decisions at the institute level. DISCUSSION/SIGNIFICANCE OF IMPACT: The TS Dashboard can help both MICHR program and institute leaders understand how projects map along different phases of discovery, implementation, and innovation, ensuring that the portfolio of activities is appropriately balanced.

463

What's your problem? Methods for refining translational science challenges to create meaningful solutions

Elizabeth LaPensee, Maureen Brudzinski, Sarah Miles and Elias Samuels
University of Michigan

OBJECTIVES/GOALS: The Michigan Institute for Clinical & Health Research (MICHR) created an eight-phase adaptive Translational Science Framework to guide us in selecting and solving translational science problems. We operationalized the initial problem selection phases and assessed utility of various methods in shaping complex problems for solution design. METHODS/STUDY POPULATION: We identified three high-priority strategic domains where there was potential to improve the efficiency and effectiveness of research and related processes. Starting with broad problem statements, we engaged a wide array of stakeholders and end-users in a sequence of methods to reduce ambiguity, uncover root causes, and clarify actionable challenges. The methods we selected align with the four problem selection/problem analysis phases of our Translational Science Framework: contextualize, frame, map, and craft. Methods used included landscape and workforce assessments; purpose and scoping sessions; design research strategies; systems mapping; quantitative needs assessments; and translational science proposal pitches. RESULTS/ANTICIPATED RESULTS: Across the three strategic domains, we successfully reframed and scaled ill-defined problem statements into translational science questions that are actionable, meaningful, feasible, and relevant. The outputs of each problem selection/problem analysis phase served as critical inputs for subsequent phases; for example, synthesis of landscape and workforce assessments in the contextualize phase provided critical substrate for structuring the design research and broad scale needs assessments in the frame phase. This funneling approach brought continuous focus and clarity to the problem statements. A variety of metrics embedded within the phases informed performance, progress, and decision-making, which enabled rapid adjustments in the face of evolving contexts and unforeseen challenges. DISCUSSION/SIGNIFICANCE OF IMPACT: In the absence of translational science problem analysis, we risk not addressing actual needs, duplicating effort, and/or creating unwanted solutions. The methods and metrics within the analysis phases of our Translational Science Framework promote iterative refinement of intractable problems, with the goal of yielding impactful solutions.

464

Translating ideas to action: Development of a clinical investigator training program built on investigator needs

Bernadette T Gillick, Jake Rome, Leigh A. Mrotek, Anne Buffington, Theresa Lins, Stephanie Van Riper and Nasia Safdar
University of Wisconsin-Madison

OBJECTIVES/GOALS: UW-Madison Institute for Clinical and Translational Research (ICTR) and Clinical Trials Institute (CTI) has teamed to develop a novel Clinical Investigator Training Program providing training modules to meet the demands of today's translational researchers and study coordinators and improve trial design and analysis for greater impact. METHODS/STUDY POPULATION: In a novel transdisciplinary model, we have teamed to address the current needs of both investigators and study coordinators to develop a translational Clinical Investigator Training Program. Development activities include constructing a needs assessment with input from early stage, junior and senior faculty, as well as KL2 trainees and study coordinator staff. Needs assessment will inform development of "stackable" modules aiming to directly benefit investigators toward improved trial design. Incorporating perspectives of both study coordinators and principal investigators will allow for a more robust assessment of knowledge gaps and provide another method for tracking progress. RESULTS/ANTICIPATED RESULTS: The curriculum in the training modules will be evaluated by a select group of new investigators in the UW Madison Pediatrics department and refined using their feedback. We will also examine if the training modules paired with individualized research planning assistance improves perceived competence for research study planning and execution. Integration of this investigator-driven, multidisciplinary training program will facilitate development of informed clinical trials and improve protocol development and execution. DISCUSSION/SIGNIFICANCE OF IMPACT: This module-based training will be assessed for capability to prepare investigators to develop and execute clinical trials. With an early training program, accessible through ICTR and CTI, for both investigators and study coordinators, improvements in both trial development and impact are anticipated.

466

Impactful collaboration: Teaming with pilot awardees to optimize research plans

Leigh A Mrotek, Ali Moellner, Anne Buffington, Jen Merems, Amarette Filut, Nasia Safdar and Bernadette T Gillick
University of Wisconsin

OBJECTIVES/GOALS: UW-Madison ICTR Collaborative Network (ICON) is a team of research navigators who provide wrap-around services for investigators (e.g. study and recruitment planning). In 2025, an ICON objectives was to consult with newly awarded investigators to expedite their study activities. METHODS/STUDY POPULATION: The ICON team assisted postdoctoral (n=3) and faculty (n=8) investigators awarded 12- or 18-month Institute for Clinical and Translational Research (ICTR) pilot awards beginning in May or July 2025. ICON addressed concerns related to regulatory documentation creation, recruitment and retention, study personnel training, document editing, etc. Ten of 11 investigators consulted with ICON shortly after award onset, with plans for check-ins at the 6- and 12-month mark of their grant. Following the initial consultation, ICON devised an individualized assistance plan for each investigator. Investigators completed multiple surveys regarding their opinion on the usefulness of the service. RESULTS/ANTICIPATED RESULTS: The results of the first survey indicated

