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Assessing the Confidence of the Anti-Racist Advocate in our Academic Trainees

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OBJECTIVES/GOALS: The objective is to describe the process for developing two measurement tools to measure confidence (self-efficacy) of the anti-racist advocate in an academic setting. **METHODS/STUDY POPULATION:** We proposed five spheres encountered by the academic trainees: Academic/Research, Clinical, Policy, Interpersonal, and Intrapersonal. We evaluated a book, by Shereen Daniels, used in anti-racism literature: *The Anti-Racist Organization - Dismantling Systemic Racism in the Workplace*. Using the proposed metric of RACE framework, Recognize the problem, Analyze the impact, Commit to action, Empower for change, we sought to establish readiness on the spectrum of anti-racism advocacy. We developed a list of anti-racism and anti-bias advocacy skills based on: 1) Informational interviews with anti-racism and anti-bias experts, 2) Scoping literature review and 3) Academic trainees' and faculty lived experience. **RESULTS/ANTICIPATED RESULTS:** The first assessment, "5-Spheres", consists of 10 items that perform, 1) Analysis of readiness on the spectrum of anti-racism advocacy using RACE framework (Figure 1 [https://drive.google.com/file/d/1A3nMArEn7ZSxZSuSgDkYL_row-VOhOXf/view?usp=drive_link]), 2) Assessment of workplace environment. The second assessment, "Skills", consists of 25 items (Figure 2 [https://drive.google.com/file/d/1GTdfSgn0-mPufSUvSN-vIKTxBCkFW3/view?usp=drive_link]) that perform assessment of confidence of specific skills within each of the five spheres using the following scale: 1 – Not confident at all, 2 – Lacking some confidence, 3 – Somewhat confident, 4 – Completely confident **DISCUSSION/SIGNIFICANCE:** This proposed measurement tool can extend to anti-bias as well as anti-racism. Potential uses of the self-assessment includes: 1) Measurement and 2) Gap-spotting.

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A Year Later: A multi-institutional QI project to enhance leadership conversations about retention

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OBJECTIVES/GOALS: Optimize an Individual Retention Conversation (IRC) toolkit aimed at enhancing trust amongst CRPs and leadership via a 2-phase project wherein 9 academic medical centers (AMCs) with significant CRP workforces developed and

assessed a 16 question IRC guide and accompanying manager/leader instructional guide. #_msoanchor_1 **METHODS/STUDY POPULATION:** Significant interest in adapting the Stay Interview concept for the CRP workforce led to a 2-phase pilot to optimize the re-envisioned IRC toolkit. Representatives from nine AMCs and research sites volunteered to navigate their respective institutional IRB processes to initiate the assessment. Additional sites, such as Frontiers Clinical and Translational Institute (Frontiers) launched variations of the IRCs outside of the structured QI project to meet the needs of their institutional environments and reported feedback to the larger group. Feedback on both the standardized IRC, as well as Frontiers' tailored version, will be presented. This will serve as an entryway into Phase 2, a multi-institutional mixed methods evaluation project open to all AMC members of ACTS and the CRPT SIG. **RESULTS/ANTICIPATED RESULTS:** To date, 7 institutions have initiated IRCs with test groups at their institutions. Each institution had unique requirements, but all IRBs deemed Phase 1 to be exempt/not human research. Preliminary data suggest not only that the IRC process is valuable to both employee and their manager/unit leadership, but also that the simple act of conducting IRCs was found to be unique and meaningful to employees. For example, in their tailored IRC process, Frontiers found that the 90% of their team found the process to be beneficial (n=9). **DISCUSSION/SIGNIFICANCE:** By acknowledging issues, understanding motivations, and increasing engagement, IRCs foster positive change, allowing team leaders to take immediate action on important issues. By doing so, retention and engagement of team members, and the CRP workforce as a whole, is likely to grow and strengthen, as supported by results from our initial test pilots.

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Systematic Development of a Multidisciplinary Online Training Program in Healthcare Delivery Science

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OBJECTIVES/GOALS: We created an online, competency-based training program for Healthcare Delivery Science (HDS) that incorporates a wide range of disciplines and best educational practices. **METHODS/STUDY POPULATION:** In collaboration with a curriculum design expert and thirteen content experts from multiple schools and departments, we reviewed and adapted a published set of competencies for learning health system researchers. We followed educational best practices to collaboratively create learning objectives, aligned content with the objectives, and created quiz questions that addressed the objectives. After recording the coursework and building the program in a learning management system, we tested, evaluated, and revised the courses. **RESULTS/ANTICIPATED RESULTS:** The systematic approach resulted in a novel set of eight online courses: Introduction to Healthcare Delivery Science, Research Methods, Dissemination & Implementation Science, Behavioral Economics, Leadership & Management, Quality Improvement, Systems Engineering, and Multi-Stakeholder Engagement. The courses are applicable to learners from diverse fields, including medicine, public health, pharmacy, engineering, health system administration, and translational science. Students can earn digital badges for individual courses and a