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Assessing the Confidence of the Anti-Racist Advocate in our Academic Trainees

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OBJECTIVES/GOALS: The objective is to describe the process for developing two measurement tools to measure confidence (self-efficacy) of the anti-racist advocate in an academic setting. **METHODS/STUDY POPULATION:** We proposed five spheres encountered by the academic trainees: Academic/Research, Clinical, Policy, Interpersonal, and Intrapersonal. We evaluated a book, by Shereen Daniels, used in anti-racism literature: *The Anti-Racist Organization - Dismantling Systemic Racism in the Workplace*. Using the proposed metric of RACE framework, Recognize the problem, Analyze the impact, Commit to action, Empower for change, we sought to establish readiness on the spectrum of anti-racism advocacy. We developed a list of anti-racism and anti-bias advocacy skills based on: 1) Informational interviews with anti-racism and anti-bias experts, 2) Scoping literature review and 3) Academic trainees' and faculty lived experience. **RESULTS/ANTICIPATED RESULTS:** The first assessment, "5-Spheres", consists of 10 items that perform, 1) Analysis of readiness on the spectrum of anti-racism advocacy using RACE framework (Figure 1 [https://drive.google.com/file/d/1A3nMArEn7ZSxZSuSgDkYL_row-VOhOXf/view?usp=drive_link]), 2) Assessment of workplace environment. The second assessment, "Skills", consists of 25 items (Figure 2 [https://drive.google.com/file/d/1GTdfSgn0-mPufSUvSN-vIKTxBCKFW3/view?usp=drive_link]) that perform assessment of confidence of specific skills within each of the five spheres using the following scale: 1 – Not confident at all, 2 – Lacking some confidence, 3 – Somewhat confident, 4 – Completely confident **DISCUSSION/SIGNIFICANCE:** This proposed measurement tool can extend to anti-bias as well as anti-racism. Potential uses of the self-assessment includes: 1) Measurement and 2) Gap-spotting.

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A Year Later: A multi-institutional QI project to enhance leadership conversations about retention

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OBJECTIVES/GOALS: Optimize an Individual Retention Conversation (IRC) toolkit aimed at enhancing trust amongst CRPs and leadership via a 2-phase project wherein 9 academic medical centers (AMCs) with significant CRP workforces developed and

assessed a 16 question IRC guide and accompanying manager/leader instructional guide. #_msoanchor_1 **METHODS/STUDY POPULATION:** Significant interest in adapting the Stay Interview concept for the CRP workforce led to a 2-phase pilot to optimize the re-envisioned IRC toolkit. Representatives from nine AMCs and research sites volunteered to navigate their respective institutional IRB processes to initiate the assessment. Additional sites, such as Frontiers Clinical and Translational Institute (Frontiers) launched variations of the IRCs outside of the structured QI project to meet the needs of their institutional environments and reported feedback to the larger group. Feedback on both the standardized IRC, as well as Frontiers' tailored version, will be presented. This will serve as an entryway into Phase 2, a multi-institutional mixed methods evaluation project open to all AMC members of ACTS and the CRPT SIG. **RESULTS/ANTICIPATED RESULTS:** To date, 7 institutions have initiated IRCs with test groups at their institutions. Each institution had unique requirements, but all IRBs deemed Phase 1 to be exempt/not human research. Preliminary data suggest not only that the IRC process is valuable to both employee and their manager/unit leadership, but also that the simple act of conducting IRCs was found to be unique and meaningful to employees. For example, in their tailored IRC process, Frontiers found that the 90% of their team found the process to be beneficial (n=9). **DISCUSSION/SIGNIFICANCE:** By acknowledging issues, understanding motivations, and increasing engagement, IRCs foster positive change, allowing team leaders to take immediate action on important issues. By doing so, retention and engagement of team members, and the CRP workforce as a whole, is likely to grow and strengthen, as supported by results from our initial test pilots.

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Systematic Development of a Multidisciplinary Online Training Program in Healthcare Delivery Science

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OBJECTIVES/GOALS: We created an online, competency-based training program for Healthcare Delivery Science (HDS) that incorporates a wide range of disciplines and best educational practices. **METHODS/STUDY POPULATION:** In collaboration with a curriculum design expert and thirteen content experts from multiple schools and departments, we reviewed and adapted a published set of competencies for learning health system researchers. We followed educational best practices to collaboratively create learning objectives, aligned content with the objectives, and created quiz questions that addressed the objectives. After recording the coursework and building the program in a learning management system, we tested, evaluated, and revised the courses. **RESULTS/ANTICIPATED RESULTS:** The systematic approach resulted in a novel set of eight online courses: Introduction to Healthcare Delivery Science, Research Methods, Dissemination & Implementation Science, Behavioral Economics, Leadership & Management, Quality Improvement, Systems Engineering, and Multi-Stakeholder Engagement. The courses are applicable to learners from diverse fields, including medicine, public health, pharmacy, engineering, health system administration, and translational science. Students can earn digital badges for individual courses and a

certificate of completion for the entire set of courses. **DISCUSSION/SIGNIFICANCE:** Compared to previously available offerings, the new training program offers a more comprehensive view of this important field. Next, we plan to develop additional courses and create a Masters program that includes synchronous learning and a complementary experiential component for hands-on application of HDS principles.

