

Future physicians, surgeons, healers, and leaders of medicine in Syria

Today, I invite you to look beyond the classroom walls, beyond our hospitals, and beyond our borders... toward a path that has transformed careers, opened unimaginable doors, and elevated generations of physicians around the world.

“Since the Nobel Prize in Medicine was first awarded in 1901, the United States constitute the majority of recipients.”. The United States is also the world leader in medical innovations and medical technology.

USMLE

Now let’s talk about the **United States Medical Licensing Examination — the USMLE**, the global gold standard for medical evaluation and advancement.

For decades, the United States has held the **highest-ranked medical training programs on Earth**. Its residency and fellowship systems are not only rigorous and innovative, but they shape doctors who lead international guidelines, pioneer research, and redefine the practice of medicine on the planet.

But the USMLE is not simply an exam.

It is a **gateway**—a gateway to specialties that many dream of: neurosurgery, cardiology, oncology, critical care, emergency medicine...

It is your bridge to world-class hospitals, cutting-edge research, and structured training environments built to help you rise to the fullest of your potential.

And here is something many don’t realize:

U.S. residency programs **pay you** while you train.

Depending on the state and the specialty, residents receive **at least \$50,000 annually**—a stable, respectable income that increases every year as you progress in training.

You learn, you grow, you operate, you train... and the system supports you financially, educationally, and professionally every step of the way.

And now, for the first time, we are working to bring this pathway closer to home.

I will be offering full, structured courses here in **Damascus, Syria**, covering **all steps of the USMLE—Step 1, Step 2, and Step 3**. The goal is not only to prepare you to pass, but to **excel**, to turn exam knowledge into clinical mastery, and to guide you confidently from the first page to the match process.

More importantly, current nearby USMLE testing centers are: Egypt, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Dubai and Abu Dhabi

We hope to establish **Syria as an official USMLE testing center**, so that one day soon, no Syrian student will need to travel abroad, face unnecessary expenses, or navigate foreign

USMLE Step 1

logistics just to take the exam.

The world should come closer to you—not the other way around.

This is your moment.

This is your chance to rise, to elevate your future, to stand on the global stage as physicians trained in the world's most advanced system—while carrying the heart, resilience, and brilliance of Syria.

Let us begin the journey.

Advanced USMLE courses will be offered to doctors and medical students—not only to help pass the USMLE exams, but to excel and achieve top scores, maximizing chances of admission into world-class residency training programs in the United States.

I. Course Introduction

1. Course Overview

- Purpose of the USMLE Step 1
- Exam structure:
 - 7 blocks
 - 60 minutes each
 - 40 questions per block
 - One-day exam
- Scoring and pass/fail system
- Why Step 1 still matters for residency selection
- Strategy for excellence: mastering concepts, not memorizing facts

2. How to Use This Course

- Weekly modules
 - Assigned pre-reading
 - High-yield notes
 - Question-bank integration (UWorld, Amboss, NBME)
 - Live sessions + recorded lectures
 - Assessment schedule
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II. Foundational Sciences Review

Module 1 — Anatomy & Embryology

High-Yield Topics

- Upper & lower limb innervation
- Brachial plexus & lumbosacral plexus
- Dermatomes
- Thorax: heart anatomy, coronary circulation
- Abdomen & pelvis

- Neuroanatomy (major focus)
- Embryology of heart, brain, GI, GU

Clinical Correlation Workshops

- Stroke localization
- Spinal cord lesions
- Congenital malformations

Practice Block:

~50 NBME-style questions

Module 2 — Physiology

Core Concepts

- Cardiovascular physiology
- Respiratory mechanics & gas exchange
- Renal physiology (very high yield)
- Acid-base balance
- GI motility & secretion
- Neurophysiology
- Endocrine pathways

Clinical Applications

- Shock
- Heart failure
- Renal tubular disorders

Practice Block

Module 3 — Biochemistry & Nutrition

High-Yield Areas

- Metabolism pathways: glycolysis, TCA, ETC
- Lipid metabolism
- Amino acid disorders
- Enzyme deficiencies
- Vitamins & coenzyme functions
- Nutrition and metabolic diseases

