Implementer Portrait: Bárbara Costa Pereira Antunes

Bárbara Costa Pereira Antunes is a NIHR ARC Research Associate at the University of Cambridge, UK. She is a Health and Clinical Psychologist by background and part of the Palliative and End of Life Care Research Group at the Department of Public Health and Primary Care.

Bárbara is originally from Porto, Portugal – in Portuguese Bárbara says IMPLEMENTAÇÃO (= implementation) and TRADUÇÃO DO CONHECIMENTO (= knowledge translation).

What is one of your favourite articles on implementation?

I am afraid I have two in *ex aequo*: a paper by Trish Greenhalgh and colleagues from 2017: **Beyond Adoption: A New Framework for Theorizing and Evaluating Nonadoption, Abandonment, and Challenges to the Scale-Up, Spread, and Sustainability of Health and Care Technologies**. This article is important to me because the authors go beyond defining barriers and facilitators and really try to breakdown theory considering the different dynamics between different factors working at different levels.

The second paper is a very recent one from Tabea Willmeroth and colleagues: **Implementation Outcomes and Indicators as a New Challenge in Health Services Research: A Systematic Scoping Review**. It looks at implementation outcomes, which is a fundamental component of any intervention and have been around for a while, given that you need to have quantifiable results that show whether or not the implementation is working and how it can be sustained.

What are you currently working on that relates to implementation?

I just started at University of Cambridge in January 2020 and we are part of a massive research project of 8 themes. Our theme is Palliative and End of Life Care. Here is a 1.30 minutes video on it. We will undertake applied research that aims to improve palliative and end of life care for patients and their informal carers - at the end of life, and in bereavement. We will include all care settings and all conditions. We will undertake regional studies in population in focus ensuring optimal application and implementation in practice.

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

Professor Kathy Eagar. She has decades of experience in the field of knowledge translation and implementation in palliative care. She is a clinician, manager and academic which, in my opinion, gives her a bird's eye view of things and has enormous experience in running large and complex health service research projects.

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

I would implement an electronic brief measure to help healthcare professionals in all sectors identify people with palliative needs earlier in the disease trajectory. Most healthcare professionals don't have any training in basic palliative care, hence cannot identify patients with these needs. By the time a palliative care specialist is called, the patient is often in the terminal phase of their illness, which means that the window of optimal palliative care has passed, although, there is always something to be done. If healthcare professionals had basic training and a measure to help them identify these patients and families, there would be more time to prepare for what is to come and that means giving patients and families more choices and more time.

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