**EBM Buddy Checklist**

Name:
Preceptee Name:

1. PICO Question reviewed Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Recommendations given:

1. Search Reviewed; articles chosen Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Recommendations given:

* 1. Search complete?
	2. Articles chosen appropriate?
	3. Recommendations?
1. Articles and worksheets reviewed Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Recommendations given:

* 1. Evaluation complete?
	2. EBM concepts understood?
	3. Specific recommendations for further review:
1. Power point reviewed Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Recommendations given: