

149

### Leadership Development for Women in Academic Medicine: Impact of Leader Self-Efficacy Change and Sustainability Over Time

Clara M. Pelfrey, Joshua A. Gerlick and Philip A. Cola  
Case Western Reserve University

**OBJECTIVES/GOALS:** Our objective was to evaluate the FLEX Leadership Development Program for School of Medicine Women Faculty affiliated with 4 independent hospital systems throughout Northern Ohio to determine whether women faculty develop leader self and means efficacy. We also examined whether self-efficacy is sustained over time following program completion. **METHODS/STUDY POPULATION:** We did a prospective multiple cohort study to determine whether FLEX Program graduates develop and sustain leader self and means efficacy as measured by the Leader Efficacy Questionnaire (LEQ) (Hannah & Avolio, 2012). The LEQ assesses both leader confidence in their capabilities (self-efficacy) and the availability of sufficient external resources (means efficacy) to achieve their goals. We surveyed participants from 5 FLEX cohorts (2017-2021) using a pre-, post-, and 1-year follow-up LEQ, which allowed each participant to act as their own control subject, pre-test, and experimental post-test. The follow-up tested whether the change from pre- to post-test was sustained over time. The comparison group was non-participant women faculty from the same institutions over a similar 2-year period. **RESULTS/ANTICIPATED RESULTS:** Diverse FLEX graduates from 5 different cohorts showed highly significant increases in pre- to post-program leader self-efficacy which were sustained up to one year after program completion. Overall leader efficacy as well as its three component sub-constructs (action-, means- and self-regulation- efficacy) all significantly increased equally, suggesting both that the FLEX program had robust effects on its participants, and all aspects of leader efficacy improved. We observed a mildly significant decrease at 1-year follow-up in the overall LEQ, which appeared to be driven entirely by the leader means efficacy. The large comparison group of women faculty did not show any significant changes in leader self-efficacy over a comparable 2-year period. **DISCUSSION/SIGNIFICANCE:** FLEX confers sustainable gains in leader self-efficacy. Post-program self-efficacy decreases are driven by the leader means efficacy which measures how work environments affect their leadership. This suggests that institutions must take responsibility for making structural changes to improve the working environment for women leaders.

150

### Envisioning a Multi-Site Translational Studio to Promote Scientific Integrity and Ethical Innovation

Emma Tumilty<sup>1</sup>, Elise Smith<sup>1</sup>, Alison Zill<sup>2</sup>, Veronica Ajewole<sup>3</sup>, Omonike A. Olaleye<sup>3</sup>, Ivy Poon<sup>3</sup>, Mary Short<sup>4</sup> and Kathy Vincent<sup>6</sup>  
<sup>1</sup>Department of Bioethics and Health Humanities & Institute for Translational Sciences, University of Texas Medical Branch (UTMB); <sup>2</sup>John Sealy School of Medicine, UTMB Victoria McNamara, Institute for Translational Sciences, University of Texas Medical Branch; <sup>3</sup>Department of Pharmacology and Practice, Texas Southern University; <sup>4</sup>Department of Clinical Psychology, College of Human Sciences and Humanities, University of Houston Clear Lake and <sup>6</sup>Department of Obstetrics and Gynecology, University of Texas Medical Branch

**OBJECTIVES/GOALS:** The goal of this study is to develop a multi-centered Translational Studio model that can help in the

development of quality translational studies using resources from four different institutional partners (University of Texas Medical Branch, Texas Southern University, University of Houston Clear Lake and Houston Methodist). **METHODS/STUDY POPULATION:** We conducted two rounds of four Futures Workshops for a total participation of 28 stakeholders from four different partners. Future Workshops were used to critique, envision, and articulate novel “futures” that can be achieved at least partly through design practices (Muller, 2002). In the first round of workshops, we asked participants about their institutions’ strengths, weaknesses, resources and investigator needs regarding the Studio. In the second round we asked about different studio models, pros and cons of each model and guiding principles for a studio. Alongside a pragmatic content analysis, multi-stage deductive and inductive qualitative analyses were used to understand people’s views on the future of a multi-institutional Clinical Trials Studio. **RESULTS/ANTICIPATED RESULTS:** The first-round workshops’ analysis described peoples’ goals for what the studio should be. The future desired studio was described as guide, matchmaker, initiator and advocate. The second-round workshops’ analysis discussed the pros and cons of a variety of possible models including, centralized, decentralized, and topic-specific (and allowed other suggestions) while also describing principles for the guidance of a studio. Here the analysis showed people wanted certain characteristics for the studio (i.e. effective, efficient, locally-responsive, consistent, etc.). They also prescribed four principles that a studio should be guided by: non-hierarchical partnership, user-centeredness, respect/collegiality, and sharing. **DISCUSSION/SIGNIFICANCE:** The future workshops were useful in developing a shared multi-institutional Clinical Trials Studio model that is planned to be deployed in 2025. Participants valued a studio that was both directly supportive to participants and played a role in creating or advocating for institutional resources and policy for research.

151

### History of Clinical Research Professionals at Cincinnati Children's

Holly Flake<sup>1</sup>, Andrea Meisman<sup>1</sup>, Erin Fontaine<sup>1</sup>, Farrah Jackson, Bradford McClain<sup>1</sup>, Angela Mendell<sup>2</sup> and Erin Kingsley<sup>1</sup>  
<sup>1</sup>Cincinnati Children’s Hospital Medical Center and <sup>2</sup>University of Cincinnati

**OBJECTIVES/GOALS:** The Clinical Research Professionals (CRP) group was founded in 2000 by research managers at Cincinnati Children’s Hospital Medical Center (CCHMC) as an avenue to share research processes, ideas, successes, and community. The group has developed and evolved at CCHMC to meet the needs of CRP members. **METHODS/STUDY POPULATION:** CRP has evolved to meet the needs of the clinical research community at CCHMC. In 2008, monthly education meetings and a Research Educator supported a standardized onboarding process. CRP hosted the inaugural CRP Appreciation Day in 2010 to recognize researchers. The group established the CRP Leadership Committee (CRPLC) in 2011 and by 2016 expanded to include subcommittees. Career development opportunities include onsite clinical research certification exams and a centralized process for advancement. CRP updated processes and onboarding materials to electronic formats during the pandemic and now includes nursing, data management, and University of Cincinnati representation on the CRPLC. **RESULTS/**