

finding. Qualitative data were analyzed using deductive thematic analysis. For our study outcomes, we used both parametric and non-parametric t-tests to examine mean differences between outcomes at baseline and midpoint, and baseline and endpoint. RESULTS/ANTICIPATED RESULTS: The findings demonstrate that Peer Caregiver Navigation (PCN) is acceptable, appropriate, and feasible to deliver to hospice family caregivers of cancer patients. Appropriateness of our selected target outcomes was determined by confirming expected measurement change in depressive symptoms (lower), anxiety symptoms (lower), benefit finding (higher), and self-efficacy (higher). Exit interviews revealed that participants responded favorably to our selected measures for these outcomes and to our data collection time intervals. Moreover, recruitment and consenting processes, survey completion rates, and attrition outcomes (i.e., study exit due to active withdrawal vs. patient death) were analyzed to inform recruitment and retention feasibility for future studies. DISCUSSION/SIGNIFICANCE: Peer Caregiver Navigation (PCN) was determined to be feasible, acceptable, and appropriate to hospice family caregivers of patients with cancer. Moreover, PCN has the potential to improve caregivers' symptoms of psychological distress by providing them much needed psychoeducation, coping skills training, and emotional support.

162

Training in Responsible Conduct of Research: Evolution over 12 years

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OBJECTIVES/GOALS: We developed institution-wide RCR training to include all required elements; support trainees to identify key ethical questions that arise in research; and to identify methods to identify a solution; and disseminate results. METHODS/STUDY POPULATION: In 2011, we participated in developing an experimental model of RCR training led by the University of Michigan. We continue to offer this training model to career development awardees in clinical and translational research at OHSU across the institution. Interactive discussion in faculty and trainee groups includes responsibilities of a researcher and a systematic process to address real world research ethics issues. Each participant identifies a key research issue they have encountered and presents a poster at the final session. We have tracked post-training assessment of participant confidence in ethical decision making and in the range of topics identified by participants. RESULTS/ANTICIPATED RESULTS: Since 2012, 227 scholars and trainees have participated in the program with 44 faculty mentors facilitating. We will describe the current curriculum as it has evolved over the past 12 years, presenting trainees with an approach to identify ethical challenges that arise in their research and identify approaches to find a practical solution. We will report on the specific challenges in research ethics identified by participants over this period and how they have evolved. We will also present pre- and post-training data about confidence in ethical decision making. DISCUSSION/SIGNIFICANCE: This approach to RCR training is well-received, has evolved over time, and has led to dissemination. Success is attributed to allowing choice in topics relevant to trainees and practicality of the stepwise approach that is transferable to any situation.

Evaluation

163

Knowledge and Implementation of Tobacco Control Practices in Rural Louisiana Community Health Centers

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OBJECTIVES/GOALS: Tobacco use remains a significant public health problem in rural America. Community health centers (CHCs) can help reduce the burden of tobacco use in rural areas, but we know little about their knowledge and implementation of best practices for tobacco control. This study assessed the knowledge and existence of tobacco control practices in rural CHCs. METHODS/STUDY POPULATION: Using a cross-sectional study design, we electronically surveyed health administrators and providers (n=64) in six rural CHCs in Louisiana between March 2021 and June 2023. The assessment measured 1) knowledge of the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use, 2) the priority given to smoking cessation programming, 3) the presence of best practices for tobacco control programming, such as having a tobacco control champion and team, 4) establishment of referral procedure to external cessation services. We used descriptive statistics to characterize survey participants and responses. RESULTS/ANTICIPATED RESULTS: Most of the respondents were female (80%), White (61.8%), between 35 and 49 years of age (48.1%), and non-smokers (72.7%). Only half (51.6%) reported knowledge of the guideline for treating tobacco use among all respondents. Only a third (32.8%) said their health center gave smoking cessation high priority relative to other health priorities. Only a third (35.9%) reported having a tobacco champion; less than a fifth (18.8%) said they had a tobacco control team at their health center. Although all health centers had a smoke-free campus policy, about a quarter (23.4%) were unaware of the policy. Less than a quarter (23.4%) reported having a written policy for smoking cessation treatment at their health center, and less than half (46.7%) knew about cessation services to which they could refer patients. DISCUSSION/SIGNIFICANCE: Rural CHCs had limited knowledge of the guideline for tobacco use treatment. Smoking cessation lacked priority, and the prevalence of tobacco control best practices implementation was low. Rural CHCs must improve their implementation of guideline-recommend policies and clinical strategies to promote treatment and reduce the burden of tobacco use.

165

Predicting Success: A Mixed Model of KL2 Trainee Profiles and Outcomes

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OBJECTIVES/GOALS: Penn State CTSI supports KL2 career development awards for faculty seeking to become leaders in clinical and translational research. CTSAs can benefit from a better understanding of KL2 applicant profiles and trainee outcomes. Predictive modeling of KL2 records provides insights into institutional processes and continuous improvement goals. METHODS/STUDY