Downloaded from https://www.cambridge.org/core. UNIVERSIDAD AUTONOMA METROPOLITANA, on 19 Nov 2026 at 19:54:41, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms. https://doi.org/10.1017/cts.2026.10605

that three investigators found the ICON service to be highly valuable (highest ranking), overall, the mean value was 4.1 on a 5-point Likert scale. The written feedback from the investigators indicated that the service would have been more useful earlier in the pilot award process, such as prior to submission. The ICON team continues to execute the individualized assistance plan for each investigator and will provide tailored assistance at the 6- and 12-month check-ins to meet the investigator's needs. We will survey the investigators quarterly for feedback on the usefulness of the service. DISCUSSION/SIGNIFICANCE OF IMPACT: Survey feedback indicates the value of the ICON service but suggests that for some the consultation was delayed. The ICON team will continue to check-in with this cohort to determine if further assistance is needed. In the future, ICON will meet with awardees earlier in the application process.

468

Strengthening translation through multidisciplinary expertise: The impact of the feasibility review

Nicole Tosun, Alissa Jorgenson, Katherine Ingram, Ryan Lee, Ryan Thiel, Brenda Prich, Mahrya Johnson, Jessica Oslowski and Melena Bellin
University of Minnesota

OBJECTIVES/GOALS: To achieve the greatest impact, protocols must be rigorous and feasible. The University of Minnesota's Clinical Research Support Center developed a feasibility review (FR) to identify barriers, offer solutions, and strengthen translation through multidisciplinary expertise. Improvements are tracked using an Impact Scoring System.

METHODS/STUDY POPULATION: Established in 2018, the FR was designed to address operational barriers that delay study start-up and help researchers strengthen protocols before regulatory submission and implementation. Drafts are reviewed by a multidisciplinary panel with expertise in logistics, recruitment, biostatistics, monitoring, and regulation. Each protocol undergoes a 1-week review process culminating in a 90-minute structured discussion between the panel and study team. A written report summarizes strengths, concerns, available resources, and next steps. To assess impact, we developed a novel scoring system that assigns each protocol a pre- and post-review score, objectively measuring how protocols improve in response to feedback. RESULTS/ANTICIPATED RESULTS: Since its launch, 186 clinical studies from nine schools and colleges have completed FR. Study teams report high satisfaction (average rating 4.8/5), noting clearer recruitment plans, improved logistics, and valuable resource connections. The Impact Scoring System provides measurable evidence of change: on average, protocols increased their score by 28% from pre- to post-review, reflecting greater operational readiness and likelihood of success. Tracking also shows that FR participation is associated with fewer protocol-related IRB stipulations, offering an additional objective indicator of improved quality. Together, these results demonstrate both the perceived value and the measurable operational impact of the FR process. DISCUSSION/SIGNIFICANCE OF IMPACT: The FR addresses operational barriers early, ensuring protocols are both rigorous and feasible before launch. Its Impact Scoring System provides objective evidence of improvement and a scalable model other institutions can adopt to advance rigor, efficiency, and trustworthy translation.

469

Mapping CTSA resources and services within an institutional research infrastructure

Abbey Fisher
Penn State Clinical and Translational Science Institute

OBJECTIVES/GOALS: The PSCTSI provides critical resources and services at PSU/PSCOM. Our objectives are to map PSCTSI resources among the PSU/PSCOM research infrastructure, increase researcher knowledge of resources, services, and processes, and ensure improved PSCTSI integration within the research infrastructure. METHODS/STUDY POPULATION: PSCTSI will utilize process and resource mapping techniques and systems analysis to align our services and resources within the PSU/PSCOM research infrastructure. Methods: Identify and map PSU/PSCOM research infrastructure processes, services, offices, and resources. Identify and map PSCTSI resources and services within the PSU/PSCOM infrastructure. Highlight areas where PSCTSI resources and services fill critical gaps in the PSU/PSCOM infrastructure RESULTS/ANTICIPATED RESULTS: Navigating the research process is often confusing for researchers, especially where there are gaps within the infrastructure. Process and resource mapping techniques and systems analysis can provide a complete picture of PSCTSI's vital role and impact on the PSU/PSCOM research infrastructure. Results of this analysis will benefit three audiences: PSU/PSCOM researchers – to better understand research processes, PSU/PSCOM research leadership – to illustrate the importance and synergy of PSCTSI within the research infrastructure, and PSCTSI and other CTSAs – to share their impact and ensure improved integration DISCUSSION/SIGNIFICANCE OF IMPACT: CTSAs rely on external and potentially institutional support despite their essential roles within the research infrastructure. Resource and process mapping of PSCTSI within PSU/PSCOM's infrastructure has two benefits: improving knowledge on resources and services and ensuring improved integration.

470

Assessing clinical trial accrual monitoring practices across CTSA intuitions

Alexandria Moellner and Nasia Safdar
UW-Madison

OBJECTIVES/GOALS: Institutional clinical trial accrual metrics and associated monitoring practices are insufficiently characterized and

Downloaded from https://www.cambridge.org/core. UNIVERSIDAD AUTONOMA METROPOLITANA, on 19 Nov 2026 at 19:54:41, subject to the Cambridge Core terms of use, available at https://www.cambridge.org/core/terms. https://doi.org/10.1017/cts.2026.10605