support from a CTSA Program grant. The unique publications identified by QVR were used to construct an Altmetric Explorer report. We examined the relationship between the AAS and other variables, including number of authors, number of grants supporting the publication, number of CTSA program institutions supporting the publication, and if the publication included group authorship. RESULTS/ANTICIPATED RESULTS: Our analyses confirmed that the Program indeed supports potentially high impact research, as indicated by the highest scoring papers, across a wide range of diseases and conditions. Nearly all the highest scoring papers were focused on a specific disease or condition rather than broader methodological research, despite the disease-agnostic focus of the CTSA program. We also found that the Program significantly contributed to critical research on the once-in-a-century COVID-19 pandemic. We confirmed the entire CTSA consortium is contributing to potentially high impact research, with all institutions represented in the highest scoring publications. DISCUSSION/SIGNIFICANCE OF IMPACT: Understanding the impact of the CTSA Program presents a unique challenge – the program supports biomedical research infrastructure and training programs whose outcomes and impact can be difficult to track or measure. These data offer early signals of impact and can assist evaluators with designing future evaluations.

234
Expanding access to perinatal trauma care: Evaluating the perinatal narrative exposure therapy (PNET) training for interdisciplinary providers*

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OBJECTIVES/GOALS: Posttraumatic stress disorder (PTSD) is common during pregnancy and postpartum, leading to adverse birth outcomes. Despite effective interventions like narrative exposure therapy, PTSD often goes untreated due limited training opportunities and lack of community support. Expanding training for PTSD is crucial to improving access to care. METHODS/STUDY POPULATION: Six 3-day PNET trainings were delivered to 57 participants over a 23-month period. Workshop attendees represented a variety of professions (19% Social Workers, 19% Mental Health Graduate Trainees, 18% Psychologists, 18% Counselors, 12% Doulas, 11% Physicians, and 5% Home Visitor/Parent Educators) with varying levels of specialty experience from diverse locations (2 countries and 13 states). Key workshop outcomes included participant one-week post-workshop satisfaction, perceptions of acceptability, appropriateness, and feasibility of the intervention, and pre- to one-week post-workshop perceptions of connectedness to trauma treatment and perinatal healthcare communities. Data will be explored at 6 months post-workshop to evaluate longer-term effects on connectedness. RESULTS/ANTICIPATED RESULTS: The majority of workshop attendees (84%, M = 4.76, range 1–5) reported being "extremely satisfied" with the training and 98% indicated they would "recommend it to others." Most attendees found NET to be acceptable (M = 4.64, range = 1–5), appropriate (M = 4.37, range = 1–5), and feasible (M = 4.49, range = 1–5) to use within their practice. Paired t-tests revealed a significant increase in a sense of connectedness to both the trauma treatment and perinatal healthcare communities from pre- to post-workshop. DISCUSSION/SIGNIFICANCE OF IMPACT: Findings indicate that the PNET workshop is feasible and effective in training interdisciplinary providers on perinatal PTSD evidence-based interventions. By training

a range of professionals and fostering a sense of connectedness, the PNET workshop has the potential to make effective trauma treatments accessible to underserved populations.

235
Root cause analysis of barriers and facilitators to accrual to a pragmatic, EHR-embedded clinical trial

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OBJECTIVES/GOALS: Electronic health record (EHR)-based recruitment can facilitate participation in clinical trials, but is not a panacea to trial accrual challenges. We conducted a root cause analysis to identify EHR-based accrual barriers and facilitators in a pragmatic randomized trial of metformin for those with prostate cancer and glucose intolerance. METHODS/STUDY POPULATION: We quantitatively analyzed enrollment drop-offs among eligible patients who either did not complete a consent (with analysis of EHR-embedded consent process) or who completed a consent but were not enrolled (with analysis of EHR implementation of a Best Practice Alert). We summarized data from the EHR by eligibility, provider encounters, and alerts, and generated CONSORT diagrams and tables to trace the enrollment pathway. We supplemented quantitative findings with a thematic analysis of semi-structured individual interviews with eligible patients (n = 10) and study providers (n = 4) to identify systematic barriers to recruitment and enrollment of eligible patients. RESULTS/ANTICIPATED RESULTS: CONSORT diagram analysis found that 24% of potentially eligible patients (268 of 1130) had an eligible study encounter but were not enrolled. Additionally, BPAs were not triggering for some eligible patients. Interviews revealed that study providers wanted more detailed information about which study arm their patient would be assigned to, and about next steps after enrollment, especially relating to additional lab tests and follow-up care needed. Patient interviews suggested that patients often did not remember completing the consent process and felt overwhelmed with appointments and information; patients expected providers to actively bring up research opportunities during appointments. DISCUSSION/SIGNIFICANCE OF IMPACT: While pragmatic EHR-embedded trials are often characterized as lower-burden, these trials still require active engagement by providers, as well as ongoing attention from both research and informatics teams to ensure that EHR-embedded processes are functioning as designed, and that they are effective in recruiting study participants.

236
Mixed-method approaches to evaluating UIC's CTSA Hub

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OBJECTIVES/GOALS: The University of Illinois Chicago's Center for Clinical and Translational Science has implemented an innovative approach to program evaluation. We blend high-impact quantitative and in-depth qualitative approaches to identify local and national impacts and areas for improvement that are not captured solely by traditional quantitative methods. METHODS/STUDY