

Implementer Portrait: Leah Bührmann



Leah Bührmann is a German native but lives in the Netherlands, where she is a PhD candidate at the [Vrije Universiteit Amsterdam](#). Leah has a background in clinical psychology and has recently joined the EIC team as our Scientific Secretary.

How do you say “knowledge translation” and “implementation” in your own language?

In German, implementation is ‘Implementierung’ and knowledge transfer would be ‘Wissenstransfer’.

What is one of your favourite articles on implementation?

That is without a doubt ‘[Instrumentation Issues in Implementation Science](#)’ by Ruben G Martinez. It combines two of my key areas of interest – implementation science and methodology – in a very practical way. The article is a mix between highlighting the issues in the field, providing a comprehensive overview around each topic, and giving hands-on recommendations for further improvement. Its enjoyable and insightful.

What are you currently working on that relates to implementation?

I am part of a European implementation project – [ImpleMentAll](#). Our team is concerned with implementing Internet-delivered Cognitive Behavioural Therapy across Europe and Australia. We are hypothesizing that a tailored approach to implementation is more effective than implementation as it is usually done, and therefore introduce our trial partners to a structured implementation intervention. The project is a huge team effort with brilliant scientists working together on the goal of upscaling iCBT in our health care systems.

I am also working on analysing data of the NoMAD questionnaire, an instrument aimed at measuring implementation outcomes. The instrument is based on the Normalization Process Theory by Carl May and developed by Tracy Finch and her team in the UK. As the NoMAD is a relatively new instrument, I am interested in whether measurement is invariant across languages. Within the ImpleMentAll consortium we translated the questionnaire into [seven different languages](#). I am very excited to continue this work on a larger scale.

Last but not least, I recently joined the EIC as Scientific Secretary and here I currently focus on a project to identify implementation specialist competencies. Stay tuned, there is more to come!

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

Definitely Cara C. Lewis - She is inspiring me with her amazing work in implementation science. I follow her on twitter and would love to meet her in person to exchange knowledge and ideas.

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

I would focus on ‘Design for Implementation’ because I believe in Co-design, and researchers with a realistic prospective perspective. So my key question would be: How do we need to design our interventions to establish the best possible basis for their actual implementation in routine care settings?



Research really needs to think more out-of-the-box. Including relevant stakeholders right from the start of developing a new intervention will make the life of implementers much easier. It might facilitate later implementation efforts, as well as preventing the waste of resources in developing interventions with only little potential for being actually used in practice.
