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Research Article

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[Dual Role of Clinician Managers in Healthcare - Challenges and Opportunities](#)

Background: Clinician managers can play a crucial role in healthcare organizations, including hospitals, by combining their clinical expertise with managerial responsibilities. They bring valuable insights and firsthand experience of patient care to managerial positions, contributing to improved patient outcomes and hospital performance. However, they face unique challenges that require careful attention and solutions.

Aim: This review aims to critically discuss the role of clinicians as managers, the challenges that they face, and how they exercise their influence in hospital settings.

Key findings: The role of clinicians as managers is critical for effective leadership and delivery of high-quality patient care. Described as a two-way window, clinician managers bridge the gap between medicine and management by combining clinical expertise with managerial skills in a hybrid leadership approach. Studies have shown a positive impact on hospital performance, including enhanced quality care, improved patient outcomes, and potentially better financial performance. In addition, they play a vital role in fostering interdisciplinary collaboration and boosting staff engagement. However, challenges such as identity conflicts, and limited formal training, are present, especially for first-time managers.

Conclusion: Adapting to the dual role of clinician and manager demands a mindset shift and the development of new skills, necessitating strategic support. This includes leadership education, organizational support, mentoring, and collaborative models to empower clinician managers. Targeted training programs, formal mentoring, and peer support networks equip them with essential skills, while workload management, well-being initiatives, and a culture of balance foster success and growth.

Case Report

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[CT-guided Retrograde Urography as a Diagnostic Tool for Post-kidney Transplantation Evaluation: A Case Report](#)

The vast majority of urological complications occur at the ureterovesical junction and usually occur early after transplantation. The aim of this study is to enhance the quality of medical care provided to patients who undergo kidney transplantation. Cystography was conducted on renal transplant recipients utilizing computed tomography. The utilization of changes in the patient's position and reconstructed images of the bladder can serve as a diagnostic tool to assess the normal functioning of the urinary tract system subsequent to kidney transplantation. To ensure adequate filling of the bladder and ureter, it is necessary to introduce varying amounts of contrast medium through the urinary catheter into these structures. This diagnostic procedure aims to verify the existence of stenosis or leakage occurring at the vesicoureteral junction. The evaluation and diagnosis of urinary tract problems subsequent to kidney transplantation can be effectively conducted. Furthermore, it has the potential to mitigate the adverse effects and alleviate the strain on the renal system resulting from the administration of contrast agents in computed tomography urography. CT-guided cystography can enhance the medical quality and comfort of Kidney transplantation patients.

Clinical Image

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[Pomadened and unctuous- spindle cell lipoma](#)

Spindle cell lipoma and pleomorphic lipoma emerge as benign, adipocytic neoplasms representing a morphologic continuum of a singular neoplasm. In addition to myofibroblastoma and cellular angiofibroma, spindle cell lipoma or pleomorphic lipoma configures as a constituent of chromosome 13q/RB1 family of tumors. Initially scripted by Enzinger and Harvey in 1975 with an obsolete terminology of dendritic fibromyxolipoma, aforesaid adipocytic neoplasms articulate an estimated 1.5% of lipomatous tumors. In contrast to conventional lipoma, spindle cell lipoma or pleomorphic lipoma is an uncommonly discerned variant, demonstrating a proportion of 1: 60.
