Background
The Western Group on Educational Affairs (WGEA) is one of four regional groups of the Association of American Medical Colleges (AAMC) Group on Educational Affairs. The WGEA institutional members are:

- Alberta Faculty of Medicine
- University of Arizona College of Medicine
- University of British Columbia Faculty of Medicine
- University of Calgary Faculty of Medicine
- University of California, Davis School of Medicine
- University of California, Irvine School of Medicine
- University of California, Riverside School of Medicine
- University of California, San Diego School of Medicine
- University of California, San Francisco School of Medicine
- Charles R. Drew University of Medicine and Science
- University of Colorado School of Medicine
- David Geffen School of Medicine at UCLA
- John A. Burns School of Medicine, University of Hawaii’ at Manoa
- Keck School of Medicine of University of Southern California
- Loma Linda University School of Medicine
- University of Nevada School of Medicine
- University of New Mexico School of Medicine
- Oregon Health and Science University School of Medicine
- Stanford University School of Medicine
- University of Utah School of Medicine
- University of Washington School of Medicine

The WGEA strives to promote excellence in the continuum of medical education, from undergraduate and graduate medical education to continuing medical education, by fostering professional development of medical educators and advancing research in medical education. Its annual spring regional meeting provides conference attendees to share ideas, resources and research, and is hosted by one of the WGEA institutional members on a rotating basis.

JABSOM last hosted in 2007, and had a record attendance of 234 people. JABSOM maintained this record until Stanford hosted a combined spring meeting with WGEA, WGSA (Western Group on Student Affairs), WOSR (Western Organization of Student Representatives) and WAAHP (Western Association of Advisors for the Health Professions), in 2011 and had 510 attendees.

Although JABSOM was not scheduled to host the spring regional meeting until later in the 2020 decade, JABSOM requested to host in 2014 for a number of reasons, including promotion of faculty development, providing an opportunity for faculty, staff, and students to present at a regional conference in a local venue, enhancing JABSOM’s profile regionally, and allowing the school (JABSOM) to prepare for LCME accreditation, which is scheduled for the academic year 2016-2017.

Conference
The WGEA 2014 Spring Meeting was held on March 23-25 at the Ala Moana Hotel (March 23) and JABSOM (March 24 and 25). The theme was, “A SLICE of Paradise: Accreditation Standards Leading Innovation and Creativity in Education.” The WGEA Planning Committee invited Dr. Dan Hunt, Co-Secretary of the Liaison Committee on Medical Education (LCME) and Senior Director of Accreditation Services at AAMC, to be the plenary speaker. In his plenary speech, titled “Medical Education Accreditation: THE Leverage for Quality and Creativity,” Dr. Hunt shared innovative programs across the country that were helping those institutions address accreditation standards. Some of the feedback received was:

“Awesome. Very practical for all…”

“It was engaging and provided a perspective on LCME that was different than I had expected, a helpful way to look at LCME.”

“Very useful and practical!”

The WGEA Planning Committee also invited Dr. Richard Kasuya, Associate Dean of Medical Education and Dr. Damon Sakai, Director of Medical Student Education, to give a Host Institution Presentation. In their talk, “Medical Student Education in the Aloha State: The John A. Burns School of Medicine”
Medicine,” they shared unique aspects of the JABSOM curriculum along with cultural aspects of Hawai‘i that have influenced the curriculum and impacted the learning environment, including Hawai‘i’s geographic isolation, value of storytelling, and the importance of personal relationships in the design of JABSOM’s PBL program, longitudinal integrated clerkships, and community outreach. The session was the most cited by the attendees for exceptional presentations at the conference, and feedback included:

“Great way to introduce us to the culture not only of Hawai‘i but of the school. We will all be challenged to create such a welcoming and exciting feeling for our own schools when it is our turn to host. I think this approach should be a WGEA tradition!”

“The presentation…about the school and its cultural fabric really provided a great example for how we can explore and describe diversity and address the issue of cultural competence at our own institution, and think of ways to improve on that.”

“A fantastic and moving presentation. It made me want to take your students into our residency. It made me want to work there!”

