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### A Library-CTSI Collaboration to Support Researcher Compliance with the 2023 NIH Policy for Data Management and Sharing

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**OBJECTIVES/GOALS:** Seeking ways to support teams in the preparation for and the implementation of the new National Institutes of Health (NIH) Policy for Data Management and Sharing (DMSP), the integrated Translational Health Research Institute of Virginia (iTHRIV) partnered with the UVA Health Sciences Library to develop training and resources for researchers. **METHODS/STUDY POPULATION:** Health sciences librarians and iTHRIV (an NIH-NCATS supported Clinical Translational Research Institute) convened a Working Group, inviting representatives from central and unit-specific research support offices (e.g. the Comprehensive Cancer Center), research compliance, regulatory affairs, sponsored programs, institutional review boards, libraries, and data science to review and discuss the DMSP requirements. After an initial orientation to the policy, the group reviewed existing public resources and solicited feedback about steps to best support UVA researchers in compliance. Leveraging the broad expertise of the group, the team provides guidance to researchers on writing the DMS plan and choosing a data repository, and provides tools and templates to support implementation of the policy. **RESULTS/ANTICIPATED RESULTS:** A library-created website provided policy guidance, including links to NIH-hosted information, resources created by other institutions, and new UVA-specific templates and suggested proposal language. Librarians led a webinar on the new policy and UVA resources which included a speaker from UVA regulatory affairs to describe the new DMSP requirements, and a tour of the new guide. The guide has been viewed over 5000 times to date and librarians have provided consultations and training to individuals and departments. Current plans include developing a user satisfaction survey, reviewing DMSP feedback from submitted proposals, and incorporating lessons learned into the website and future training. **DISCUSSION/SIGNIFICANCE:** The collaboration between iTHRIV and the Health Sciences Library to support the NIH Data Management and Sharing Policy was a successful partnership that provided leadership at the institutional level to communicate with and engage researchers and utilized the library's web presence, expertise, and service model to provide direct support.

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### Administrative Simplification of Committee Reviews through REDCap

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**OBJECTIVES/GOALS:** A Mayo Clinic in Florida committee completes 100+ Scientific Reviews annually through manual e-mail and Excel tracking, placing a manual burden on reviewers and coordinators. REDCap, an electronic data capture system, was leveraged to reduce the administrative burden. **METHODS/STUDY POPULATION:** Historically, emails were sent by a coordinator to physicians, requesting their initial review and following up with reminders. This process was tracked using Excel, presenting a need to make this process more efficient, so a workgroup was created. To ensure all perspectives were accounted

for, the workgroup included the review coordinator, a physician reviewer, and study team members who submit development requests for studies. The process was mapped using the existing Excel spreadsheet, and email templates. Critical data elements were identified, ensuring the database would identify bottlenecks. Two REDCap instruments were then created: one to outline the coordinator workflow and a survey for physician reviewers to complete the scientific reviews. **RESULTS/ANTICIPATED RESULTS:** The workflow is live in REDCap and has effectively processed over 100 scientific reviews in <1 year. The system captures the review status and guides the coordinator through the workflow, capturing dates when tasks are completed. When review criteria are met, the database sends an email to the assigned reviewer. The email includes a link to a REDCap survey, containing all pertinent documents. The reviewer uploads their completed review form within the survey, if this is not completed within a given period, the database sends email reminders. Once the review is complete, a notification is sent to the review coordinator. The review workflow is accessible to the study team who requested scientific review, making them aware of their request status and giving them access to the review the moment it is completed. **DISCUSSION/SIGNIFICANCE:** Leveraging REDCap has increased visibility, reduced overall manual processes, and simplified the reviewer burden by providing all the information needed in a single notification. REDCap is a cost-effective, impactful solution to simplifying administrative burden in managing committee reviews.

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### Best Practices for Conducting Exit Interviews for Clinical Research Staff at Academic Medical Centers

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**OBJECTIVES/GOALS:** Identify causes for clinical research professional turnover Define data collection methods for exit interviews Provide institutions with resources to collect and analyze exit interviews Employ strategies to maximize the impact of exit interviews on retention **METHODS/STUDY POPULATION:** The Clinical Research Professional Taskforce (CRPT) exit interview Subgroup has met monthly since January 2023. Action items were agreed to and minutes were kept and reviewed at subsequent virtual working meetings. All members were given opportunity to speak and contribute. After a landscape analysis, conducted via survey, five institutions agreed to provide examples of their exit interview questions. Members spoke at length about goals, methods, collection techniques, institutional involvement, lessons learned and practical applications that could become best practices. **RESULTS/ANTICIPATED RESULTS:** The Subgroup aggregated all questions into categories and developed sample questions incorporating all data without using any word for word. In order to allow for quantitative assessment and standardized reporting the Subgroup formulated questions to be responded to utilizing a Likert scale with free text fields for select questions where further information is needed. The Subgroup developed best practices describing decision-making metrics, understanding reasons for turnover and reporting data back to leadership. Practical aspects such as method and time of survey collection, anonymity, and training staff are also included. **DISCUSSION/SIGNIFICANCE:** We are hopeful that sample questions and best practices will be helpful and widely utilized.