

Implementer Portrait: Meet Pauline Goense!



Dutch Pauline Goense is an implementation consultant and works for The Netherlands Organisation for Health Research and Development (**ZonMw**). Her office is in The Hague, where implementation is called '*implementatie*' and knowledge translation '*vertaling van kennis*' (!).

What is one of your favourite articles on implementation?

Measuring treatment integrity and using these data as feedback information in routine care has been one of my main interests in the past years. That's why Sonja Schoenwald's article from 2011 - **Toward the Effective and Efficient Measurement of Implementation Fidelity** - is one of my favourite implementation reads.

Why is this article important to you?

It goes into depth with measuring treatment integrity. And in doing so, it pays equal attention to the development and use of scientifically validated instruments – but also to how feasible these are in routine care.

I have used the article in my thinking and work on quality indicators in child and youth welfare. Very nicely, it wraps up what everyone should know about these types of measures.

What are you currently working on that relates to implementation?

In the past years, I have worked as a researcher and lecturer in implementation in child and youth welfare. But since September 2017, I have worked for **ZonMw** – we fund health research in the Netherlands and work to promote the use of that research in practice.

At ZonMw, I am working on the Palliative Care program. It is designed to improve palliative care for patients and their families. Through the program, we develop and disseminate new knowledge and facilitate collaboration between key stakeholders in the field. 50% of our budget is allocated to implementation activities, and I am responsible for integrating implementation science into the program. That includes informing call for proposals with implementation science, providing advice to project investigators and very broadly stimulating implementation knowledge uptake in the field.

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

There are so many interesting people to talk to! My number one at this moment is Howard White, Chief Executive Officer of the **Campbell Collaboration**.



Why Howard?

To me, he symbolises evidence. The work that he has done over the past years has had a great influence on how evidence and impact are perceived. He also really knows how to deliver his message - in ways that speak to the audience. I would love to have lunch with him and hear his thoughts on what an organisation like **ZonMw** can learn about stimulating and measuring impact in health care.

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

I want to work on developing an implementation science course/certificate in the field of social work and (public) health in the Netherlands.

Why is that important to you?

In the Netherlands, it is taken for given that everyone can effectively implement a best practice or evidence. That includes researchers, who seem to assume everyone knows how use their research results and products. No specific course or certificate on implementation exists in my country. But implementation is a **science** – there are theories, models, tools, specialists, conferences, and a journal (**Implementation Science**). An implementation course or certificate could help strengthen the knowledge and skills of Dutch human service professionals – simply by making knowledge on implementation and dissemination available in a packaged form.