Practice Block

Module 4 — Genetics & Molecular Biology

Key Concepts

- DNA repair mechanisms
- Transcription & translation
- Oncogenes vs tumor suppressors
- Genetic inheritance patterns
- Hardy-Weinberg principle
- Pharmacogenomics

Practice Block

Module 5 — Microbiology & Immunology

A. Microbiology

- Bacteriology: Gram +, Gram –, anaerobes
- Virology

- Mycology
- Parasitology
- Antibiotics: mechanisms, resistance

B. Immunology

- Innate vs adaptive immunity
- Hypersensitivity types I–IV
- Vaccination principles
- Autoimmune diseases

Practice Block

Module 6 — Pathology

Major Systems

- Cardiovascular pathology
- Pulmonary pathology
- Renal pathology
- GI pathology
- Endocrine disorders
- Hematology/oncology
- Neuropathology

Integrated Clinical Cases

- ECG interpretation
- Chest X-ray basics
- Histopathology slides

Practice Block

Module 7 — Pharmacology

Core Principles

- Pharmacokinetics / pharmacodynamics
- Drug metabolism
- Drug interactions

System-Based Drugs

- Cardiac drugs
- Antibiotics
- CNS drugs
- Endocrine drugs
- Chemotherapy

High-Yield Tables

- Drug side effects
- Antidotes

Practice Block

III. System-Based Integration

Module 8 — Organ Systems Review

- Cardiovascular
- Respiratory
- Gastrointestinal
- Renal
- Endocrine
- Musculoskeletal
- Neurology

- Reproductive
- Dermatology

Approach:

Each system includes:

1. Physiology
2. Pathology
3. Pharmacology
4. Microbiology
5. Clinical correlations

IV. Exam Strategy & Critical Thinking

1. Test-Taking Strategy

- Active vs passive recall
- Eliminating distractors
- How to approach long stems
- Matching clinical patterns with diseases

2. Time Management

- Per-question pacing
- Avoiding panic blocks
- When to flag vs when to move on

3. Psychological Preparation

- Reducing test-day anxiety
- Maintaining confidence
- Sleep, diet, and mental clarity

V. Weekly Assessments

- Weekly mini-exams (40 questions)
 - Mid-course diagnostic exam
 - Final full-length mock exam (NBME)
 - Individual performance analysis and feedback
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VI. Course Materials Provided

- High-yield lecture slides
 - Condensed Step 1 notes (similar in format to First Aid, but custom)
 - System-based flashcards
 - Clinical correlation booklets
 - “Ultimate Question Bank Strategy” guide
 - Daily study schedules
 - Memory-enhancing techniques
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VII. Final Phase – Exam Bootcamp (2 Weeks)

Includes:

- Rapid review of all high-yield facts
 - Pathology super-high-yield review sessions
 - Pharmacology rapid-recall sessions
 - 300–500-question mock exam
 - Weak-point targeting sessions
 - Final strategy seminar
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VIII. Graduation & Certification

USMLE Step 1

- Certificate of Completion
- Personalized USMLE study plan (2–3 months)
- Residency application guidance (ERAS)

check the next available dates (Amman, Beirut, Dubai)

Step 1 – Make sure you have your

USMLE Scheduling Permit

- You get this after you apply and your eligibility is approved via **ECFMG/USMLE**.
- The permit contains:
 - Your **Eligibility Period**
 - Your **Exam** (Step 1 / Step 2 / CK)
 - Your **Scheduling Number**

You **must** have this to book.

Step 2 – Go to Prometric’s scheduling portal

1. Open the Prometric USMLE page in your browser:
 - Search: **“Prometric USMLE scheduling”**
 - Or go directly to the scheduling portal:
 - <https://proscheduler.prometric.com/>
 2. Choose:
 - **Exam program:** “USMLE”
 - **Exam:** “USMLE Step 1” or “USMLE Step 2 CK” (whichever you’re planning).
- Clinical experience pathway counseling for U.S. hospitals

1. Course Overview (Expanded)

Purpose of the USMLE Step 1

The USMLE Step 1 is designed to evaluate whether a medical student or graduate understands the foundational sciences that are essential for the safe and effective practice of medicine. Although the exam does not test clinical skills directly, it assesses the scientific principles that underlie disease mechanisms, diagnostic reasoning, and therapeutic strategies.

