

program and foster scientific productivity. We test the impact of creating a new collaboration in a research community, which decreases the average network distance and accelerates the diffusion of information and expertise among the community's investigators. **METHODS/STUDY POPULATION:** We mapped the whole network of co-authorship on publications and co-participation on extramurally awarded grants at the University of Florida (UF) between 2013 and 2015. We used network science methods to identify research communities of investigators who have consistently worked together and/or have other collaborators in common with at least one researcher based in the UF Health Science Center. We selected pairs of communities with (i) similar productivity levels, research interests, and network structures and (ii) no research projects in common. Communities in each pair were randomly assigned to a treatment or control group. In each treatment community, we selected 1 pair of investigators who had not collaborated in the past 3 years and whose connection would maximally reduce average network distance in the community. The pair was provided with an economic incentive to collaborate for the submission of a CTSA pilot proposal. **RESULTS/ANTICIPATED RESULTS:** We successfully identified 15 pairs of treatment/control communities. In each of 8 treatment communities, a pair of potential collaborators agreed to participate in the intervention. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Network-informed Clinical Translational Science Awards (CTSA) pilot programs can identify research communities and create innovative collaborations. Statistical experiments can establish the programs' causal effects on scientific productivity.

2164

Emotional dysfunction and stigma: Its effects on HIV-associated neurocognitive disorders (HAND)

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OBJECTIVES/SPECIFIC AIMS: HIV is a chronic disease that affects the immune system. HIV+ people live more thanks to effective antiretroviral treatments. The scientific data demonstrate that HIV+ is associated to the cognitive impairment presented in the 50% of the patient. The objective of this study is to determine the correlation between emotional dysfunction and perceived stigma in HIV+ women and its effects HIV-associated neurocognitive disorders (HAND). **METHODS/STUDY POPULATION:** HIV+ women will be recruited from the Hispanic Longitudinal Cohort and evaluated questionnaires for emotional dysfunction and stigma, neuropsychological tests, and MRI. **RESULTS/ANTICIPATED RESULTS:** We anticipated that women with HIV+ will experience higher levels of emotional dysfunction (ie, fear) and perceived stigma when compared with the control group. Women with HIV infection will present an association between emotional dysfunction most like fear and perceived stigma when compared with the control group. This correlation will be associated with HAND. The women with HIV infection will present circuit integrity dysfunction associated with emotional dysfunction and perceived stigma as determined by DTI and connectivity (MRI). **DISCUSSION/SIGNIFICANCE OF IMPACT:** HIV stigma and emotional dysfunction have a negative impact in quality of life (QOL). This effect can be improved with several treatment interventions with eventual improvement in adherence, emotional control, and QOL.

2175

An exploratory study of how physicians' identities inform clinical practice

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OBJECTIVES/SPECIFIC AIMS: Knowing how to deliver culturally responsive care is of increasing importance as the nation's patient population diversifies. However, unless cultural competence is taught with an emphasis on self-awareness (Wear, 2007) and critical consciousness (Kumagai and Lyson, 2009) learners find this education ineffective (Beagan, 2003). This study examines how physicians perceive their own social identities (eg, race, socio-economic status, gender, sexual orientation, religion, years of experience) and how these self-perceptions influence physician's understandings of how to practice culturally responsive care. **METHODS/STUDY POPULATION:** This exploratory study took place at a university in the Intermountain West. We employed a qualitative case study method to investigate how academic physicians think about their identities and approaches to clinical care and research through interviews and observations. In total, 25 participants were enrolled in our study, with efforts to

recruit a diverse sample with respect to gender and race as well as years of experience and specialty. Transcriptions of interviews and observations were coded using grounded theory. One major code that emerged was defining experiences: instances where physicians reflected on both personal and professional life encounters that have influenced how they think about themselves, how they understand an aspect of their identity, or why this identity matters. **RESULTS/ANTICIPATED RESULTS:** Two main themes emerged from an analysis of the codes that show how physicians think about their identities and their approaches to practice. (1) Physicians with nondominant identities (women, non-White) could more easily explain what these identities mean to them than those with dominant identities (men, White). For example, women in medicine had much to say about being a woman in medicine, but men had barely anything to say about being a man in medicine. (2) There was a positive trend between the number of defining experiences a physician encountered in life and the number of connections they made between their identities and the manner in which they practiced, both clinically and academically. It appeared that physicians who have few defining experiences made few connections between identity and practice, those with a moderate number of experiences made a moderate number of connections, and those with many experiences made many connections. Physicians who mentioned having many defining experiences were more likely to be able to articulate how those experiences were incorporated into their approaches to patient care. **DISCUSSION/SIGNIFICANCE OF IMPACT:** (1) According to literature in multicultural education, those with dominant identities do not think about their identities because they do not have to (Johnson, 2001). One privilege of being part of the majority is not having to think about life from a minority perspective. This helps to explain why women and non-White physicians in this study had more anecdotes to share about these identities—because they have had defining experiences that prompt reflection on these identities. (2) We propose that struggles and conflict are what compel physicians to reflect on their practice (Eva *et al.*, 2012). Our findings suggest that physicians are more prepared to apply what they have learned from their own identity struggles in delivering culturally responsive care when they have had more opportunities to reflect on these identities and situations. Findings from this study have implications for transforming approaches to medical education. We suggest that medical education should provide learners with the opportunity to reflect on their life experience, and that providers may need explicit instruction on how to make connections between their experiences and their practice.

2200

Best practices for social and behavioral research: A new course to address good clinical practice and preliminary course evaluation

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OBJECTIVES/SPECIFIC AIMS: To conduct a preliminary evaluation of the Social and Behavioral Research Best Practices Course. **METHODS/STUDY POPULATION:** Learners are sampled from 5 institutions: University of Michigan, University of Rochester, University of Florida, Boston University, and University of Buffalo. Learners who take the course and consent to be in the study receive a web link to a survey immediately after course completion and at 2–3 months follow up. In addition to demographic information, learners will report their perceptions of usefulness and relevance of the course to their job, their satisfaction with the course and associated job aids, and at follow-up, if and how the course impacted their work. Additional information will be collected from the learning management systems which host the course at each institution. The data collected will include the number of participants who take the course, the number who complete, how many times the course was attempted, and pass rates. **RESULTS/ANTICIPATED RESULTS:** We anticipate that several hundred learners will take the course by the end of our project. Of learners who agree to participate in the survey, we anticipate that they will find the course useful and relevant to social and behavioral clinical trials and will be satisfied with the course. Information including suggestions about missing content, items or content that were not extremely clear, or any other comments will be collected to iterate and expand the course. **DISCUSSION/SIGNIFICANCE OF IMPACT:** This course was developed to fill a gap in training in good clinical practice for social and behavioral research. An evaluation of how the training provided in the course impacts the jobs of learners is needed both to ensure that the most relevant information is included in the course as well as to identify ways that the training may contribute to the quality and safety of social and behavioral clinical trials.