adquiridas. Conjuntamente con otros elementos, esta evaluación final de las competencias debería ser reconocida tanto por las asociaciones profesionales como por los programas de la formación postgraduada.

Lazareto de Mahón, Menorca
24 de septiembre de 2004

Declaration of Lazareto de Mahon.
Evaluation of Professional Competencies in Undergraduate Medical Education

The Spanish Society for Medical Education

Inside the framework of the European Area for Higher Education created by the Bologna Agreements, the Spanish faculties of medicine have initiated a new process of syllabus reform. One of the key points in this process is the need to structure syllabuses according to competencies, and medicine faculties have been quick to respond.

As part of the quality control of the training process, the skills to be learnt in the syllabus must first be defined. To discuss ways of doing so, a meeting was held on 23 - 24 September 2004 during the Mahon Lazaretto Public Health Summer School (Menorca). The meeting, entitled How are the professional competencies of undergraduate degrees evaluated?, was organized by the Spanish Association for Medical Education (SEDEM) in conjunction with the University of Barcelona and under the auspices of the Carlos III Health Institute*.

The meeting took the form of a workshop led by two experts in the processes of evaluation of professional competencies in the health professions. The National Conference of Deans of the Spanish Faculties of Medicine, the University of Barcelona, the Carlos III Health Institute and the SEDEM also participated.

At the end of the sessions, agreement was reached on a series of important points which were then gathered together to form the Declaration of the Mahon Lazaretto. These points are presented below. The Spanish Association for Medical Education accepts and supports them, and urges all those involved in Medical Education and, especially, all those involved in syllabus reform, to uphold the terms expressed in the following statements:

Declaration of the Mahón Lazaretto

1. Faculties of medicine shall explicitly define the competencies that graduates must acquire. They shall also draw up a Faculty-Student contract based on the competencies to be taught and learnt.

2. Faculties of medicine must work on a process of syllabus reform leading to the design of study programs based on a set of previously defined competencies. To this end, faculties shall devise a long-term strategy which sets out the participation process through which those involved will define the competencies to be learnt, the development and implementation of the learning strategies needed to ensure that they are acquired, and procedures for the evaluation of the said competencies.

3. All those involved, both internal (faculty and students) and external (professional associations, administration, health service providers, scientific associations) shall participate actively in the process.

4. In order to promote the involvement of teaching staff, faculties shall encourage the participation of medical education experts able to provide training and advice for teaching staff in the processes of defining and evaluating professional competencies.

5. The process of competencies evaluation, like any other

* Este encuentro ha contado con la ayuda del DURSI, Generalitat de Catalunya (Ajut 262, MQD, 2002)
evaluation process, must be valid, reliable and feasible. The design should aim to ensure its acceptability and educational impact among both students and teachers.

6. It is to be hoped that, when new study programs are introduced, faculties will already have experience in competencies evaluation.

7. The process of competencies evaluation must be initiated as soon as possible, and shall be implemented in all areas of the curriculum. Evaluation and learning must complement each other at all times. Pilot schemes should be devised for the evaluation of the quality of training and study programs and to respond to the growing needs of evaluation agencies.

8. The process of evaluation of learning and professional competencies is favoured by the existence of skills laboratories where students acquire new abilities. Faculties should promote the creation of skills laboratories of this kind, increasing the range of facilities they provide and improving the performance.

9. In addition to the strategy of continued implementation of learning and competencies evaluation throughout the degree, it is necessary to establish a formal, academically acknowledged evaluation of the competencies acquired at the conclusion of the degree. Together with other assessments, this final evaluation of the competencies acquired should be accepted both by professional associations and by post-graduate training programs.

II Encuentro sobre la profesionalización del tutor de postgrado.

Lazareto de Mahón, Menorca
24th September 2004

Profesionalización del tutor de postgrado
II Encuentro Lazareto de Mahón, Septiembre 2004

Instituto de Salud Carlos III y Asociación de Redes Docentes y Asesoras

En el marco de la Escuela de Verano de Salud Pública se celebró los días 24 y 25 de septiembre el II Encuentro sobre la profesionalización del tutor de postgrado, en el que participaron representantes de las redes de docencia y asesoras de Cataluña, Madrid, Andalucía, Comunidad Valenciana, Galicia, Euskadi y Canarias, de las autonomías de Castilla La Mancha y Castilla León y de las comisiones de docencia y comisiones asesoras de Cantabria, y Navarra. A lo largo de los dos días se debatieron 5 temas de especial relevancia en la formación especializada llegándose a las siguientes conclusiones y recomendaciones para cada uno de ellos:

I.- Valoración formativa

Conclusiones
Hay que hacer una evaluación basada en el rigor metodológico y enfocada a la valoración formativa. La evaluación debe estar basada en los Programas Docentes y hay que disponer de medios para realizarla.

Recomendaciones
1. Hay que formar a los tutores en evaluación.
2. Se precisa disponer de tiempo para hacerla.
3. Hay que tener reuniones con los tutores.
4. Es necesario generar alianzas multi-institucionales para diseñar y poner en práctica proyectos sólidos de valoración formativa, con presupuesto concreto.

II.- Tutela del residente en Urgencias

Conclusiones
La tutela de Residentes en Urgencias es insuficiente. Los Servicios de Urgencias no están dimensionados adecuadamente, lo que es una causa fundamental de la falta de tutela. La realización de guardias en Urgencias es necesaria para la formación de los Residentes.

Recomendaciones
1. Los Servicios de Urgencias deben dimensionar adecuadamente su plantilla
2. Los órganos directivos de los hospitales deben implicarse activamente en la organización de los Servicios de Urgencias, en su funcionamiento y en el control de la tutela que reciben los residentes.
3. Deben desarrollarse programas docentes para la formación en Urgencias de los Residentes.
4. Durante las primeras fases de la formación debe existir una tutela directa, no siendo deseable la tutela localizada.
5. La tutela entre residentes es deseable siempre que no se realice para cubrir una plantilla insuficiente.

III.- Organización de Unidades Docentes

Conclusiones
Las Unidades Docentes (UD), elementos clave para la