structures and through a conceptual perspective of resource investment. In other words, they viewed their time and their effort as valuable – and notably, scarce – resources, which they invest in patient care, interprofessional communication, and other tasks. There are two key pathways that characterize the culture of interprofessional communication: collaborative communication and transactional interactions, depending on whether an individual perceives the goals of another person, department, or level of the hierarchical institution as aligned with their own goals. DISCUSSION/SIGNIFICANCE OF IMPACT: Positive cultures of interprofessional communication in the healthcare setting depend on perceived goal alignment among individuals, departments, and leadership. Future research can explore how perceptions of goal alignment are developed and empirically test this situation-specific theory in other healthcare system settings.

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Advancing the science and practice of mentorship through a CTSA community of practice

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OBJECTIVES/GOALS: This poster describes the scientific rationale, needs assessment, programmatic elements, and impact of a community of practice (CoP) focusing on advancing equity in the science and practice of mentorship. METHODS/STUDY POPULATION: In 2023, the University of Wisconsin Institute for Clinical and Translational Research received NIH R13 funding to host a conference, the Science of Effective Mentorship (Asquith, McDaniels, et.al., 2023). Approximately 150 researchers and program leaders from Clinical and Translational Science Awards (CTSA) Hubs and beyond attended. Data were collected before, during, and after the conference, providing the authors with an initial idea of community needs. As a result, a mentorship CoP was formed. In the subsequent 18 months, a steering and advisory committee established a program of virtual, topic-focused virtual events every 3 months as well as a community website, with increasing attendance and utilization. A survey was disseminated after the completion of one year, and a focus group was held during the last virtual gathering. RESULTS/ANTICIPATED RESULTS: The demand for infrastructure to support a national community of practice will be demonstrated. The demographic and positional diversity (e.g. role within a CTSA Hub) will highlight the opportunities of convening this diverse community. Organizational challenges and opportunities will be highlighted. Assessment data will reveal the broad range of needs and interests of participants. Aggregate demographic, professional, and participation data about community of practice members will be shared, as well as the governance and programmatic elements of this community of practice. Evaluation results from the first year of activity will be displayed. Needs for sustainability will be discussed. DISCUSSION/SIGNIFICANCE OF IMPACT: CoPs are not new in the CTR space. Membership in a CoP may reduce isolation individuals feel as they negotiate the important work of equity in the biomedical workforce. Members of this community of practice share the expertise and commitment to promoting equity in the biomedical workforce through supporting robust culture of mentorship.

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Onboarding meaningfully: A three-factor competency-based program for new clinical research professionals

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OBJECTIVES/GOALS: Clinical research professional (CRP) managers often struggle to onboard effectively in the rapid timelines necessary. We developed a competency-based, standardized, onboarding program using a 3-factor adult learning approach and designed to be easily adaptable, broadly shared, and readily implemented across a variety of research environments. METHODS/STUDY POPULATION: The Duke competency-based onboarding program for CRPs was developed through an iterative process with input from research community members. Initially, 97 courses were mapped to clinical research competencies using the Joint Taskforce for Clinical Trial Competency framework to identify training gaps and establish a structured learning framework. The onboarding program includes three key components: role specific Express Start modules (self-paced e-learning), Onboarding Learning Plans (a customizable timeline for competency-mapped trainings), and Engagement Activity Packets (guides for manager-driven applied learning in specific competency areas). An additional cohort-based mentorship program (RPN+) includes 4 months of mentored group learning and seminars designed for new professionals. RESULTS/ANTICIPATED RESULTS: Since launch in 2021, 521 new employees have registered an Onboarding Learning Plan representing more than 55% of new CRPs. Additionally, nearly 85% of new CRPs have completed the Express Start role-specific online modules. 54% of new CRPs have enrolled in RPN+ (launched in 2022) and have included members from 22 of 24 clinical research units. Users have reflected the range of clinical research staff roles at Duke, with the majority being clinical research coordinators. A significant predominance of participants found the programs beneficial and would recommend to others. Since launch, program materials have been shared with 64 external groups and institutions via 91 requests. DISCUSSION/SIGNIFICANCE OF IMPACT: Duke's CRP onboarding program addresses organizational, technical, and social aspects through Express Start, Onboarding Learning Plans, and the RPN+ mentoring program. Aligned with the JTFCTC framework, and designed for broad implementation, it successfully promotes competency-based growth and optimizes time for both managers and employees.

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Design and establishment of a "big data" summer research program for medical students

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OBJECTIVES/GOALS: A summer research program for medical students was implemented using real-world evidence (RWE) –

https://doi.org/10.1017/cts.2024.850 Published online by Cambridge University Press