). It is important to practice the same way every time you perform. This "behavioral approach" establishes normalcy and "muscle memory" in your brain. Remember, practice makes permanent, not perfect. This is called neuroplasticity, a process in which thoughts, experiences, and actions transform the brain. Each time a memory circuit activates (use, remembrance, application), electrical impulses are generated, strengthening and expanding connections among neurons. Whatever you practice at home will likely be how you perform on the test.

Studying with a poor method

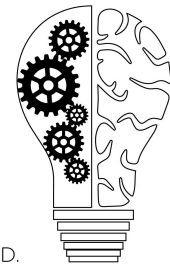
It's not easy to quickly figure out a study method that works for you, but a good place to start would be with research-proven, effective strategies such as doing practice questions, active-recall activities (as opposed to passive studying), and spaced repetition (Augustin, 2014).

A multicenter, international, cross-sectional, online survey: (N=679) shows that 82% of medical students are still using ineffective learning strategies (Piza et al., 2019).

It's also important to know [how to take notes more effectively](#): Interact with the material by hand-writing notes using your own words (active recall). This interactive technique makes the information easier to recall on test day. Try and review your notes within 48 hours (spaced repetition), and have a hierarchy of importance of information (Gonzalez, J. 2018). One other extremely successful and popular method is called [Cornell notes](#).

The following [study](#) compares and analyzes learning styles of undergraduate (pre-clinical years) vs postgraduate (clinical years) medical students in Pakistan:

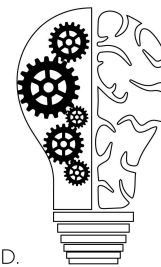
Introduction: There are 4 learning styles in the Honey and Mumford classification (see below).



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Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.



DAVID PUDER, M.D.

**PSYCHIATRY &
PSYCHOTHERAPY**

Table 1: Educational activities linked with learning styles.

Learning style	Learns best when	Learns least when
Activist	Involvement in problem based learning, case based learning, clinical rotations.	Listening to lectures passively.
	Group assignments.	Individual library / internet searches
	Hands-on experience as member of a health team.	Participating in academic research, and theoretical tasks.
	Interactive, task-based ward rounds, bedside teaching, implementation of clinical decisions, practicum, patient - management.	Collecting evidence, drawing guidelines.
Reflector	Member of a health team as observer, developing creative solutions, Self critique and analysis.	Repetitive group tasks / implementation of clinical decisions made by others, Repeated term / surprise tests, and examinations.
	Rotations in endoscopy units, surgery theatres, ITC, CCU and diverse / innovative settings.	Running OPDs, Emergency duties, mundane chores, ward routines.
	History taking which includes clinical decision making.	Busy out-patients.
	Assisting in therapeutic interventions.	Independent decision-making, in early part of training.
Theorist	Active member of health team from beginning of training.	Independent history taking, and interacting with patients without guidance.
	Shadowing consultants, therapeutic, and intervention teams.	Wandering in ward without structured, and clear assignments.
	Actively participating in discussions about clinical decision-making.	Doing without prior observation, or demonstration.
	Participating in interactive discussions.	Lack of diversity of mode of information transfer, or assessment tools used.
Pragmatist	Activity based experiential learning, hands on training, PBL.	Routine outpatient duties, departmental administrative, non-academic tasks etc (when there is lack of link between activity, and assessment).
	Observing, or assisting patient management from day one. Structured, well organized learning activities such as workshops, symposia, group discussions.	Unsupervised, unstructured learning activities.
	Skills lab, mentoring, shadowing, psychomotor skills under direct supervision.	Lectures, meetings.

N = 170, 2 groups (undergrad, post-grad), filled out a learning style questionnaire and were categorized. Results: undergraduate students (pre-clinical) were mostly activists (66%), post-grads (clinical) were mostly reflectors (38%) and theorists (35%).

Conclusion: All 4 [learning styles](#) are prevalent among medical students, so it is important to have a variety of teaching strategies available. Most medical students in their pre-clinical years have a strong preference for the activist learning style. This could be due to the demands of school (lectures, exams). The most desirable learning style for medical professionals i.e. pragmatists and reflectors are the ones least common amongst the undergraduate learners.

