

Implementer Portraits

Per Nilsen is Professor of Community Medicine at Linköping University, one of Sweden's larger academic institutions in the South of the country. In his work he focuses on the health care sector but also moves beyond it to related areas within human services.

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

Implementation translates into “**implementering**” in Swedish, and knowledge translation we call “**kunskapsöverföring**” in most cases. Sometimes you also will find the word “**kunskapsöversättning**” but that is hardly used at all.

2. *What is one of your favourite publications on implementation?*

The book [Using Evidence – How Research Can Inform Public Services](#) by Sandra Nutley, Isabel Walter and Huw Davis is a personal favourite. It takes a broad perspective on implementation of research and evidence. It was one of the first books on implementation I read and I still feel it's the most comprehensive in-depth book on the topic. Numerous articles over the years have been very inspirational, but perhaps even more so papers outside the implementation field but which have applications or implications concerning implementation. Topics include the importance of habits for changing behaviour, situational strength (do individuals' attitudes, beliefs and motivations determine behaviour or are contextual influences, such as the culture, more important?), organisational culture (and others, such as professional culture), leadership, the concept of context, etc. Implementation science is interdisciplinary and I believe it is important to bring in knowledge from various fields for improved understanding and explanation of implementation processes. I'm also fond of [the Quality Implementation Framework \(by Meyers et al.\)](#) and of using logic models that make implicit assumptions explicit, as a means of understanding and explaining how the results can be or were achieved.

3. *What are you currently working on that relates to implementation?*

I'm doing implementation research in various areas and sectors, including rheumatology, patient safety, palliative care, psychiatric care, etc. Since 2009, when we initiated an implementation research programme at Linköping University, I have supervised and co-supervised a number of PhD students. Many of them are defending their theses 2015-2016, which leaves more room for projects of my own, including research into patient engagement for improved patient safety. I've also written a paper on the learning challenges involved in implementing EBP, which I think is an overlooked aspect. I'm fond of doing these “theoretical” type of studies, to provide other perspectives on implementation issues. I also work with organization developers in the county council, where I hold a part-time research head position in a centre devoted to support the county council in various implementation and quality improvement projects. They are involved in numerous guideline implementation projects. It has been very rewarding.

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

I work with implementation researchers and practitioners, and there is considerable overlap! I'm particularly fond of using theories-models-frameworks as “tools” to facilitate making practitioners' (often) implicit knowledge explicit. I find the research-practice interface, which involves challenging the taken-for-granted assumptions and “common sense” quite stimulating. After all, implementation research is very much an applied science so this “meeting” is crucial. Not sure if I could mention any specific names, though.

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

I'm quite happy as it is, doing both more theoretical studies and empirical studies.