

An Interesting Fact

Polina Trachuk, MD

A guaranteed icebreaker at any orientation, whether medical school, residency, or fellowship, is to share “an interesting fact about yourself.” Some may find this challenging, but I am always prepared: “Hello, my name is Polina and I am from Siberia.” If not for this interesting fact, my response would probably be chosen from a generic list of statements that you would expect from any trainee: I love to sleep, I haven’t read a book for fun in years, and my cell phone is still on my parents’ family plan.

This interesting fact, however, came to me at a cost. I was born with radial club hand, a congenital limb deformity defined by the absence or underdevelopment of the radius. There are a wide variety of presentations with this deformity: mine is severe, involving a hypoplastic radius, radial deviation of my wrist, and the absence of my thumb.

I attribute this sporadic malformation to my place of birth. At the time of her pregnancy with me, my mother was living in an area in Siberia referred to as a “closed city,” one with extensive travel restrictions due to military or research facilities, some of which only appear on classified maps. When I was young, she relayed stories of other children born with deformities of all 4 limbs, making me feel lucky to be born with only one arm affected. I spent my early life traveling between hospitals in Russia and Uzbekistan for reconstructive surgery, concurrently honing my orthopedic skills by placing casts on Barbie dolls.

My journey eventually brought me to New York City, where my family sought out more advanced surgical options. I remember being 10 years old and standing in a cold auditorium full of physicians as they discussed my case during what I can only assume was surgical grand rounds. Though appreciative of their interest, I had better things to do than hold up my arm for a room full of strangers and was annoyed that my parents would not let us go home. Thankfully, we stayed, and after countless surgeries, I gained significant improvement in the function and aesthetics of my left arm.

Having already been exposed to multiple physicians by the age of 10, I decided that I wanted to become a pediatrician. I was certain of my decision

and quite proud of myself for choosing a career path at such a young age, beating my classmates in elementary school to their choices by at least a decade.

It was not until high school, during an appointment with a physician whom I saw for the first (and last) time, that my certainty wavered. “Aren’t you worried that the kids will make fun of you?” he asked. Caught off guard, I felt the warmth drain from my face. I quickly made up a response and pretended to be unbothered, but secretly wondered if he was right. Even worse, I began to worry that my physical handicap would prevent me from realizing my professional aspirations in the first place. I feared that I would sacrifice countless hours and dollars pursuing a medical degree, only to be told one day that my physical limitations would bar me from becoming a physician.

I graduated from college and successfully completed medical school, but my concerns remained. In residency, I continued to face every challenge as if it would be the one to finally stop me. I remember the first time I placed a central line, standing in a cramped room and sweating under my sterile gown as I focused on not fumbling with my gloves. I felt envious of everyone who had ever put them on with ease, as I took extra time to adjust for my missing digit. Guided by my patient senior resident, I carefully held the ultrasound probe with my left hand as I picked up the needle with my right. The rest of the procedure went smoothly, and nervous relief passed over me as I conquered another obstacle. I texted my parents as soon as I left the room. “Great job! What’s a central line?” they replied.

After residency graduation, I decided to pursue an infectious diseases fellowship, but also found myself gravitating toward the procedurally oriented critical care. My concerns then took on a new role. Was I capable of becoming the type of specialist I wanted to be? More importantly, would I be any good at it? The thought of having to intubate a patient was terrifying. Using direct laryngoscopy to lift up a patient’s mandible is something I would not be able to do with my fully capable right hand, let alone my left. I knew this would be the final roadblock.

With the advice of some very supportive faculty, I met with an anesthesiologist at my institution. We spoke about my capabilities, and she invited me to

DOI: <http://dx.doi.org/10.4300/JGME-D-19-00559.1>

shadow her in the operating room. There she introduced me to video laryngoscopy. I was hopeful but skeptical at the same time.

One morning in April, standing next to her in an operating room rivaling the temperature of my native Siberia, I was preparing to use it for the first time. I felt like the whole room was focused on me. “Is everyone staring at me? Why can’t the surgeons just turn around?” I thought to myself. I was grateful to have my shielded mask on. I knew that if they saw my face, they would be able to tell how nervous I was. Nevertheless, I took a deep breath and focused on the task at hand. I could be nervous later—now it was time to intubate. It was there, under the careful supervision of the anesthesiologist, that I successfully intubated my first patient. I was once again happy to have my mask on. Except this time, it wasn’t fear that hid. On my face was a sense of triumph and, most certainly, tears. She congratulated me on a job well done, but I was left speechless. The most I could respond was “thank you.” She had just transformed what I saw as an insurmountable roadblock into an open road full of possibilities. What do you say to someone who just changed your life?

I wish I could confidently tell my younger self that my physical barriers were no obstacle to achieving my

dreams and that my concerns are behind me. I don’t know that for a fact quite yet, but I am much closer to finding out. I am grateful for my “interesting fact” to be able to share at orientations as a symbol of where my journey began and how far I have come. Had I never been a patient, I may have never developed such an appreciation for being a physician. Now, as a recent graduate of an infectious diseases fellowship and a current fellow in critical care, I know that challenges still await me, but I am fortunate to be surrounded by supportive mentors who believe in my potential and took a chance on me . . . interesting facts and all.



Polina Trachuk, MD, is a Critical Care Fellow, Division of Critical Care, Department of Medicine, Albert Einstein College of Medicine, Montefiore Medical Center.

The author would like to thank her family for their unwavering support, her mentors Dr Liise-anne Pirofski, Dr Priya Nori, and Dr Adam Keene, for all the opportunities that they have created for her, and Dr Irene Osborn for teaching her how to secure an airway.

Corresponding author: Polina Trachuk, MD, Montefiore Medical Center, 111 E 210th Street, Bronx, NY 10467, 718.904.3015, ptrachuk@montefiore.org