A medical student’s takeaway: Take the questionnaire to see what your current learning style is (it may change over time). Then, you can determine your strengths and weaknesses, and take control of how you are learning, rather than blindly following someone else’s learning style. “Many medical students are brilliant and were able to ‘get by’ prior to medical school with poor study techniques and no discipline. However, this pattern gets broken by medical school, so it is of utmost importance to develop effective and consistent learning strategies” (Dr. Jerry Hoyle).

“I am a horrible student.”

Measuring your self-worth with test scores or teacher evaluations.

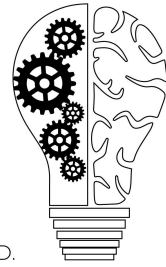
Identity formation begins from a young age and, when threatened, causes massive psychological dissonance. Medical students form their identity of being a “good student” from a very young age, and this doesn’t get tested

Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.

until they get to medical school, when things become much more difficult. It's important to balance your perspective, recognizing and fulfilling other roles in your life (Dr. Darcy Trenkle, M.D.).

A medical student's takeaway: Your existence is not ONLY as a medical student. you are also a friend/son/sister/father. Sometimes if we take some focus away from our student identity, we might actually find ourselves performing better because of a healthier, more balanced mindset. Many students improve in well-being and test performance by simply balancing out their identity (Dr. Darcy Trenkle, M.D.).



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PSYCHOTHERAPY**

Guilt

Not giving yourself enough credit. Not taking things one step at a time (getting ahead of yourself).

Dr. Jerry Hoyle says "It's important to first define what is 'enough' for you. This is difficult because what's 'enough' is subjective, but one helpful strategy is to use relevant practice questions to assess your level of understanding at the end of each lecture. That usually helps students to decide what is 'enough,' and also helps students build confidence. Seeing that your studies are paying off is also a motivating thing."

A medical student's takeaway: We don't have to EARN our rest or rewards. Unfortunately, this is something we learned from a young age: do something right, *then* we get to enjoy something nice. This is called operant conditioning and can prevent us from rest and relaxation, which is essential for optimal performance and mental health. Find something you enjoy doing and incorporate that into your study habits.

Try this: Use operant conditioning to your advantage. Give yourself a *positive* reward after every task, *regardless* of the outcome. Pair studying with a *reward*, not fear. Short-term rewards may help to encourage a more day-to-day mentality, subsequently reducing anxiety and enhancing performance. One caveat: "It takes a healthy brain to experience the reward properly. A depressed brain may not benefit from operant conditioning as effectively" states Dr. Darcy Trenkle.

"Everyone seems fine. Why am I struggling?"

This is not true, first of all, but it can be hard to believe. Ask yourself, "Which [cognitive distortion](#) (all-or-nothing thinking, over-generalization, negative mental filter, etc) does this statement have?" Put these thoughts on trial. We all see the world with cognitive distortions, but sometimes it hinders us from being at our fullest potential!

A medical student's takeaway: Try to refine or expand your community until you feel less alone. It may be healthier to cut down on social media and spend more time with people you can relate to.

Falling into the trap of negative feedback loops.

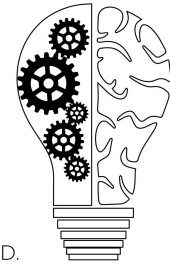
"I did badly on my practice question block, now I must study more."

"I did badly on a question block, I have made no progress."

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Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.



DAVID PUDER, M.D.
**PSYCHIATRY &
PSYCHOTHERAPY**

A medical student's takeaway: Remember how Pavlov discovered [classical conditioning](#) with his dogs? You can do this to yourself, too. Try to prevent pairing up your studies with a bad experience like fear or punishment. If you did badly on a question block, try to pair it with something nicer so you are more likely to forgive yourself and come back to studying later. Also, it's important to recognize that a 40-question block is not enough to measure your entire medical knowledge.

“I’m wasting my time.”

Every step brings you closer to your goal, even if you can't detect it (weight-loss, bodybuilding). Progress usually can't be seen day-by-day, but is happening every day.

A medical student's takeaway: Try to redefine your goal beyond your USMLE score and make a plan. This can bring some clarity and even some motivation. Remember, you are more than a test score.

“I just can't focus.”

Dr. Jerry Hoyle points out that most students believe their attention span is much longer than it really is. It's important to first recognize your signs of loss of focus (re-reading, getting distracted, slowing down).

A medical student's takeaway: Everyone has a different threshold for studying. Studying past this threshold means your focus wanes, along with your productivity. Try the [Pomodoro method](#), taking scheduled breaks at regular intervals. Also, interact with your learning material more: draw, make summary statements, make your own quiz questions, answer flash cards, or teach a friend.

