**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: