

C B D... *it's easy as 1 2 3*

Entrada

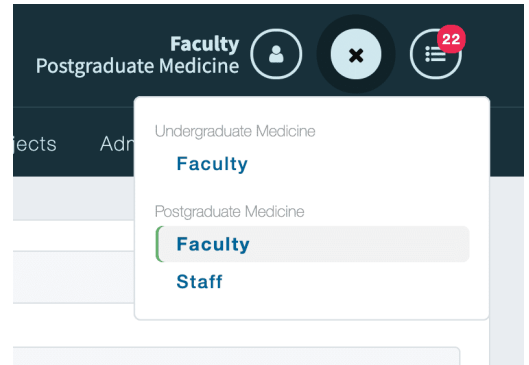
<https://entrada.radyfhs.umanitoba.ca>

Log in: University of Manitoba email address

Password: UM Net password on first log in – can be changed in 'My Profile'

**Password does NOT need to be reset once changed

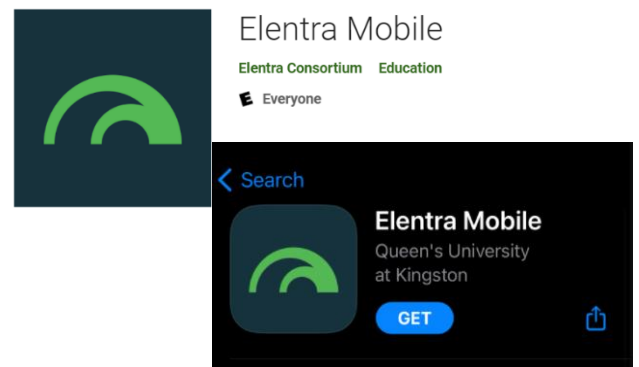
If you have multiple roles, confirm that you are set to Post-Graduate Medical Education



Mobile app

Elentra – available in App Store or Google Play

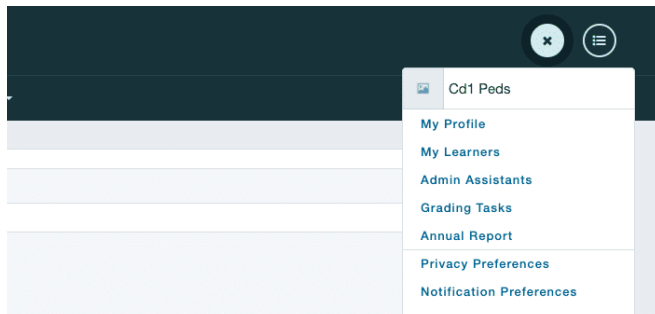
Same web address and log-in credentials as Entrada desktop



PIN number

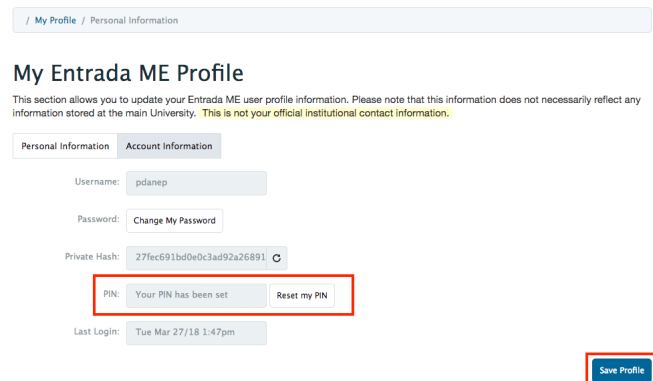
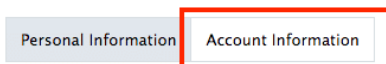
Set in 'My Profile'

Can be used to authenticate the evaluation triggered by a trainee on their own device.



My Entrada ME Profile

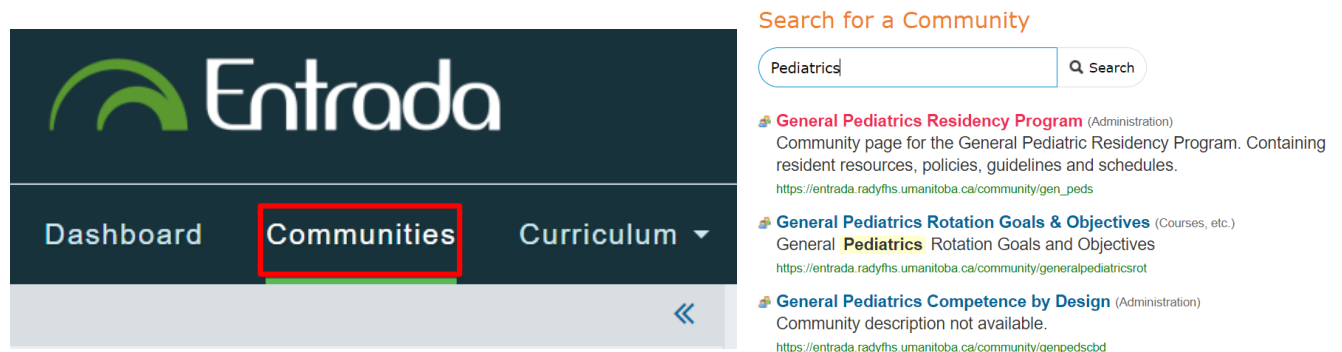
This section allows you to update your Entrada ME user profile information. Please note that this information does not necessarily reflect any information stored at the main University. **This is not your official institutional contact information.**



Communities

The widget on the left-hand side of your dashboard shows the communities you are a member of, and all the communities can be accessed through the 'Communities' button on the menu bar. Search for 'Pediatric' to find the most relevant ones.

Pediatric Residency Training Program houses all the important documentation. Menu buttons in the community will take you to policies, and CBME (Competence-Based Medical Education). Within the CBME community, there are buttons for the rotation Goals + Objectives, EPAs across all four phases, and educational reference materials.



The screenshot shows the Entrada dashboard interface. The top navigation bar includes 'Dashboard', 'Communities' (highlighted with a red box), and 'Curriculum'. To the right, a search bar is titled 'Search for a Community' and contains the text 'Pediatrics'. Below the search bar, three search results are listed:

- General Pediatrics Residency Program** (Administration)
Community page for the General Pediatric Residency Program. Containing resident resources, policies, guidelines and schedules.
https://entrada.radyfhs.umanitoba.ca/community/gen_peds
- General Pediatrics Rotation Goals & Objectives** (Courses, etc.)
General **Pediatrics** Rotation Goals and Objectives
<https://entrada.radyfhs.umanitoba.ca/community/generalpediatricsrot>
- General Pediatrics Competence by Design** (Administration)
Community description not available.
<https://entrada.radyfhs.umanitoba.ca/community/genpedscbd>

Entrustable Professional Activities

These are the specific competencies that residents are expected to demonstrate. Each competency is focused on a specific task or activity, which is assessed by multiple observations. Demonstration of competence in enough observations with specific and defined characteristics ('contextual variables') will lead to a resident completing that EPA. Completion of all the EPAs of a particular stage is necessary to progress to the next stage.

Milestones

These are the measurable components of an EPA, organized according to the CanMEDS roles. Certain milestones are fundamental to the EPA, and are specifically evaluated with the observation.

Planning and documenting observations

Observations are the actual assessment and documentation of an EPA. They do NOT always entail direct observation.

A discussion of the EPAs to be observed should be a regular part of the clinical routine. Relevant EPAs for the rotation and the resident should be reviewed in the orientation session, and preceptors should decide in discussion with the resident which EPA(s) will be the focus of the day or week. Where possible, plan in advance which clinical situations will be observed, and then provide feedback and record the observation in the moment.

As a general rule of thumb, anticipate completing one observation per day.

To complete an observation, click the green 'Start Assessment/Evaluation' button on your Entrada dashboard or in the Assessments and Evaluation page of the Elentra app. You can then select the resident to observe, the date of the observation, and the specific EPA. This can also be triggered by the resident in the same way.

1 Start Assessment/Evaluation

2 Select resident

3 Select Date of Encounter

4 Select a program

5 Assessment Tools

6 Save as Draft or Submit

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Entrustment scale (O-Score)

The anchors represent scores of 1-5, while the descriptors give examples in a medical context.

Status	Anchor	Descriptor
In Progress	"I had to do"	i.e. re-taking most, if not all, of the history/physical management plans independent of trainee
	"I had to walk them through"	i.e. had to talk them through asking appropriate questions/performing appropriate tests
	"I had to direct them from time to time"	i.e. had to assist with some complexities
Achieved	"I needed to be available just in case"	i.e. they were mostly independent but needed help for complex management or broadening the differential
	"I did not need to be there"	i.e. they were independent and the outcome would have been the same without my presence

Helpful reminders

Each observation is a single point in time evaluation for learning, and not a high-stakes assessment

Regular and specific observation and feedback encourages a growth mindset

Additional Information:

[CBME Quick Start Guide for Faculty - Overview | Rise 360 \(articulate.com\)](#)

List of Entrustable Professional Activity (EPA)

Transition to Discipline:

- TTD 1. Performing and presenting a basic history and physical examination
- TTD 2. Documenting orders for pediatric patients

Foundations:

- F 1. Recognizing deteriorating and/or critically ill patients and initiating stabilization and management
- F 2. Managing low risk deliveries and initiating resuscitation
- F 3. Providing well newborn care
- F 4. Assessing, diagnosing, and initiating management for newborns with common problems
- F 5. Assessing, diagnosing, and managing patients with common pediatric problems
- F 6. Providing primary and secondary preventive health care
- F 7. Performing basic pediatric procedures
- F 8. Communicating assessment findings and management plans to patients and/or families
- F 9. Documenting clinical encounters
- F 10. Transferring clinical information between health care providers during handover
- F 11. Coordinating transitions of care for non-complex pediatric patients

Core:

- C 1. Resuscitating and stabilizing neonates following delivery
- C 2. Resuscitating and stabilizing critically ill patients
- C 3. Assessing patients with medical and/or psychosocial complexity
- C 4. Diagnosing and managing pediatric patients
- C 5. Providing ongoing management for patients with chronic conditions
- C 6. Assessing and managing patients with mental health issues
- C 7. Assessing and managing patients with developmental, behavioural, and school issues
- C 8. Recognizing and managing suspected child maltreatment and/or neglect
- C 9. Performing core pediatric procedures
- C 10. Leading discussions with patients, families and/or other health care professionals in emotionally charged situations
- C 11: Coordinating transitions of care for patients with medical or psychosocial complexity
- C 12. Leading the inpatient team
- C 13. Advancing the discipline through scholarly activity
- C 14. Providing teaching and feedback

Transition to Practice:

- TTP 1. Leading a general pediatric inpatient service
- TTP 2. Managing the longitudinal aspects of patient care in a general pediatric outpatient setting
- TTP 3. Leading discussions about goals of care
- TTP 4. Leading family meetings and interprofessional team meetings
- TTP 5. Analyzing patient safety events to improve quality of care