It ensures that every physician entering the U.S. healthcare system—regardless of nationality or medical school—meets a unified academic standard in basic biomedical sciences.

This includes mastery of physiology, biochemistry, microbiology, pathology, pharmacology, anatomy, and behavioral sciences, integrated with clinical relevance.

Exam Structure

The USMLE Step 1 is administered in a **single full-day session**, and follows a strict standardized structure:

- **7 Blocks**

The exam is divided into seven separate blocks. Each block represents one part of the test and contains a fixed number of questions.

- **60 Minutes per Block**

You are given one hour to complete each block. Once a block ends, you cannot return to it. This requires disciplined pacing and familiarity with time constraints.

- **40 Questions per Block**

USMLE Step 1

Each block contains up to 40 multiple-choice questions, making the total number of questions **up to 280**.

Questions vary from straightforward factual recall to complex multi-paragraph clinical vignettes that require application of multiple scientific concepts at once.

• **One-Day Exam**

The total testing time is approximately 7 hours, along with 45 minutes of break time (which can be distributed between blocks as the examinee chooses).

This structure tests not only knowledge, but also stamina, focus, and psychological endurance—all critical qualities for clinical training.

Scoring and Pass/Fail System

Step 1 transitioned to a **Pass/Fail** system in 2022.

What Pass/Fail Means

- You no longer receive a numerical score.
- You receive only **“Pass”** or **“Fail.”**
- The passing standard is set by the USMLE Committee and assessed periodically.
- A “Fail” appears permanently in your record, so strong preparation remains essential.

What Has Not Changed

- Program directors continue to consider Step 1 performance as a reflection of a candidate’s academic discipline and scientific foundation.
 - A “Pass” alone is not enough if your application lacks strength in other areas such as clinical experience, research, or recommendation letters.
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Why Step 1 Still Matters for Residency Selection

Even though Step 1 is now Pass/Fail, it remains a cornerstone of residency evaluation for several reasons:

1. **First Attempt Matters Greatly:**

Passing on the first attempt signals strong academic capability. A failed attempt can significantly reduce the chance of matching, especially in competitive specialties.

2. **Residency Programs Still Infer ‘Strength’ from the Transcript:**

Many program directors interpret a clean “Pass” on the first attempt as evidence of discipline and foundational mastery.

3. **Step 1 Knowledge Directly Influences Step 2 CK Performance:**

Step 2 CK is **numerically scored**, and the score is a powerful determinant of residency placement.

Students with a strong Step 1 foundation consistently outperform in Step 2 CK.

4. **Competitive Specialties Still Expect Excellence:**

Fields such as neurosurgery, dermatology, radiology, cardiology, and anesthesia still expect candidates to show high academic rigor—starting with Step 1.

5. **Many Programs Look at School Transcripts & Shelf Exams:**

These exams heavily overlap with Step 1 content.

In short, Step 1 still shapes your future—just indirectly.

Strategy for Excellence: Mastering Concepts, Not Memorizing Facts

The most successful Step 1 candidates do not memorize endless lists; instead, they **understand mechanisms and integrate concepts**.

Key elements of an excellence strategy:

1. Conceptual Integration

Understanding how physiology explains pathology, and how pathology guides pharmacology.

This allows students to solve novel questions they have never seen before.

2. Mechanism-Based Thinking

For each disease, the focus is on:

- underlying cellular process
- molecular pathway
- physiologic consequence
- clinical expression

This turns the exam into a pattern-recognition challenge, not a memory contest.

3. Clinical Reasoning in Basic Sciences

Although Step 1 is not a clinical exam, every question connects basic science to clinical outcomes.

The exam rewards understanding of “why” and “how”—not “what.”

4. Active Learning Over Passive Reading

Using question banks (UWorld, NBME, Amboss) as a primary study tool trains the brain in how Step 1 asks questions.

5. Focus on High-Yield Foundational Principles

USMLE Step 1

Certain subjects—biochemistry pathways, renal physiology, immunology, pharmacology mechanisms—appear disproportionately.

Mastery here creates a high score ceiling for Step 2 and CK as well.