Finally, make sure you rule out these things first: sleep deprivation (extremely common), mental health issues (anxiety, depression), higher-priority needs (bodily discomfort, urgent, unfinished task), dopamine overload (see dopamine fasting below). Sleep hygiene is essential in maintaining focus and memory. Also, remember to take care of your body with proper diet and exercise.

The 3-Step Challenge

We have highlighted many common mental blocks and proposed solutions for you. But how can you actually *apply* this to your lifestyle? How can you put these into practice to help you succeed? We have created a simple 3-step challenge for you:

Goal: Preparing for the USMLE Step 1 as a 2nd year medical student

- 1. Step 1:**
 - a. Dopamine Fasting**
 - b. Mindset Challenge, medical student edition**
- 2. Step 2: Develop a realistic study plan for USMLE Step 1**
- 3. Step 3: Execute**

Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.



DAVID PUDER, M.D.
**PSYCHIATRY &
PSYCHOTHERAPY**

Step 1a: Dopamine Fasting Journal

Welcome to your very own dopamine fasting journal! The idea is to **reset your** neurochemical system in your **brain** by **de-stimulating it from the high levels of dopamine** that we are used to. This is believed to not only help you become reacquainted and **more in touch with your true self**, but this is also believed to **increase your motivation** and willingness to expend effort to reach your goals. Furthermore, challenging yourself to fast from the “don’ts” list may **reveal some maladaptive addictive behaviors** that are hindering you from your highest level of productivity.

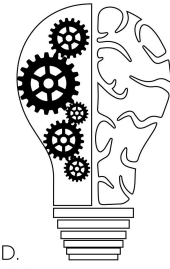
DO's	DON'Ts
Exercise	Phone or computer games
Walks	Social media
Eat healthy food and hydrate	Smoking, drugs, or alcohol
Reading books or listening to audiobooks	Junk food or sugary drinks
Journaling	Netflix or TV shows
Playing or listening to music	Pornography
Talking and connecting with people	Surfing the internet
Coffee or tea	

Instructions

1. Read through this list a few times to familiarize yourself.
2. Decide if you want this to be a quick, 24-hour “reset”, or a long-term lifestyle you’d like to pursue. Both have their pros and cons.
3. For the 24-hour fasters: follow the chart strictly for 24 hours and ask someone to keep you accountable.
4. For the long-term fasters: start slow. Pick just 1 or 2 “don’ts” to work on per week, and slowly work your way up. Remember, creating a habit is a lifestyle change that happens over a long period of time. Sustainability is key.
5. As you embark on this journey, keep track of your mood and productivity by asking yourself these questions every day:
 - a. How was my mood today compared to before?
 - b. On a scale of 1-10, how would I rate my productivity compared to before?

Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.



DAVID PUDER, M.D.

**PSYCHIATRY &
PSYCHOTHERAPY**

- c. On a scale of 1-10, how much do I crave the activities on the “don’ts” list? Which ones are especially difficult to avoid?
- d. What are 3 activities on the “do” list that I am naturally drawn to?

Step 1b: Mindset Challenge, Medical Student Edition

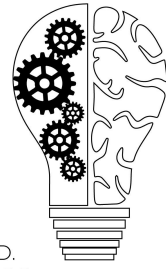
Welcome to the Mindset Journal, medical student edition, where you can learn how to better identify and process your own cognitive distortions! Please save this or print for easy access.

Instructions:

