

527 *Other***Academic Medical Center Clinical Research Professional Recruitment, Retention and Diversity**

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**OBJECTIVES/GOALS:** a) Explore topics related to AMC CRP job titles, descriptions, and pre-requisites for hire b) Describe impact of COVID-19 on the AMC CRP workforce c) Discuss opportunities for improving diversity in the CRP workforce d) Discuss opportunities to enhance institutional staffing culture to retain CRP workforce **METHODS/STUDY POPULATION:** Qualitative data from a series of workshop breakout sessions and open-text survey materials focusing on AMC CRP recruitment, retention and diversity were analyzed to inform content and recommendations for clinical research job titles and descriptions, pre-requisites, diversity, and current needs. **RESULTS/ANTICIPATED RESULTS:** While certain institutions have established competency-based frameworks for job descriptions and career ladders, standardization remains generally lacking across CTSA hubs. Significant hiring needs have reached exponential proportions across hubs, unable to meet current and projected clinical research goals. Data confirmed an urgent need for closing gaps in clinical research workforce at AMCs, especially for improving diversity and equity of personnel. Improved collaboration with human resource departments, engagement with principal investigators, and overcoming both organizational and resource challenges were suggested strategies, as well as pipeline development via outreach to universities, community colleges, and high schools to raise awareness of the professional pathways for CRPs. **DISCUSSION/SIGNIFICANCE:** Based on input from 130 CRP leaders at 38 CTSA hubs and 4 IDeA sites evaluating data from 23 breakout transcripts and ~92 surveys from the Collaborative Conversations Unmeeting, new opportunities emerged during the analysis. The findings will be summarized in a 2022 Synergy manuscript including best practice benchmarking recommendations.

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**Telehealth, associated changes in EHR use patterns, and implications for physician burnout in the ambulatory care setting**

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**OBJECTIVES/GOALS:** The objective of this study is to examine the associated changes in the EHR use patterns after the widespread implementation of telehealth in the ambulatory care setting after the COVID pandemic. **METHODS/STUDY POPULATION:** The study sample will be all attending ambulatory care physicians at UCSF Health. Signal measures captured by Epic Systems are markers of EHR use pattern that characterize EHR use at the individual provider level in terms of time spent performing certain activities, time spent at particular times of the day, and the number of EHR tools being used. We will use the Single Interrupted Time Series framework to analyze the changes in Signal measures that occur after the widespread implementation of telehealth with pre-telehealth time period defined as Jan 2018 – Feb 2020 and post-telehealth time period defined as March 2020 – present. **RESULTS/ANTICIPATED RESULTS:** The outcomes of this study will reveal how the increased use of telehealth following the COVID pandemic has changed the way providers utilize various functions within EHR (e.g. time in EHR at particular time of day, documentation, medication and non-medication orders, chart review, etc). These results can, in turn, inform us potential impacts of increased telehealth use on physician burnout given that a number of markers of EHR use pattern (i.e. Signal measures) in previous studies have been associated with burnout. In addition, a stratified version of Interrupted Time Series by specialty and clinical work volume may inform us how different subgroups of providers exhibit varying EHR use patterns in response to the increased use of telehealth. **DISCUSSION/SIGNIFICANCE:** The use of telehealth will likely remain a strong presence in health care delivery in the post-COVID era. This study can serve as a baseline study on the influence of telehealth on EHR use. Future studies may focus on potential targeted interventions to best support the usage of telehealth.