The majority of the program was selected from submissions in response to an open call for proposals. WGEA 2014 received 226 proposal submissions, compared to 147 submissions in 2007, the last time JABSOM hosted. The number of submissions was also higher than the three previous WGEA conferences. All submissions were peer-reviewed by faculty outside of the submitters’ home institution. From these submissions, the final WGEA 2014 program contained 8 sessions, each with 6-9 concurrent presentations, composed of a total of 15 panels, 27 workshops, 20 small group presentations, 3 oral abstract groups, and 51 oral abstract presentations. There was also a separate poster session with 97 presentations.

The program also included 8 AAMC-sponsored sessions, 2 Medical Education Research Certificate (MERC) workshops, a Medical Education Scholarship Research and Evaluation (MESRE) workshop, and meetings of various groups including the WGEA Steering Committee, MESRE, Computer Resources in Medical Education (CRIME), and Libraries in Medical Education (LIME). In addition, there was the inaugural offering of the Leadership Education and Development (LEAD) Certificate program for the WGEA region, a two-year leadership development program that provides the knowledge, skills, values, and practical experience needed to be successful leaders in academic medicine. Finally, there was a Clerkship Administrator Certificate Program aimed at optimizing one’s career and contributions through leadership development. Attendees were able to claim CME credit, which was offered through the Hawai‘i Consortium for Continuing Medical Education.

WGEA 2014 had 320 attendees. Of this number, there were 71 attendees from JABSOM, including 4 department chairs, 42 faculty, 6 staff, 9 residents and fellows, 5 medical students, 1 post-doctoral student, and 3 graduate students. When comparing to just the WGEA attendees from previous WGEA/WGSA/WOSR/WAAHP combined conferences, the attendance exceeded WGEA attendance at the three previous conferences. The attendees at WGEA 2014 represented 25 medical schools in US and Canada, as well as nine schools in Japan, Taiwan and Thailand. Non-WGEA schools that participated were:

- University of Missouri School of Medicine
- University of Saskatchewan
- Texas Tech University at El Paso
- Wake Forest School of Medicine
- Washington University School of Medicine
- Fu-Jen Catholic University, Taiwan
- Kobe University, Japan
- Kochi Medical School, Japan
- Okayama University, Japan
- Juntendo University, Japan
- University of the Ryukyus, Japan
- Thammasat University, Thailand
- Jikei School of Medicine, Japan
- Tohoku University, Japan

Besides the educational aspects of the conference, there was also sharing of our Hawaiian culture. This took the form of an opening oli (chant; prayer) performed by Drs. Dee-Ann Carpenter, Martina Kamaka, Vanessa Wong, and others from the Native Hawaiian Center of Excellence, and a luau (feast) hosted on the grounds of JABSOM with hula performances from first and second year medical students, as well as JABSOM faculty and staff. As hosts, JABSOM conveyed the sense of aloha, and many attendees commented on the welcoming and friendly atmosphere of the conference. Some of the feedback received was:

“...the atmosphere was warm, relaxed and collegial, so thank you for your and your team’s superb planning!”

“The conference was warm-hearted and fruitful.” Thank you for your hard work and hospitality.”

“The conference was stimulating, but also was heart-warming with full hospitality.”

Presentations by JABSOM
JABSOM faculty and staff; fellows and residents; post-doctoral, graduate, and medical students participated in 4 panels, 4 workshops, 5 small group presentations, 3 oral abstracts and 20 posters.

Panels
- International Experiences with Problem-Based Learning
- IS-16 Diversity Policy: Perspectives and Experiences
- Optimizing the Workforce Pipeline into a Critically Understaffed Specialty: Perspectives from Three Faculty Psychiatrists
- What’s Genealogy Got to Do with It? Exploring Innovative Cultural Competency Training at JABSOM
Workshops
• Best Practices and Lessons Learned for Developing Dynamic Web-Based Resources for Healthcare Education and Research
• Culturally Cognizant Communication
• Google Sites and Forms: Enhancing Your Courses with Limited Resources
• New Life-Saving Devices: The Tablet Computer Revolution