- Read through and circle the top 3 that are personally relatable to you.
 - Each day, try to catch yourself at least 3 times and put a tally mark next to the cognitive distortion. After you identify it, repeat your thought to yourself in a corrective manner. E.g. if your automatic thought was, “I always fail at exams,” recognize that this is all-or-nothing thinking, and correct your automatic thought with a statement like “sometimes I struggle with exams.”
 - Over time the consistent practice of these 2 steps will help reduce your cognitive distortions and automatic negative thoughts.
1. **All-or-nothing thinking:** Things are completely black and white, without shades of gray. Eg. you may think, “I always fail at exams,” “nobody likes me,” or “I never win.” Always? Everyone? Never? It happens every single time, without exception? In the moment, it can feel like that, but those statements are actually rarely true. Speaking truth to yourself in this case might look like: “I sometimes struggle with exams,” “several people are upset at me,” and “I win sometimes, even if I didn’t this time.”
 2. **Overgeneralization:** Generalizations from one bad experience are made without context, experience, or evidence. “They say a lot of medical students drop out, so I’ll most likely drop out.”
 3. **Mental filter:** focusing on the negative rather than the whole picture. After receiving multiple positive statements and one negative statement, you focus on the negative. “Great patient presentation! You were organized and spoke clearly, but I’d suggest working on your assessment and plan a bit more over time.” This statement has 3 compliments, and 1 constructive criticism. Don’t get hung up on the criticism.
 4. **Disqualifying the positive:** When you do something good, you instantly find ways to make less of it. For example, if someone says, “You did well in today’s lab,” and you assume they’re giving you a false compliment.
 5. **Jumping to conclusions (without evidence):** reaching conclusions (usually negative) with little evidence.
 - a. **Mind reading:** “This professor probably thinks I’m stupid.” You’re assuming you know what the person is thinking about you without true evidence. Connection occurs from accurately knowing another. With mind reading, you blind yourself without evidence.
 - b. **Fortune telling:** predicting negative things in the future. “I will definitely fail this test,” “things are never going to get better,” or “there is no hope for the future.” You can’t predict the future.
 6. **Magnification or minimization:** You make a weakness of yours much larger than it is, or a strength lesser

Episode 090: How to Rock the USMLE Step 1 (or Any Big Test)

Trace Huang, David Puder, M.D.



DAVID PUDER, M.D.

**PSYCHIATRY &
PSYCHOTHERAPY**

- than it is. For example, you see your medical school friends as smart and happy whereas you see yourself slow and unhappy.
7. **Emotional reasoning:** belief that your feelings reflect reality. For example, “I fear, therefore I must be doing something wrong in my studies.”
 8. **Shoulding:** cognitive distortion where you believe what “should be.” These distortions are often created to maintain an image of yourself that is more in line with social pressures. For example, “I should be perfect,” “I should never cry,” “I should always study,” “I should be able to understand this lecture on the first try.”
 9. **Personalization:** attributing personal responsibility to things that you have no control over, or when you do not see all the causes of something. For example, a friend is upset so you think it is something you caused or are responsible for.
 10. **Error messages:** compulsive thoughts that are repetitive, intrusive, and not meaningful.

Step 2: Develop a realistic study plan for USMLE Step 1

Here, **Trace Huang** created a **general, basic** Step 1 USMLE 6-month study plan for **2nd year medical students** in the United States (this plan would not apply as effectively for international medical graduates). If you are halfway through your 2nd year and wondering where to start because you still have classes going on, here is the perfect schedule for you. This plan has **5 months of “slower” studying** because you still have classes going on, and **1 month of “dedicated” accelerated studying** immediately prior to your exam.

Basic Study Plan for MS2 prepping for Step 1 (6 months)

BIG PICTURE PLAN

Resources needed: Pathoma, Boards and Beyond, UWorld USMLE Question Bank, Sketchy Micro & Pharm, First Aid USMLE

5 months: Slow Study (2-3 hrs/day) on top of classwork

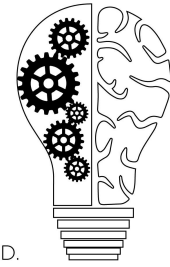
- Pathoma: 19 chapters total, so **1-2 chapters/week**
- BNB (Boards and Beyond): 19 relevant chapters, so **1-2 chapters/week**
- UWorld: topic-specific, 10-15Qs/day = **50-75Qs/week**
- Sketchy pharm: 100 videos total, so 1-2 videos/day = **5-10 videos/week**
- Sketchy micro: 103 videos total, so 1-2 videos/day = **5-10 videos/week**
- First Aid: **read X pages per week**. Maybe use anki flashcards for active recall

1 month: Dedicated Study (6-8 hrs/day)

- UWorld: 40-80Qs/day = **200-400Qs/week**
- Pathoma 2nd pass: **5 chapters/week**
- BNB 2nd pass: re-do quizzes or quick review of notes
- First Aid: **cram X sections/week**, depending on the strength of your foundation

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**PSYCHIATRY &
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DETAILED PLAN:

<https://docs.google.com/spreadsheets/d/1OhgWxOA1laqTkIAffpXC8Ha9P2qjT6SRA6prZs358sw/edit#gid=0>

HOW TO STUDY: Most medical students already know *what* to study, and what needs to be done. But many of us have not yet developed an effective and consistent method for *how*. Try this:

HOW TO STUDY FOR STEP 1 USMLE by Trace Huang **MAXIMIZE ACTIVE RECALL & SPACED REPETITION**

Goals: learn these effective study methods and be patient with yourself. It takes 1-2 weeks to adapt to this study method, but it *will* pay off.

