At the conclusion of this research, I gave a number of presentations to all operational levels of MSF, where we also debated the findings. Our discussions focused on the patient-centred approach to rehabilitation. Current and prior research at the RSP provided some direction. The question that remained, however, was this: how can research results be transformed into operational change? In November 2019, the desk and programme management staff invited me back to Amman to facilitate the implementation of changes and to develop a long-term strategy for patient-centred care. After an intense period of listening to RSP staff and patients, and reflecting on the findings, an exciting phase opened for me, and as I look forward, I see the programme evolving in the future.

In collaboration with all hospital departments, new practices were initiated. One of the objectives was to strengthen patients’ involvement in their care. This was achieved through the establishment of a patients’ committee, consisting of representatives of the patients from all countries, and members of staff. The committee was formed to debate topics related to hospital life and to involve patients in decision-making. Another communication channel opened with the creation of a patients’ suggestions and complaints box, something which had not previously existed in the hospital, and all hospital departments allocated one member of staff to be the point-person for patients’ questions and concerns. In addition, a new patients’ support committee was launched with representatives from all hospital departments, who would meet monthly to discuss patients’ concerns.

There was much debate on how to tackle the issue of negative stereotyping in the hospital. The staff and I were hopeful that by raising awareness of patients’ rights we could create positive change. In the process of discussion between patients and staff we produced the RSP Patients’ Charter, a document that is now on the hospital walls for all to view and that comprises the conclusions agreed on collectively.

Psychosocial and nursing departments also collaborated on numerous initiatives related to the improvement of child-centredness at the RSP.
Similar to the patients’ committee for adults, a children’s committee was established for paediatric patients. Furthermore, we inaugurated a peer group for those who take care of paediatric patients in order to better involve and support them. For the needs of teenage patients, we assigned male and female nurses to act as a listening post for concerns. More effort was expended to prepare paediatric patients and their carers before their arrival in Amman. We are in pre-production planning for a video project in which current paediatric patients record the hospital and explain the features of hospital life. The video will eventually be downloadable to a smartphone so it can be shown to potential paediatric patients and their carers in Iraq, Yemen, and Gaza.

Follow-up care for patients after their return home also needed strengthening. It was determined that the first priority should be given to those who required replacement prostheses and those who asked for further psychological and psychiatric support. There were vibrant discussions on establishing patient peer-support groups in the various home countries—a debate that also engaged current patients, who offered useful ideas for how this might work. The objective of such support groups, in which former patients would play a major role, was seen as facilitating new patients’ departures from home for the hospital as well as smooth homecomings for recently discharged patients.

The changes that have been put in place recognize the emotional impact that the RSP’s work has on the staff, who often require additional support. A new staff-wellbeing team was created, linking the hospital personnel and the MSF regional staff. The organization also introduced a volunteer staff-support group designed to respond to situations in which staff suffer emotional distress from their interaction with patients. In addition, social activities for staff were scheduled more regularly to improve the spirit of solidarity and support in the hospital.

At the higher levels of decision-making in MSF, a debate was initiated that sought to create more comprehensive care for plastic-surgery cases, care that would take into consideration the patients’ aesthetic preferences. The debate ultimately contemplated changing the framework of the programme from “surgical” to “surgical and rehabilitation.” It was felt that this language better encompassed the nature of patient need and more comprehensively described what the programme aims to achieve.

This last phase of my work in Amman peacefully closed a vital chapter of my engagement with the RSP and, in the same moment, the findings from the research were put into action for those future generations who will work at reconstructing lives.