Implementer Portraits: Jeanette Wassar Kirk

Danish Jeanette Wassar Kirk works for the Clinical Research Centre at the Amager-Hvidovre University Hospital near Copenhagen. A nurse by education and with both a Master of Science in Nursing and a PhD in her back pocket, Jeanette recently became a post doc.

How do you say, "knowledge translation" and "implementation" in Danish?

Implementation is 'Implementering' in Danish, and 'Knowledge Translation' would be 'Overførsel af viden' or 'vidensoverførsel'.

Which is one of your favourite articles on implementation?

Per Nilsen's 'Making sense of implementation theories, models and frameworks' is clearly one of my favourites. When I entered the field of implementation science, it appeared complex to me and I had difficulties gaining a good overview of everything. I then attended a course at Linköping University, in Sweden. That helped me understand a bit more of the different concepts of implementation science but I still felt confused at times. The framework article created the clarity I needed and provided me with categories and concepts that are helpful in thinking through implementation issues. Every time I run into someone who is interested in a good read on implementation science, I recommend that article.

What are you currently working on that relates to implementation?

I am currently working on a big project called 'WALK-CPH'. Its purpose is to increase the physical activity of elderly patients both during and post their stay in hospital. The lack of this activity is a substantial problem and can lead to increased dependency, vulnerability and in worst cases even mortality. We will develop the intervention through a co-design process that involves health professionals, patients and their families – because we want to ensure that it fits the local context and culture.

I am integrating my knowledge from my PhD here, where I examined the role of culture for the implementation of screenings in hospitals' emergency departments. It showed that a so called 'flow culture' is decisive for what will be implemented. Screenings that can help staff 'getting patients through' the department have a greater chance of being implemented than those that are viewed as 'flow stoppers' – because they do not help in getting patients through the department. Nutrition screenings for example are these culture stoppers – they are of no value for getting the work done and will get ignored by staff. I am very inspired by anthropological approaches and think that implementation science should absorb more knowledge from other disciplines such as anthropology or sociology.

If you were to have lunch with another 'implementer', whom would you pick?

I would invite Peter Nugus, Assistant Professor in the Department of Family Medicine and the Centre for Medical Education at McGill University in Canada. He has a background in sociology, and political science and has conducted ethnographical studies in emergency departments. He is interested in processes of organisational learning, the role of culture and identity in complex systems, and I am sure I could learn a lot from him.

If you had the resources for it, what within implementation would you want to work with next?

It is my experience that senior leaders in the hospital world – those who have the final responsibility for implementation successes and failures – often grab their knowledge from organisational theory, the management literature and other areas that often will have little to offer on high quality implementation of evidence in practice. So, if I could pick, I would love to have substantial funding to act as knowledge broker and prepare and support these leaders well in their work through targeted implementation know how. Among others to create a stronger learning culture in their organisations so they better understand why implementation efforts succeed – and why not. So much focus is on performance improvement still, and so little on learning – that I would like to change.