

The Accountability Reset: a Tactical Framework for Empowering Clinical Research Leaders

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1. Background

Clinical research leadership often comprises subject matter experts (SMEs) who transitioned from technical roles into management. While the Duke Cancer Institute (DCI) provides foundational theory through its "Leadership Series," a gap remains in the tactical execution of managerial oversight. In high-pressure environments, leaders navigate stressors—such as heavy workloads and the desire to maintain morale—that can cause accountability conversations and documentation to be avoided or absent. This "documentation paralysis" occurs when the cognitive load of determining how to effectively capture performance issues results in no formal record. Leaders limit staff from developing skills or working independently when they fail to provide documented feedback. Without a leadership mindset prioritizing accountability, teams become overly dependent on a single leader. To ensure high-quality research and succession planning, managers must move beyond SME roots to focus on developing the next generation of experts.

2. Goals

This initiative supplements foundational theory with a tactical framework for verbal accountability and written documentation. Key objectives include:

- Transitioning managers from an "SME mindset" to a "leadership mindset" that prioritizes developing independent, high-level staff
- Eliminating documentation paralysis and absent feedback by providing structured templates and a centralized accountability toolkit
- Building manager confidence through a tiered training model to ensure unit success does not depend solely on one individual

3. Solutions and Methods

Building upon the DCI Leadership Series, we launched a three-pronged intervention strategy:

- **The Accountability Toolkit:** A digital hub in Microsoft Teams providing "just-in-time" support with tactical templates like "Delegation Sliders," "Non-Negotiables," and "Words That Work" to lower the barrier for starting difficult conversations
- **Tiered Accountability Retreats:** In-person retreats for both frontline managers and managers of managers. These managers were trained in the CORE model (Context, Observation, Results, and Expected Next Steps) to structure verbal feedback and written documentation
- **Quarterly "Deep Dive" Sessions:** Virtual, interactive, microlearning sessions where leaders practice scripts to build comfort in navigating difficult conversations, address feedback gaps, and translate the CORE model into robust documentation

4. Outcomes

Preliminary results show this approach lowers the barrier for managers to initiate and document accountability conversations. Standardized templates mitigates the decision paralysis that previously prevented managers from providing feedback. The CORE model ensures managers could facilitate meaningful conversations even under high-stress conditions where they previously might have captured

nothing. This approach improves staff alignment, fostering a more independent workforce and a documentation trail that supports both staff development and potential corrective action.

5. Lessons Learned and Future Directions

Supplementing foundational theory with tactical tools helps build sustainable clinical research teams. Standardized templates that are readily available, save time, and reduce cognitive load, allow managers to reserve mental energy for coaching staff toward independence. Regular engagement is essential for building the muscle memory required to lead with confidence. Future directions include 1) refining the toolkit based on real-time feedback to ensure accountability remains a supportive leadership practice that strengthens the entire unit's bench of talent and operational excellence and 2) incorporating the material into future leadership series for new leaders.