

and inductive coding. **RESULTS/ANTICIPATED RESULTS:** Between February and April 2023, 10 interviews collected data from 7 research decision makers and 7 staff members across 7 sites. Most participants (n=13, 92%) agreed the diagram shown during the interview was representative of the local process. Organizations consistently identified strengths and weaknesses within the domains of study start-up, recruitment, budgets, and compliance. QI infrastructure was inconsistent (n=5, 36%) and all (n=14, 100%) saw potential for success in multisite QI initiatives to enhance efficiency. **DISCUSSION/SIGNIFICANCE:** NW PCI sites use similar processes, share common strengths and weaknesses, and universally reported interest in collaborating on QI. Study startup was reported as both a strength and weakness within the same organization, requiring unpacking of key elements before pursuing QI initiatives.

### 531 Transforming a Pilot Grant Program to Advance Clinical & Translational Science

Beth LaPensee, Mark Cantrell, Lisa Ahrens, Brad Downey, Elias Samuels and Emily Somers  
University of Michigan

**OBJECTIVES/GOALS:** A new mandate for Clinical & Translational Science Award (CTSA) Programs is for pilot grant funding to support clinical and translational science (CTS) projects that study challenges in the translational research pipeline. This pivot requires new structures and supports to help investigators design and implement high-quality CTS projects. **METHODS/STUDY POPULATION:** The Michigan Institute for Clinical & Health Research (MICHR) at the University of Michigan (U-M) has launched two rounds of pilot funding since March 2023. Faculty and staff across U-M's three campuses, community members, and those at collaborating institutions and hospitals were eligible to apply. New pre-award supports included a CTS project framework; a recorded webinar that educated about CTS and the funding opportunity; office hours to provide tailored project feedback; a letter of intent to screen for alignment with CTS; and reviewer training for academic and community reviewers. Funded projects operate like "mini cooperative agreements", with MICHR experts partnering with awardees to refine evaluation plans, prepare work products, advise on dissemination, and navigate emergent challenges. **RESULTS/ANTICIPATED RESULTS:** The first round of funding was launched in the absence of pre-award supports; ten applications we received from faculty proposing translational research rather than CTS. We quickly re-released the FOA, expanding eligibility to staff. We received nine applications, ultimately funding four staff and one faculty studying operational challenges in translation and helping them create robust evaluation plans. We piloted the pre-award supports in our second round, with 40 individuals viewing our webinar and 11 attending office hours. Those who watched the webinar before attending office hours better understood how to embed CTS questions within their programs of research. We recently received 19 letters of intent, addressing both operational and scientific challenges, with 16 eligible to submit applications. **DISCUSSION/SIGNIFICANCE:** Education and personalized feedback seem to elicit a higher yield of CTS projects. Staff are already adept at solving operational challenges, so the pre-award supports were most critical for faculty accustomed to writing traditional translational research proposals. Staff have most benefited from guidance in evaluation and dissemination.

### 532 Application of the CTME Maturity Model in a CTSA Hub: An Initiative to Improve Clinical Research Operations

Maran Subramain<sup>1</sup>, Kimberly Sprenger<sup>1</sup>, Debra O'Connell-Moore<sup>1</sup>, Cena Jones-Bitterman<sup>2</sup> and Boyd M. Knosp<sup>1,3</sup>

<sup>1</sup>Institute for Clinical & Translational Science, University of Iowa;

<sup>2</sup>Holden Comprehensive Cancer Center, University of Iowa and

<sup>3</sup>Carver College of Medicine, University of Iowa

**OBJECTIVES/GOALS:** The CTSA consortium's Informatics Enterprise Committee has developed a maturity assessment model for Clinical Trial Management Ecosystems (CTME). This poster will show the improvements achieved using this model at the University of Iowa as well as guidance on how to apply it at other CTSA hubs. **METHODS/STUDY POPULATION:** The CTME maturity model consists of 11 categories including, study management; regulatory; financial; and reporting. Each category has 3 subcategories: standardization; complexity; and monitoring, while each subcategory is comprised of 1 to 5 maturity statements: initial; developing; aspiring; capable; and efficient. The maturity assessment team at Iowa—comprised of key personnel from clinical research and compliance, accounting, and administration—have used the CTME maturity model to assess Iowa's research performance across the 11 categories. The initial maturity ratings for each category revealed any gaps in research operations, which led to developing strategies to address the gaps. **RESULTS/ANTICIPATED RESULTS:** The assessment team initiated a CTME maturity planning project—holding regular meetings to review Iowa's CTME research maturity and plan changes to improve our CTME maturity ratings. This analysis is done at the statement level to minimize the scope of actions needed and keep resource loads for improvements low. Proposed improvements are assigned to a team member who serves as an "accountability leader." Such leaders develop action plans aimed at increasing maturity at least one level. The leaders are responsible for acquiring the resources to carry out the plan. Each action plan identifies qualifiers reviewed by the team to confirm that the maturity level has been met. **DISCUSSION/SIGNIFICANCE:** The CTME maturity model has been shown to be effective in identifying gaps in organizational operations at the University of Iowa, where it has led to incremental steps to improve clinical research operations. The utilization of the model at other CTSA hubs will be discussed at this session.

### 533 Student Undergrad Researchers' Race, Ethnicity, And Language in a Student-Run Free Clinic (SURREAL)

Gabriel Lee<sup>1</sup>, Courtney Shihabuddin<sup>2</sup> and Bashar Shihabuddin<sup>1</sup>

<sup>1</sup>The Ohio State University College of Medicine and <sup>2</sup>The Ohio State University College of Nursing

**OBJECTIVES/GOALS:** Our primary objective is to determine the demographic and linguistic characteristics of student research assistants (SRAs) in a large student-run free clinic associated with a mid-western university. Our secondary objective was to determine if the SRAs perceived any impact of those characteristics on their duties and ability to conduct research. **METHODS/STUDY POPULATION:** We plan to conduct a 15-question electronic survey of Student Research Assistants at the student run free clinic. There