



# NEW MODELS AND THE MAJOR CHALLENGES FOR THE ACADEMIC RESEARCH OF THE ORDER'S EXPERTS TSRM PSTRP.

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It is unquestionable that the Order of Medical Radiology and Technical Healthcare Professions, Rehabilitation and Prevention has already since the first national congress started to promote specific actions to its members in order to encourage research activities. Measures aimed to the concrete development of the independence, autonomy and responsibility of all professionals who cherish the valorization of their own social function. The involvement of the 19 health care professions to the creation of the Journal of Advanced Health Care has become an essential element, and the patronage that the National Federation granted to our Journal outlined an ambitious mission: creation of a “space” and opportunity for TSRM PSTRP professionals to meet and exchange experiences.

Multiple and rising ethical issues related to science and technology require experts to assume proactive and informed approaches also in connection with scientific activities supporting Scientific Associations, thereby contributing to the continuous review of operating methods as well as the production of emerging insights. The acceleration of social and technological trends and the accelerating pace of environmental changes are thus forcing the professionals of the Order of Medical Radiology Technicians and the technical health professions, rehabilitation and prevention to move faster in decision-making processes. Therefore, the wide and articulated health care context in which health care professionals are included requires the assumption - with an eye to full cooperation - of relations with institutions which are increasingly effective, encouraging initiatives to adjust their careers - first and foremost - to the individual's health care needs. The central role played by the TSRM - PSTRP professionals therefore is a vital component of the activities of the TSRM - PSTRP, which must introduce measures for safeguarding their healthcare patients participating in the treatment process and ensuring the full responsibility of all the stakeholders involved in the treatment process.

The multidisciplinary and inter-professional network of the Order TSRM - PSTRP as well as of our Journal must analyse carefully in order to also promote “patient engagement” favouring more autonomy and proactivity in the individual's lifestyle and healthcare policies. Nowadays, discussing engagement implies taking a systemic vision on the health care process

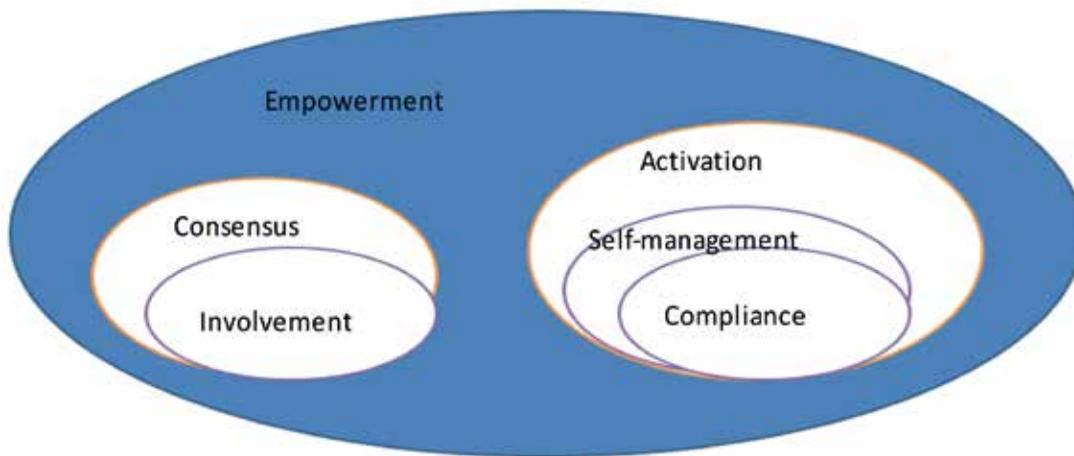
and new technologies represent an essential qualifying driver. While new perspectives in the health care context and new socioassistential models become essential for a concrete and proactive participation from the user, to implement the model necessarily needs a sociocultural transformation even of professionals and technicians in the health care sector.

To ensure a sustainable healthcare system in the future, the implementation of ethical and pragmatic priority actions is becoming more and more necessary, which is the great challenges that health sector professionals are called in order to support the achievement of a patient-player in the healthcare sector.

The patient engagement model brings more relevant research results and possible solutions for the many issues and dilemmas patients live in. For healthcare professionals and technicians in the 19 healthcare professions too, awareness grows that new and adequate organizational models should be implemented to deal successfully with shifts regarding healthcare needs. According to my opinion, one of the research fields to invest in and to promote the activities aimed to implement scientific investigation dynamics even for professionals adhering to the Order of Medical Radiology Technicians and the technical health professions, rehabilitation and prevention.

In the present network, in fact, patients are considered critical consumers of health services and, in the multifaceted psychosocial process of patient engagement, scientific literature considers it vital to change in order to create a sense for the new dynamics in the health “market”. Thus, the relationship which the patient develops with the healthcare service system of reference and the supply chain of healthcare services in the different steps of the healthcare path becomes central in the structure of the model for patient engagement.

Despite a system which is still focused on responding to challenges of resource reduction and increasing demand for services, the wide scientific literature suggests that people receiving assistance remain a poorly used resource and should acquire more centrality in decision-making processes with a view to achieving an ambitious target of improved effectiveness and sustainability in care services. Procedures related to psycho-social, interpersonal and organisational issues involved with patient engagement should, therefore,



**Figure 1** - Engagement

encourage the capacity of patients in their care settings to be more proactive and participate in the process of care management as well. Therefore, it is also necessary to launch assessment processes aiming to analyze the role of communication in the experience lived during the visit and, at the same time, to evaluate how deep the relationship established between professionals, technicians and patients is.

At the same time, it is necessary to evaluate the role of the communicative approach in the experience during the visit and at the same time to quantify the profundity of the interaction between the professionals, the technicians and the patients. In this way, it is necessary to conduct analyses and studies aimed to implement a correct engagement finalized toward putting the patient more and more in the centre of the processes and professionals also of the medical radiology and technical health care professions, rehabilitation and prevention, with the aim to provide patients with more and more efficacious solutions.

A correct assessment of engagement is therefore considered sufficient to stratify the level of risk, to personalise health services and to prefigure the amount and quantity of investments needed to meet the different target groups' needs.

Engagement is a complex process that results from the combination of different dimensions and factors of an individual, relational, organizational, social, economic and political nature that characterize the person's life context. The diagram shows the relation-

ship between engagement and other ideas of therapeutic participative processes (Figure 1).

In order to promote engagement, a simplifying approach reducing individual engagement to an individual issue must be avoided, therefore an ecosystem of engagement actions must be developed that can operate at multiple levels: individual, interpersonal, organizational, socio-community and political/institutional.

To raise awareness, educate and involve health professionals and the healthcare team, there is the need to promote a "culture of engagement" by means of concrete actions, such as:

- to provide, starting from university and continuing education courses, specific knowledge and skills to promote engagement in daily clinical practice;
- promoting the health professional's well-being and engagement and motivating him/her for concrete initiatives of stimulation.

A systemic approach to engagement can respond better to complexity of commitment, avoiding a reductionist approach with fragmented and poorly coordinated interventions. The engagement should become an integral part of the organizational models that provide for the realization of assistance in the treatment of critical diseases with the strengthening of "out of office" actions, i.e. alternative contexts, linked to people's life experiences, their sensibility and their interests are functional to integrate in strategies for promoting engagement.