1. Download OneNote. I personally use this app to organize all notes & studies. If you already have an organized system, then stick to it.
2. Look up "Cornell Notes." This is my personal secret to success and you may benefit from this as well.

Pathoma Instructions

1. Watch the video with FULL attention. Do not multi-task unless it's meant to help you focus.
2. PAUSE THE VIDEO to make **Cornell questions**: text on the left, Qs on the right (next to the PDF).
3. After the video, immediately answer your Cornell Qs from memory.
4. Review Day: answer all the Cornell Qs from the past week from memory.

BNB Instructions

SKIP or SPEED THROUGH pathology videos if pathoma already covered them.

1. Make a simple table (2 columns, add rows as you go).
2. Watch video with FULL attention. Do not multi-task unless it's meant to help you focus.
3. PAUSE VIDEO to make **Cornell notes**: Qs on left side, answers on right side.
4. After the video, immediately answer Cornell Qs from memory. If time allows, complete their assessment quiz.
5. Review Day: answer all the Cornell Qs from the past week from memory.

Sketchy Medical Instructions

Pharm is systems-based: take total # of videos for the system and divide it up per day to meet your goal.

Micro is not systems-based: try to pick videos from the system you're studying.

Keep track of all the videos you've watched.

1. Watch video with FULL attention. Do NOT take notes. Do NOT annotate.
2. Immediately after the video, review the symbols from memory.
3. After 1-2 days, review the symbols before moving onto new videos.
4. Review Day: review all symbols from the past week.

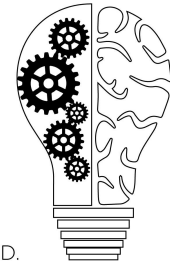
Q block Instructions (UWorld/Kaplan/Amboss):

Watch [Captain_USMLE](#) Instagram's IGTV "How I study UWorld"

1. Do the Qs (usually on the system you're studying).
2. Read explanations carefully and make active recall "Q notes." Write these *FROM MEMORY* and in your *OWN WORDS*. Keep them SHORT. You will use this to review at the end of the week.

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3. Review Day: review all Q notes from the past week. If time allows, review Q notes from previous weeks.

FA Instructions

1. Divide up how many pages you need to cover per day for the system to meet your goal.
2. Study those pages and make cornell or active recall notes in a document on your laptop (write down FA page #). Supplement by watching BNB videos on weaker concepts. Do NOT overly annotate your FA book unless you are 100% sure you will review them within 1 week. This is the trap all students fall into!
3. Day after: briefly review your notes.

Review Day Instructions

1. BNB: use active recall to review ALL BNB Cornell notes from the week. If you forgot things (this is normal), mark it. Add hints to facilitate and strengthen your memories.
2. Pathoma: review ALL pathoma Cornell notes from the week.
3. Q notes: review ALL Q notes from the past week. Look at the title of each topic and recall the info without looking. Then, read your notes. If you have time, review Q notes from previous weeks.
4. Sketchy: review ALL symbols from the week (micro & pharm). Do NOT re-watch videos unless you forgot a lot of things. If you have time, review symbols from previous weeks.

What to do NOW?

1. Every day, check things off. Write down **HOW MUCH TIME** per task, and communicate with your accountability partner.
2. Keep close communication with your coach or advisor! Plan adjustments are sometimes necessary.

Step 3: Execute your plan by putting it into action!

1. Follow the study plan, but feel free to customize it to your own liking, strengths, and weaknesses.
2. Document your mindset progress in the mindset journal.
3. Document your dopamine detox progress in the dopamine detox journal

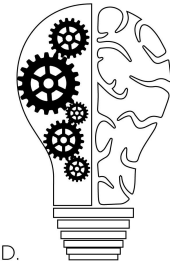
Connect with Trace Huang on Instagram: [Here](#) (where you can ask him about any questions, or just say hi :)

Medical school, the USMLE exams, and other big exams are all very difficult. We hope this podcast and plan holistically help you in your journey. Best of luck!

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