comprised of two main components, accessible via Dukes myRESEARCHhome portal: 1) a Tableau metrics dashboard for RAs that aggregates retrospective data quarterly, visualizing time to completion of approval workflow milestones with defined outliers, filterable by investigator, unit, or sponsor. 2) a project status tracker for STs (with a complementary view for RAs) that consolidates status information for projects awaiting approval, visualizing the process in a linear fashion with clear indicators of progress and steps awaiting study team action. This involved defining the milestones for each workflow, mapping milestones to application variables, combining the variables in a common data mart, and developing the interfaces with user-centered design. DISCUSSION/SIGNIFICANCE: Given its recent implementation, the impact of the tool on start-up time-lines cannot yet be determined. However, our development process led to key insights: a simplified process visualization limited to key milestones allows STs and RAs to understand responsibilities, address delays and data discrepancies, and reinforce institutional process.

Science Policy and Advocacy

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How Can I Provide My Patient Insights in a Nontraditional Advocacy Role?

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OBJECTIVES/GOALS: The goal of our multi-institutional team is in our name Holistic Electrical, ultrasonic and Physiological Interventions Unburdening those with Spinal cord injuryâ€ (HEPIUS) Lab. Officially, I am a Ph.D. researcher, but the team has empowered me to share insights from being a former spinal cord patient myself – creating a more direct feedback loop. METHODS/ STUDY POPULATION: Human-centered design is a method grow-ing in popularity due to its impact on outcomes. Any translational project aspires to utilize some level of patient perspective. Our team has taken several initiatives to make this a part of our core. The team has a dedicated advisor who suffered a spinal cord injury and under-went the current standard of care. There are also non-traditional and unofficial advocates (like myself) on the team. Although I am fully recovered today without any symptoms from a different spinal cord complication, the team equips me with the time and support needed to share my experiences in clinic. The team gives me the opportunity to champion for the most appropriate approaches during official meetings and periodically in the lab whenever a question arises. RESULTS/ANTICIPATED RESULTS: In this poster we aim to dis-cuss the following points: 1.) Team Culture: Those with patient insights will only share if there is an established healthy culture. 2.) Privacy: Just because someone advocates on the behalf of patients does not mean that they need to divulge personal information 3.) Workflow Structure: Sharing patient insight only reaches as far

as the organization permits. Thankfully, my team is open to member perspectives and has benefited from several insights already 4.) The art of listening: Patient insights should be listened to and treated with respect, but not as an undebatable suggestion 5.) Rewarding aspects: Sharing patient insights is a very rewarding experience if you feel comfortable enough to share. DISCUSSION/SIGNIFICANCE: Translational teams often rely on statistics, one-time patient inter-views, or dedicated individuals in an advocacy role to help guide the project. This poster is intended to highlight some new ways to practice engagement of patient perspectives, while introducing the intricacies of fostering healthy cultures which promote these voices.

Workforce Development

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Barriers to Effective Clinical Research Professional (CRP) Education and Competency Development: A Qualitative Analysis of Data from a National UnMeeting Series

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OBJECTIVES/GOALS: a. Summarize barriers and best practices related to effective CRP onboarding, training and professional devel-opment b. Identify challenges with the assessment of and mentoring for CRP competency growth. c. Describe opportunities to improve the training and professionalization of the CRP career pathway. METHODS/STUDY POPULATION: Qualitative data from a series of UnMeeting breakout sessions and open-text survey questions were analyzed to explore the complex issues at play when developing high-quality onboarding and continuing education opportunities for CRPs at academic health centers. RESULTS/ANTICIPATED RESULTS: Results suggest there are several barriers to providing training to the CRP workforce, including: balancing foundational onboarding with role-based training, managing logistical challenges and institutional contexts, the need for institutional champions, assessing competency, and providing high-quality mentorship. Several of these themes are interrelated. One common thread present throughout all of these themes is the challenge of effective commu-nication and team science training. DISCUSSION/SIGNIFICANCE: Few institutions have solved all of the issues related to training a competent and adaptable CRP workforce, although some have addressed one or more. This study illustrates the need to work col-laboratively within and across institutions to overcome training bar-riers and support a vital and well-qualified workforce.