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Building a National Network for Collaborative Quantitative Staff

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OBJECTIVES/GOALS: Quantitative Staff are an essential workforce for biomedical research. While faculty can engage with peers locally and through national organizations, similar opportunities are limited for staff and often do not meet their unique needs and interests. Creating a professional community is valuable for supporting and developing this workforce. METHODS/STUDY POPULATION: We established the Quantitative Scientific Staff National Network (QS2N2) with the mission to provide professional development and networking opportunities, and to serve as an information resource and advocate through the fostering of community among staff quantitative analysts at any career stage. The initial membership outreach was to all Biostatistics, Epidemiology, and Research Design (BERD) programs through members of ACTS BERD Special Interest Group (SIG). We created a Leadership Team and an Advisory Board consisting of staff and faculty biostatisticians with experience working as or managing staff to govern the network. A Core Planning Committee consisting of 15 members guides planning, implementation, and execution of network activities as operationalized through subcommittees. RESULTS/ANTICIPATED RESULTS: The network currently has 131 members from over 30 health science institutions. Subcommittees focused on Education and Training, Membership, Communication and Web Development, and Mentoring were created and are developing events, programs and infrastructure to further the network's mission. Network events such as webinars will be offered quarterly; with our first event planned for Nov 3rd. Expansion and maturation of QS2N2 will be done through regular remote meetings where members can connect with peers at other institutions, engage in career development activities, and attend technical seminars. Additional membership outreach will seek to connect with staff in government and private sectors. DISCUSSION/SIGNIFICANCE: Knowledgeable, highly skilled collaborative analysts (e.g., biostatisticians, data scientists) are an essential workforce in clinical and translational science and health research centers.The QS2N2 will support professional development, engagement and growth of this critical workforce which is necessary to advance quality research.

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Good Clinical Practice training assignment and tracking completions improvement project

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OBJECTIVES/GOALS: We will reduce the number of research staff by 50% within 6 months that are non-compliant with completing the Good Clinical Practice (GCP) course without increasing costs as measured by salary and benefits for staff involved in the tracking and assignment process. We will also introduce a GCP policy to define the education requirements for GCP training METHODS/STUDY POPULATION: We touted focus groups to stakeholders for input on workflows with graphs, surveys, and meetings in the onset and throughout the project. This input prompted us to develop a staff guide outlining the modification process of removing a staff name from an IRB trial if they are no longer active in the trial. A workflow and root cause analysis were done resulting in the implementation of one gatekeeper for assigning and tracking completions, instead of three staff. Successfully reconciling the non-compliant report, which extracted data from three databases, allowed us to eliminate 174 names from the report, which originally comprised 792 names. IRB modifications were entered into the IRB system for these 174 names. We also put into effect a GCP policy for the institution, where none had previously existed. RESULTS/ANTICIPATED RESULTS: * In 3.5 months, we decreased the GCP non-compliance rate by 50% from 792 to 399. * We removed 22% of names from the 792 from the report due to their status of being non-employees, or Emeritus, or not in research anymore. * We discovered a data type issue in the non-compliance report that shuffled the MAX calculation, therefore not requiring some staff to complete the training. * We developed a new process for assigning training, resulting in faster compliance rates for the institution. It included sending emails to users two months before their training expired before we assigned the course to them. * We reconciled the non-compliance report, and it decreased the effort with staff involved in GCP for grant renewals and audits in numerous other departments. * Developed an escalation procedure for non-compliant staff. DISCUSSION/SIGNIFICANCE: Failure to address our GCP non-compliance rates could have put our institution at risk for potential penalties. With 4400+ research personnel listed on active trials the interventions we implemented accelerated our compliance rate by assigning the refresher course monthly and this also resulted in no disruption to staff completing the training.

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Peer Caregiver Navigation for Hospice Caregivers of Cancer Patients: A Feasibility Study

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OBJECTIVES/GOALS: To evaluate the feasibility, acceptability, and appropriateness of a 1:1 peer-delivered psychosocial support intervention to family caregivers of hospice patients with cancer, and determine a range of potential effects of the intervention on psychological distress symptoms and perceptions of the caregiving experience. METHODS/STUDY POPULATION: Quantitative and qualitative data were collected from hospice caregivers of cancer patients who participated in a non-controlled pilot feasibility trial of a 1:1, peer-delivered psychosocial intervention called Peer Caregiver Navigation (PCN). The purpose of this study was to evaluate the feasibility, acceptability, and appropriateness of delivering PCN to hospice family caregivers of cancer patients, and to determine a range of potential effects of PCN on caregivers' anxiety symptoms, depressive symptoms, self-efficacy, and benefit

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