

tools and resources available and appreciation for real-world examples from the instructors. While attendees valued the presentation's clarity and interactive polls, they suggested leaving more time for questions, supporting reference materials, and an ability to watch a recording of the session. Overall, feedback has been highly positive, with learners emphasizing the relevance, practicality, and effectiveness of the presentation. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Best Practices for Study Documentation has been delivered nine times to 235 attendees since its inception in Jun 2024, 63% of learners report they have < 2 years' research experience. Evaluation feedback is positive; however, no quantitative method has been identified to measure improvement in documentation quality or reduction in audit findings.

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Home health speech therapy utilization in rural and urban communities among Medicare beneficiaries

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OBJECTIVES/GOALS: Speech-language pathology (SLP) is essential to restore communication, swallowing, and cognition. Research on access to SLP services in rural communities is sparse. In this cross-sectional descriptive study, we analyze access to SLP services among traditional Medicare beneficiaries offered via urban and rural Home Health Agencies (HHA). **METHODS/STUDY POPULATION:** To describe access to SLP services at home among traditional Medicare beneficiaries in 2022, we analyzed three provider-level datasets from the Centers for Medicare and Medicaid Services: The Post-Acute Care and Hospice Provider Utilization and Payment Public Use File, the Care Compare dataset, and the Provider of Services dataset. We grouped HHAs into five rural and urban categories: urban serving <10% rural beneficiaries (n=6001), urban serving 10%+ rural beneficiaries (n=458), large rural (n=755), small rural (n=431), and isolated small rural (n=148). We used descriptive statistics to assess SLP service provision and SLP staffing patterns. A logistic regression model was conducted to analyze how service provision varies by agency characteristics. **RESULTS/ANTICIPATED RESULTS:** According to agency self-report, the likelihood of offering services was highest among urban HHAs and decreased as rurality increased. However, the number of HHAs that actually provided SLP therapy minutes in 2022 was lower. Urban HHAs serving less than 10% rural beneficiaries and isolated small rural agencies were least likely to have provided SLP services (71% and 59% of agencies provided services). In adjusted analyses, larger agencies were more likely to have documented service provision, while accredited agencies were less likely to have provided services. HHAs that actually provided services were more likely to have SLP staff employed by the agency rather than contract SLPs. Among agencies with documented service provision, the majority of agencies employed less than 0.5 full-time equivalent SLPs. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Small

independent agencies in isolated rural areas may struggle to fill open positions or consistently offer SLP positions due to fluctuating SLP needs. Efforts to improve access to home health SLP services should focus on supporting these agencies to improve SLP recruitment and retention.

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Assessing and monitoring mentor-mentee relationships: The Colorado Clinical and Translational and Sciences Institute (CCTSI) approach

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OBJECTIVES/GOALS: To develop a tool to assess mentoring relationships (mentor-mentee dyad) that can be used to monitor relationships over time to identify those at-risk along with knowledge and skills gaps for targeted coaching and career development initiatives and to evaluate mentoring programs. **METHODS/STUDY POPULATION:** Informed by literature review and faculty input, the CCTSI mentoring relationship assessment tool consists of parallel mentor and mentee questionnaires [applewebdata%3A//6E5CC409-7F40-4414-AF57-C97DF94108CD#_msocom_1]; requesting both a self- and partner-assessment. Assessments are completed upon K or T award initiation, and then every 9-12 months to characterize changes throughout the course of these CCTSI programs that include structured mentored training. Reports are generated for each mentor-mentee dyad as well as aggregate reports of mentors/mentees over time. After pilot testing with CCTSI K and T awardees, the tool was revised and then integrated into the K and T programs. **RESULTS/ANTICIPATED RESULTS:** Principal component analysis of pilot data from 30 K and T awardees revealed that 5 questions be removed. The revised tool consists of 3 sections: assess the mentor (14 items), rate the relationship (9 items), and self-assessment (20 items for mentees, 16 items for mentors). The revised tool was completed by 12 T and 6 K mentee-mentor dyads. T dyad reports revealed 3 dyads at-risk. Aggregated data for T mentors and mentees identified areas for targeted intervention for expectation alignment, review/revise IDP, and sponsorship activities. Aggregated K data revealed that mentees rated their mentors more favorably than mentors' self-assessments; discrepancies were noted related to career development. K mentees' ratings corresponded to their mentors' rating except for mentees' ability to review/revise IDP. **DISCUSSION/SIGNIFICANCE OF IMPACT:** The CCTSI mentoring relationship assessment tool demonstrates promise in identifying at-risk mentor-mentee relationships and for identifying knowledge/skills gaps for targeted career development initiatives. Future work will determine its usefulness for evaluating mentoring programs and capturing changes in relationships over time.