in healthcare, medical education, and learning styles for acquiring knowledge. This exchange demonstrated that a cross cultural and neer peer teaching environment can be an effective method of medical student-centered development in global health.

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Making a global health home for faculty and students on an interprofessional campus: the example of university of maryland baltimore's center for global education initiatives

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Background: The Center for Global Education Initiatives (CGEI) at the University of Maryland Baltimore's (UMB), formerly the Global Health Resource Center, was established in 2005 under the NIH Fogarty Center's "Framework Program for Global Health" grant program to build interprofessional global health capacity on graduate campuses. CGEI provides UMB faculty and students from across the seven UMB professional schools (medicine, law, social work, nursing, dentistry, pharmacy and the graduate program in life sciences) with a variety of mechanisms that encourage joint scholarship, educational opportunities, and fellowship.

Structure/Method/Design: CGEI has been remarkably successful in creating a platform for faculty and students to interact and develop multidisciplinary research themes and training programs in global health through three ways: 1) an interprofessional experiential learning program, 2) an active global health interprofessional faculty council (GHIC) that convenes monthly to share and advance coordinated campus efforts, and 3) a global health interprofessional student council.

Outcome: CGEI implemented a pilot interprofessional program in 2010, involving one student from each school in a six-week research program in Malawi, led by faculty members of different disciplines. After four years of interprofessional educational success, the program expanded into a broader model; in 2014 and 2015, 78 students were supported in 18 different projects in 11 countries. Primarily through GHIC, faculty members are brought together from within the University as well as with international collaborators to formulate research proposals that go across disciplines and reframe solutions for global health challenges. Faculty and students return to UMB to share their experiences with their peers which continues the excitement and demand for meaningful interprofessional experiential opportunities.

CGEI has been able to effectively connect students to faculty members interested in global health across campus. Previously, students organized themselves around global health issues by schools but the groups were not engaged with one another. CGEI established a Global Student Advisory Council that brought together representatives from each school's interest group, and they now coordinate substantive events and opportunities to encourage interprofessional fellowship.

Going Forward: CGEI continues to develop and evolve to support UMB faculty and students and meet the increasing demand for meaningful interprofessional global health opportunities.

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EqualHealth's visiting professor program: providing continuing medical education and professional development opportunities for haitian health professionals

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Program/Project: EqualHealth (EQ) is a non-governmental organization that was founded in response to the lack of professional development opportunities available to Haitian health professionals and medical students. In 2011, EQ established its Visiting Professor (VP) program to bring physician-educators to Haiti to provide additional training to health professionals.

Structure/Methods/Design: First, our Haitian institutional partners identify priority topics and learners for each course. Then, the EQ volunteer health professional database is searched to make an appropriate match, and finally, EQ works with the VP to coordinate a one or two-week training session on the topic of interest. For each course, all learners complete a pre- and post-test knowledge assessment, and all learners, VPs, and institutional management provide 360 qualitative feedback. VP courses at medical institutions consist of classroom teaching and hands-on clinical training, and those at universities are classroom-based.

Outcome/Evaluation: To date, EQ has coordinated 59 courses and provided training to 2,338 Haitian health professionals. Results from learner pre-post tests indicate a positive change in knowledge base. Topics addressed include cardiology, colposcopy, electronic fetal monitoring (EFM), emergency medicine, first aid, health behavior, Intra Uterine Device (IUD) training, laparoscopy, neurology, radiology, research methods, social medicine, trauma, and ultrasound. This past year, we have supported longitudinal trainings in EFM, laparoscopy, and research methods, and have integrated the reinforcement of previously taught skills into subsequent trainings. The strong relationships between the VPs and Haitian learners have allowed EQ to continue the educational exchange between visits, expand key women's health services offered at our partner sites, and collaborate on several abstracts that have been presented at international conferences.

Going Forward: Challenges include responding to shifting learning needs and VP recruitment. EQ is addressing this through expanded recruitment efforts, and has already identified VPs to provide courses on adolescent medicine, Advanced Cardiovascular Life Support, diabetes, EFM, and epidemiology during the coming year.

Funding: EQ is primarily comprised of volunteers. VPs cover their own travel expenses and pay a \$300 fee to defray program costs. Funding to support the EQ staff members comes from contributions from individual private donations, family foundations, and public charities.

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