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| --- | --- | --- |
| **SYSTEMATIC REVIEW WORKSHEET** | **PICO:** | **Citation:** |
| P (pt/population):I (intervention):C (comparison):O (outcome): |  |  |
| Are the results **VALID**? | Did overview address a focused clinical question? |  |
|  | Is it UNLIKELY that important, relevant studies were missed? |  |
|  | Were criteria for article selection appropriate? |  |
|  | Was validity of included studies appraised? Do you think they were valid?1. Randomized?
2. Doubled blinded?
3. Description of withdrawals?
4. Randomization described?
5. bBindness described?
 |  |
|  | Were results similar from study to study? |  |
| What are the **RESULTS**? | How were results presented?(Forest Plot) |  |
|  | Publication Bias? (Funnel Plot) |  |
| Are the results **APPLICABLE** to my patient? | Is my patient sufficiently similar to study pts such that results can apply? |  |
|  | Treatment feasible in my setting? |  |
|  | What are potential benefits/harms? |  |
|  | What are pts values/expectations in terms of outcome of desire and side-effects of treatment? |  |
| Based on these results, my practice will show (EXPLAIN) | Big/Little/No Change |  |

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_