Small Group Presentations
• Are you Ready to See Patients on Your Own? Determining Resident Competency to Practice with “Direct Supervision Available”
• Creating Invested Learners – a Community-Based, Participatory Approach to Residency Curricular Improvements
• Developing Future Nursing Home Medical Directors: A Curriculum for Geriatric Medicine Fellows
• Honoring the Past, Preparing Physicians for the Future: The Kalaupapa Service Learning Project
• Understanding Pacific Islander Cultural Nuances and Norms Affecting Success in US Medical Education Systems

Oral Abstract Presentations
• Enhancing Nutrition Education through Diet Experiences
• Melding Western Medicine and Traditional Native Hawaiian Health in a Senior Medical Student Elective
• The Standardized Patient and Standardized Interdisciplinary Team Meeting: Validation of a New Performance-Based Assessment Tool

Poster Presentations
• Can a Standardized Interdisciplinary Team Meeting Measure Facilitative Communication Skills?
• Combining Quality Improvement and Geriatrics Training: The Nursing Home Polypharmacy Outcomes Project
• Curriculum Development in Skin and Wound Care
• Curriculum Mapping of Geriatric Medicine Core Competencies in the Preclinical Problem-Based Learning Curriculum at the John A. Burns School of Medicine, University of Hawai‘i
• Developing a 3 Year Geriatric and Palliative Care Curriculum for Internal Medicine Residents
• Doctors as Teachers: Implementation of an iPad-Based Resident Curriculum
• Education on Depression for Frontline Nursing Home Staff: The Practice Improvement in Education (PIE) Project
• Efficient Integration of Anatomy and Physiology in ECG Training
• Enhancing Clinical Skills Education Through the Use of Programmable Computerized Stethoscopes during the Processing of PBL Cases
• Enhancing Ethnogeriatrics Education for Geriatric Medicine Fellows
• Integration of Indigenous Hawaiian Cultural Values into a Clinical Training Experience

Dr. Dee-Ann Carpenter received an award from the MESRE Section for her outstanding oral abstract presentation titled, “Melding Western Medicine and Traditional Native Hawaiian Health in a Senior Medical Student Elective.”

Evaluation
An online survey was sent to all the participants. Approximately 117 responses were received. The majority of participants agreed or strongly agreed that they were able to achieve the following overall objectives of the conference:

• Describe the continuous improvement process associated with undergoing the accreditation process (70%, n=82)
• Describe and apply the knowledge, tools, and skills associated with providing quality teaching in critical evaluation of medical education (91%, n=108)
• Describe and apply ways to demonstrate, teach, and promote non-cognitive attributes such as professionalism, cultural competency, and interdisciplinary teamwork (85%, n=100)
• Discuss and apply examples of educational research relevant to one’s responsibilities in medical education (88%, n=105)

When asked to rate the projected impact of the conference on their competence, performance, and student outcomes, the majority of participants agreed or strongly agreed that:

• The conference increased my competence (91%, n=109)
• The conference improved my performance (87%, n=101)
• The conference will improve my students outcomes (85%, n=100)
As a result of attending the conference, 41% (n=62) stated they planed to create/revise their curriculum, 38% (n=57) stated they would change the methodology in teaching, and 9% (n=14) said they would change their practice in another way. The largest barrier to implementing changes was cost (23%, n=47).

**Benefit to JABSOM**

Hosting the WGEA 2014 Conference benefited JABSOM in several ways. Based on evaluations, the conference was a success and allowed the JABSOM faculty and staff to present a favorable impression of JABSOM to the WGEA region and beyond. Faculty members shared what makes JABSOM special, and showed the strengths in their curriculum. The conference allowed for networking with colleagues interested in medical education from different JABSOM departments and other schools, nationally and internationally. JABSOM faculty demonstrated the breadth and depth of their scholarly work in medical education. Finally, the WGEA 2014 Conference provided an opportunity for faculty development in education of medical students, residents and fellows. The latter two, scholarly activity and faculty development in medical education, are particularly beneficial to JABSOM as they are both important for LCME accreditation.

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**References**