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PEARLS 4SYN Conclusions

(to be completed by non evaluating team members)

Resident:
Topic:
Date:
This form is not for resident evaluation but for team members to respond to the proposed intervention. It can be anonymous. It will be viewed by the resident and faculty evaluator.
 Is the proposed intervention important to your practice population? Yes \(\) No \(\) Are you confident that the best available evidence about the benefits and harms of the intervention was summarized and presented? Yes \(\) No \(\) Are you confident that you understand the conflicts of interest in the sources? Yes \(\) No \(\) Do you understand the relationship between the wording of the guideline recommendation and the nature and quality of the supporting evidence? Yes \(\) No \(\) Did the presentation provide you with adequate evidence to decide whether or not to apply the intervention? Yes \(\) No \(\) Can you estimate the size of the likely benefits and harms of the intervention in your practice population? Yes \(\) No \(\) OR Sufficient evidence to answer this question does not yet exist \(\)
Comments:
Please paraphrase the proposed intervention:
Would you support measuring the application of this intervention as part of future quality improvement? Yes No