

USMLE Step 3: Tips for balancing rotations with exam prep

MAR 25, 2022

Brendan Murphy

Senior News Writer

Finding time to study for the United States Medical Licensing Examination® Step 3 (USMLE) and the Comprehensive Osteopathic Medical Licensing Exam Level 3 (COMLEX-USA) can be difficult for those in the busy first year of residency, often referred to as the intern year. Three physicians who have been through the process offered tips for balancing test preparations with rotations to ensure better understanding of the subject matter and boost scores.

The AMA selected Kaplan as a preferred provider to support you in reaching your goal of passing the USMLE or COMLEX-USA. AMA members can save up to 30% on access to additional study resources, such as Kaplan's Qbank and High-yield courses. The AMA also offers a series of test-prep questions for the USMLE Steps 1, 2 and 3 exams.

Exploit small gaps in your schedule

Without knowing when exactly you will get these windows of time, you may be able to count on several popping up each day.

"Rotations definitely make it hard to find free time," said AMA member Ellia Ciammaichella, DO, a spinal cord injury medicine physiatrist in Nevada who completed residency and fellowship training in Texas and Utah, respectively. "Some people liked to hang out and talk between patients, but I used that time to do practice questions or look things up on the computer. That helped me learn something new every day so I didn't have to cram it all in right before the test."

In fact, those short windows together can make up a large share of your study time during rotations.

"I would look at the calendar say, 'If I want to get these 2,000 questions done during the month, I have to do X number of questions per day,'" said AMA member Laura E. Halpin, MD, PhD, who completed her psychiatry residency and fellowship training at the University of California, Los Angeles, Semel

Institute for Neuroscience and Behavior. “By noon, I might try to have 20 questions done, and by 5 o’clock, another 20. That way, I was coming home to maybe 15 questions I didn’t get done because my patients were all on time, instead of needing to do all 40.”

Learn what residents need to know about licensing and board certification.

Leverage your clinical consults

Real-life cases provide a vital complement to practice questions.

“There are some rotations where what you’re doing and what you have to know are going to be very relevant to the exam,” said Dr. Halpin, an AMA member now in practice as a child-and-adolescent psychiatrist in California. “So, you need to figure out which rotations will be high-yield for test questions. Residents a year ahead of you will know which ones those are.”

In addition, studying those topics simultaneously can improve your understanding and retention.

“When I had a patient that had a specific diagnosis, like diabetes or COPD or heart failure, I would study those cases,” Dr. Ciammaichella said. “That helped me remember things better because I could imagine how the patient was doing and which medications helped.”

It’s important to note, however, that correctly answering test questions can differ from clinical problem solving.

“What we do at the bedside is not always what the test-makers want you to answer on the test,” said AMA member Scott H. Pasichow, MD, an AMA member who completed his emergency medicine residency training at the Warren Alpert Medical School of Brown University. “Make sure you note these differences, and trust that the question bank is going to lead you to what the test creators want on the test.”

Don’t reinvent the wheel

Draw from your experience preparing for other tests.

“Whatever worked for you on Step 1 or Step 2, try to think of ways to build that into your residency schedule,” Dr. Halpin said. “If you were someone who was doing questions every day, do that. If you were someone who enjoyed listening to podcasts, listen to podcasts. If you’re someone who likes to read, bring a book with you and read it during the day.”

Here again, though, it's important to accept that your schedule will be less predictable than it was in medical school.

"I needed dedicated study time, and a little buffer was important too," said Dr. Pasichow, (@SPMD16) who now helps lead two Level I trauma centers in Springfield, Illinois. "So, if I was going to be done with my shift at 5 p.m., I would schedule my studying to start at 6 or 6:30. Then if I got stuck late at work, I didn't feel like I was failing at studying."

Learn how the AMA Resident and Fellow Section gives voice to, and advocates for, issues that affect resident and fellow physicians.