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Supporting Early-Career Faculty Grant Proposals through Narrative Development Training: A Proposal Narrative Development Program for Early-Career Faculty

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OBJECTIVES/GOALS: Faculty pursuing their first independent research grants often struggle to express their ideas in a concise, compelling way. Thus, we developed the "Research and Scholarship Storytelling Bootcamp" to equip these faculty with narrative development skills applicable across disciplines and mechanisms. **METHODS/STUDY POPULATION:** Early-career researchers who were preparing either their first NIH R-series application or an NSF CAREER award proposal were invited to participate. Enrollment was limited to 20 participants. Those accepted learned the "And-But-Therefore" narrative framework by reading a short book and attending 4 synchronous lectures. Between sessions, they applied the framework by drafting abstracts and Specific Aims/Project Summary documents and reviewing their fellow participants' work. We assessed participants' comfort with storytelling, perceptions of preparedness, and confidence regarding funding chances, before and after the program using a visual analog scale (max 100 points) and calculated Cohen's *d* to evaluate the effect size of any changes. **RESULTS/ANTICIPATED RESULTS:** Thirty people applied for 20 slots, indicating strong demand. Eleven NIH applicants and 9 NSF applicants enrolled. Before the program, participants rated their comfort with storytelling at 45 ± 25 , their preparedness at 39 ± 24 , and their funding confidence at 39 ± 26 . Nine total participants completed all sessions, assignments, and surveys. Completion rates were comparable for NIH- and NSF-targeting participants. After the program, completing participants reported increases in their comfort with storytelling (68 ± 14 post vs 32 ± 20 pre, $d = 1.46$), perceived preparedness (64 ± 20 post vs 48 ± 26 pre, $d=0.58$), and confidence in funding chances (56 ± 19 post vs 40 ± 27 pre, $d=0.75$). **DISCUSSION/SIGNIFICANCE:** This program was the first of its kind for multidisciplinary early-career faculty at our institution. The program successfully achieved its objectives for those who completed all activities. Future analysis of survey comments and proposal success rates will reveal barriers to full program engagement and opportunities for further training.

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Adapting Center for Improvement of Mentored Experiences in Research (CIMER) Mentor Training for Clinical Research Professionals: A Process Description

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OBJECTIVES/GOALS: Learn how the National Organization of Research Development Professionals (NORDP) adapted the Center for Improvement of Mentored Experiences in Research (CIMER)

NIH-funded evidenced-based mentor training curriculum for research development professionals and how the curriculum will be further adapted for clinical research professionals. **METHODS/STUDY POPULATION:** NORDP pioneered the adaptation of the CIMER curriculum for professional research staff. In addition to revamping the case studies and ensuring the curriculum was appropriately staff-centric, the NORDP team developed best practices for adapting the curriculum. This approach included four phases: (1) developing expertise in mentor training, (2) adapting curriculum for staff, (3) creating role-specific case studies, and (4) integrating mentor training with institutional or professional association-based mentoring programs. In collaboration with CIMER and units at the University of Minnesota (UMN), the mentor training model for research development will be further adapted for clinical research staff, i.e. coordinators, regulators, facilitators. **RESULTS/ANTICIPATED RESULTS:** This poster will discuss the preliminary work of adapting the curriculum for clinical research professionals by the UMN's Departments of Family Medicine and Community Health and Clinical and Translational Science Institute's Translational Workforce Development team. The anticipated short to mid-term outcomes of this work include: (1) improved research professionals mentoring knowledge and skills, (2) diversity addressed across research roles, (3) reduced staff turnover and associated costs, (4) increased staff job satisfaction and moral, and (5) research culture changed to value mentoring excellence across the academic enterprise. **DISCUSSION/SIGNIFICANCE:** Research mentoring has traditionally been focused on faculty and trainees. Given the unique skill sets and increasing complexity of research staff roles, mentoring can increase job satisfaction and reduce the overall costs related to turnover, i.e. research productivity, loss of institutional knowledge, hiring costs, etc.

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A Pilot Project Program to Foster the Inclusion of Undergraduate Faculty and Students and Graduate Students to Work with Experienced Researchers in a Mentored Research Experience in Clinical and Translational Science Succeeds Beyond Geographical and Institutional Boundaries

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OBJECTIVES/GOALS: The Title V Project at the Medical Sciences Campus aims to expand the knowledge in Clinical and Translational Research (CTR) and diversify the CTR workforce throughout Puerto Rico. A Pilot Project Program (PiP) offers research training for Undergraduate students (UgS), Graduate Students (GS), and Undergraduate program Faculty (UgF). **METHODS/STUDY POPULATION:** Since 2021, the Title V Project has established a rolling application process to which researchers from any scientific background related to CTR in all post-secondary institutions in Puerto Rico may submit research proposals. These are peer-reviewed considering the following criteria: the research team composition must include UgS, GS, and UgF; the primary researcher's expertise; the significance of the proposed topic related to Puerto Rico's health problems; and the research plan's quality. In addition, proposals must include a career plan for student and faculty members to participate in further training in CTR-related topics, such as scientific communication and statistical analyses, also offered through the Title V program. **RESULTS/ANTICIPATED RESULTS:** Twelve