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Yes 🗌 No 🗌

## PEARLS 1G (Guideline) Formative Feedback and Documentation of Completion.

| Reside | nt: Faculty Supervisor:   | Date:        |              |
|--------|---|--------------|--------------|
| Did th | e resident adequately address the questions in the worksheet?                       | Yes 🗆        | No 🗆         |
| Has a  | systematic review been identified for PEARLS 2SR?                                   | Yes 🗆        | No 🗆         |
| In the | upcoming PEARLS 4SYN will the resident be ready to address the                      | e following  | questions as |
| they r | elate to the reviewed guideline?  |              |              |
| 1.     | What is the intervention being considered?  |              |              |
| 2.     | Which guideline did you select and why?   |              |              |
| З.     | How did the conflicts of interest of the Guideline Development Group compare to the |              |              |
|        | expectations of the Standards for Developing Trustworthy Clinic                     | cal Practice | Guidelines?  |

Advice on how to use this PEARLS 1G in PEARLS 4SYN (Such as strengths and limitations of the guideline.)

Systematic Review identified for PEARLS 2SR: