

We anticipate an increase in numbers of well-qualified, diverse applicants who pursue CRP careers locally and regionally. In addition, we expect that the certificate program will build competency earlier in CRP staff, improving job satisfaction and retention as a result of a stronger foundation from which to build their professional skills.

114

### Reimagining Entryways: Innovative Apprenticeship Models for New Clinical Research Professionals

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**OBJECTIVES/GOALS:** 1. Standardize pathways, training and evaluations 2. Expose apprentices to a variety of research experiences 3. Remove barriers to hiring early talent 4. Expand opportunities for underrepresented minority applicants to obtain clinical research professional positions **METHODS/STUDY POPULATION:** Collaborators connected by the Clinical Research Professional Taskforce ACTS SIG conducted a landscape analysis survey to identify aspects of CRP Apprentice models and formed a Subgroup. Members will share plans for multiple apprenticeship programs, including specific training modalities and skill sets used to prepare apprentices for a successful clinical research professional career. **Methods across institutions include:**

- Increasing awareness of the profession
- Facilitating talent identification for managers
- Making the business case for funding and staffing
- Implementing work-based learning for fundamental competency development

Survey results from CRP institutions demonstrated apprenticeships are value added to teaching how to conduct research. **RESULTS/ANTICIPATED RESULTS:** The landscape survey of Apprentice programs revealed multiple models in use. The newly formed Apprentice subgroup is engaging in analysis and actively working to build a standardized repository of competency-aligned, research courses and experiences for apprentices. Results will help make the business case for starting or growing programs. Subgroup members have focused on a shared goal of expanding opportunities for underrepresented minority applicants, with current outreach efforts that are extending awareness of the CRP profession. We anticipate a continuous strengthening of connections between institutions to share a variety of models to implement, develop shared tools (e.g., proficiency tests), and share existing tools to standardize pathways and training for CRP apprenticeships. #\_msoanchor\_1 **DISCUSSION/SIGNIFICANCE:** Academic Medical Centers (AMCs) need novel strategies to support clinical research portfolios. Innovative Apprenticeship Models improve efficiency and sustainability of the clinical research professional (CRP) workforce to train the next generation of CRPs in an effective and timely way.

115

### Strategies for Training and Advancing under-represented Researchers (STARs)

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**OBJECTIVES/GOALS:** Minority faculty have inequitable access to information, professional development, and research resources.

A structured research-mentoring program could help strengthen the research acumen of underrepresented (UR) faculty, provide a community, and support to ensure their success in becoming independent investigators. **METHODS/STUDY POPULATION:** The Translational Research Institute (TRI) STARs program aims to build a peer support community of UR in biomedical, clinical, behavioral and social sciences to support career development and research success. The program provides a structured peer support group with a 3-month grant training and development program and addresses issues of isolation often felt by UR faculty in academic settings. It encourages the development of innovative research ideas in a safe environment. This peer support group can also help improve confidence and self-efficacy in clinical and translational research development and execution by UR faculty. At the didactic program's conclusion and seed grant application submission, STARs provides \$10,000 as a TRI DEI Equity, Diversity, and Grantsmanship Expertise project. **RESULTS/ANTICIPATED RESULTS:** Since its launch in 2021, 11 scholars have enrolled in the program; three have fully completed the program, and all three have received subsequent grant funding. Four scholars have completed the didactic program and are in the process of using seed funding to collect initial data and working on initial publications. The remaining scholars are currently in the didactic program. Initial scholar satisfaction with the program is high: 100% reported satisfaction with their participation (Very Satisfied/Satisfied), and 100% agree the program provides adequate support to their research project (Strongly Agree/Agree). Overall, scholars reported an average increase in confidence of 7.9% in grantsmanship skills (Scale 0-10). The return on investment is 3106%, with over \$1.9 million in subsequent funding. **DISCUSSION/SIGNIFICANCE:** Research shows diverse teams working together, capitalizing on innovative ideas, and distinct perspectives outperform homogenous teams. Our preliminary experience demonstrates success for the model. Additional, long-term support will be further developed to address additional challenges experienced by UR faculty across their careers.

116

### Differences in nurse documented versus reported early mobility for critically ill children

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**OBJECTIVES/GOALS:** In 2014, Johns Hopkins Pediatric ICU (PICU) implemented the PICU Up! early mobilization program. Subsequent studies have shown that these protocols increase mobility of PICU patients. Process improvement requires accurate documentation. Our aim is to evaluate differences in nurse documented and actual reported mobility of PICU patients. **METHODS/STUDY POPULATION:** A quality improvement project evaluating the impact of a simulation-based early mobility training program is being conducted, with initial analysis of pre-intervention data. Inclusion criteria includes children age 1 day to 17 years old admitted to the PICU for  $\geq 3$  days during a day shift and exclusion criteria includes specific mobility contraindications. Data on the number of daily mobilizations, highest level of mobility achieved during each mobilization, and occurrence of safety events is captured via direct query of the bedside nurse at the end of a 12-hour shift by a research