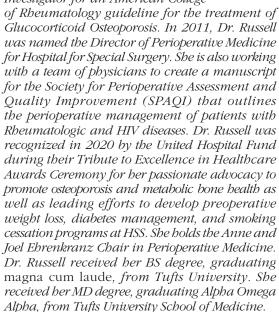
Patient First

An Interview with Linda Russell, MD, Rheumatologist, Director of Perioperative Medicine, HSS

completed a one-year internship and a two-year residency in Internal Medicine at New York Hospital. She then went to Hospital for Special Surgery for her Fellowship in Rheumatology. Following her fellowship, she joined HSS as an Attending Physician, where she has continued to practice medicine. Dr. Russell is the Director of the Osteoporosis and Metabolic Bone Health Center. Currently, she is the co-Primary Investigator for an American College



What attracted you to medicine and to the field of Rheumatology?

I knew that I wanted to go into medicine when I was in the second grade. I grew up on Long Island and we used to go to New Hampshire for the summers when I was young. My mother was a nurse and she gave me the Clara Barton nurse books to read on vacation. That's when I knew I wanted to be a doctor. I went into Rheumatology because my mentor, Dr. Charles Christian, who worked here at HSS, helped pique my interest in the field. I followed him to HSS from my residency at New York Hospital and then did a fellowship with him. One of the great things about Rheumatology is that you get to know your patients for many, many years. I'll be at HSS 30 years soon, and I have had some patients for that entire time.



Linda Russell

Will you highlight HSS' focus on patient care and putting the patient first?

I think we have a lot of missions at HSS, but we're grounded in the ethos that the patient comes first – before the research project, the publication, anything else – the patient always has to come first. That's really what our brand is all about. This has never been more important because HSS is growing. We have many satellite facilities now and we're opening surgery centers in Florida and Long

Island. As we grow, we have to remember that the patient comes first, no matter where we're caring for them.

What helps with that mission is that the environment for physicians and other healthcare providers is so collegial. Whereas once HSS was just Orthopedics, now we have Rheumatology, Physiatry, Sports Medicine, a great Radiology department and more. You feel very supported when you work here and there are so many colleagues you can speak to about your patients.

Will you provide an overview of HSS' leadership in Rheumatology and its commitment to innovation and research in the field?

Rheumatology at HSS from a research standpoint has traditionally been very lab based. Our collaboration with the Rockefeller Institute has been quite strong. Over the past five years, however, we've really developed a much stronger focus on clinical and translational research, which Dr. Susan Goodman has spearheaded in our department. For example, we're now collecting synovial tissue in the operating room which is very exciting because it can help tell us about features of rheumatoid arthritis and osteoarthritis.

How do you define the mission of Perioperative Medicine at HSS and will you provide an overview of this offering?

I feel strongly that at HSS we should be trying to develop the most robust perioperative care program that we can. As a surgical hospital, we are charged with optimizing health before procedures so that patients can enjoy successful outcomes and reduce their chances of experiencing postoperative complications. Our clinicians perform approximately 35,000 surgeries a year, and my department touches about 22,000 of those patients preoperatively. All the patients who will be admitted or who have complex

conditions meet with a medical doctor before their operation to be assessed for comorbidities – do they have diabetes, is their blood pressure under control, should they stop smoking? We have a weight management expert who works with patients for several months before surgery. If people are on chronic opioids, we have a whole team of chronic pain physicians who help them taper their medications.

We now have medical doctors at all of our satellite facilities, too, so we can see patients closer to home. Our goal is to let the medical doctors see the patient as far before their surgery as possible – four weeks or more before surgery would be ideal. We also follow the patient post-operatively, so there's a familiar face there for them to go through the procedure with. These interventions are extremely important and we should try as much as we can to let the world know what best practices are for orthopedic procedures in particular.

What advice do you offer to young people interested in building a career in medicine?

If you want to build a career in medicine, you really need to focus on academics throughout your whole middle and high school career. It's about due diligence - you need to get the good grades, you need to be detailoriented and you need to have experiences outside the classroom. I like to recommend that young people who are interested in a career in medicine consider a job as a medical scribe. That allows them to be exposed to patient care and see if they really like it, and you learn a lot. Another good approach is to take a research position, either while you're a student or as a gap year. You get great exposure to medicine and you can author on some publications which can help differentiate you from other applicants to medical school. When you're a research assistant, you're often doing some tedious things such as adding references to papers or putting together the agenda for the lab meeting, but you're learning the whole time.

The wonderful thing about medicine is that there are so many fields you can pursue – some of which might be a better fit for your ideal lifestyle than others. For instance, Hospitalists usually work a number of shifts per month. Some fields, like Rheumatology, are primarily in the outpatient setting. Some like the excitement of delivering babies, which can occur at all times of the day. ●