



# American Healthcare Professionals and Friends for Medicine in Israel

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**D**r. Shiri Shinar doesn't typically work on fewer than two patients in a room at a time; sometimes she works on three, maybe even four.

Shinar is a 2017-2018 APF Clinical Fellow in Maternal-Fetal Medicine (MFM) at St. Michael's Hospital in Toronto. In a treatment room there's usually a mother and an unborn child, sometimes two unborn children, maybe three, maybe more. Then in labor and delivery, if all goes well, it's the same cast of characters with baby (s) appearing outside of the womb. There can be more with partners, family and friends.

"MFM is such a marvelous area of medicine! Being true to its name, it encompasses aspects of maternal as well as fetal medicine, necessitating the physician to consider both patients and their effect on one another, in every encounter.

"It is a diverse field that involves knowledge of internal medicine and surgery, as well as ultrasound and minimally invasive procedures, but you are the central figure," says the 37-year-old Omer (near Beersheba) native.

"You have the sense of the single provider approach even in this era of sub-specialization. For example, you do and interpret the ultrasound for diagnosis, not the radiologist. If you manage the fetal aspect, you do the intrauterine fetal therapy. In MFM a lot of the patient's care is provided by you. We do call in many other specialists, such as nephrologists, endocrinologists and cardiologists, and that makes it even more interesting. But we still do a whole lot. And I love that.

"Also, it involves continuity of care, since a pregnancy is a lengthy period of time, sometimes starting in the planning stages, enabling the physician to get to know the patient, often in very stressful situations. A good physician can truly assist

the patient through these. In some ways it's a little like being a family practitioner. You don't deal just with the mother, you deal with her entire family, sometimes extended.

An MFM specialist is an obstetrician-gynecologist (OB-GYN) who has completed an additional two to three years of education and training in medical, surgical, obstetrical, fetal and genetic complications of pregnancy and their effects on both the mother and fetus, according to The Society for Maternal-Fetal Medicine.

According to the society, MFM specialists provide consultation, management and transfer of care for women with complex conditions before, during and after pregnancy.

MFM specialists are high-risk pregnancy experts. "High-risk" labels may be attached to pregnant women with chronic health problems including: hypertension, obesity, renal disease, HIV and diabetes, or to women facing unexpected problems during pregnancy such as: early labor, bleeding, high blood pressure and gestational diabetes. Women carrying "multiples" are also often considered high-risk.

Here's how some health statistics play into today's MFM: rates of gestational diabetes and pre-gestational diabetes have doubled in the last 14 years; during the last 30 years use of prescription medication in the first trimester has increased more than 60 percent; and in 2014, 3.5 percent of all babies born in the United States were twins, triplets or higher-order multiples, accounting for 140,000 U.S. babies.

In other cases it's the fetus requiring a specialist. If birth defects or growth problems are identified, prenatal treatments including blood transfusions and surgery can be performed.

Shinar started planning for a medical career when she was only seven years old. “First I wanted to become a veterinarian, but sometime around middle school I changed to treating people.”

In high school she won an award for outstanding research in a medical field, studying treatment of Seasonal Affective Disorders.

“But there was no one event or person that made or helped make my decision for me, the desire was embedded in me from very early on.

“I even took my psychometric exams (like SAT’s) very early so that if I didn’t get sufficiently high scores I would be able to repeat them and not waste much time before starting medical school.

“I was very ‘planned’ and organized about it because I simply never really contemplated doing anything else.”

Shinar was in the IDF intelligence service and can’t comment much about her time in the army except to say it was spent “doing office work that had to do with gathering information about the military capabilities of Israel’s neighbors.

“Growing up, I lived in Maryland for three years and went back for several summers, so my English was a valued skill that helped get me that position. My colleagues had also been to many places and spoke many languages, so it was a very interesting time. My best friends are ones I made in the army.”

In the first two summers of medical school at Sackler Faculty of Medicine at Tel Aviv University Shinar was a research intern at The National Cancer Institute, National Institutes of Health in Maryland.

But it was during her fifth year that her career choice evolved.

“In that year I had a mandatory rotation in OB-GYN. In labor and delivery I was so excited all the time! It was so intense. I was always seeing something that started and ended, as opposed to internal medicine where chronically ill patients frequently come back and don’t always improve.

“I saw that it’s a very optimistic field. I saw that if you make the right decision, for example taking the baby out at just the right time, you can really have a great impact on three people’s lives – mother, baby and father.

“Although when it’s bad, it’s really bad. But you can be there for your patients when it’s bad. Some things are just out of your control, while others are not.

“And if it’s not in your hands, such as a fetal anomaly or something in the course of the delivery, that can be devastating and you, too, feel sh\*\*ty about it for a long time. It’s a challenging aspect of being an OB-GYN. But that’s also what I love about it. You’re there for your patients at very emotional times, whether they are good or bad.

“This is what I discovered during that rotation that made me decide, while in my fifth year of medical school, to specialize in maternal-fetal-medicine.”

After her internship at Rabin Medical Center (in Petah Tikva, near Tel Aviv) Shinar spent a month at St. Luke’s-Roosevelt Hospital Center in New York, doing an OB-GYN rotation. “I had done the residency “match” for places in both the U.S. and Israel. And this was a chance to see what medicine would be like for me in the U.S.

St. Luke’s is a good hospital with a busy OB department.”

But it wasn’t as busy as the one where she was headed – Tel Aviv Sourasky Medical Center, where 12,000 babies are born a year at its Lis Maternity Hospital.

“I chose Sourasky for two reasons. Tel Aviv is a busy and diverse city that is “open” 24 hours a day with Sourasky in the heart of it, reflecting that volume and diversity. Births include those from tourists, immigrants, refugees and the homeless – from very young mothers and much older mothers. Because we are a referral center, people come from all over the center of Israel. You see the common conditions but also the rarer ones, as opposed to the smaller centers. You get a more well-rounded education,

learning how to deal with different situations and different types of people. While it was very intense, you get more confident – the more you do the more skilled you become.”

When Shinar was on call she was responsible for the entire OB-GYN department.

“And indeed, I found that when it came to the final exam, I had a real-life example in my head of every condition presented on the test.”

Shinar was Chief Resident in the final two years of her residency – responsible for organizing and guiding about 25 students “on their own paths in OB-GYN.”

When she completed her residency she became one of the Program Directors for the residency program in addition to her OB-GYN senior physician duties. These duties included working in a high-risk pregnancy clinic and working in the ultrasound, labor and delivery units.

Shinar’s mentor is Dr. Ariel Many, Sourasky’s chief of labor and delivery and head of the Israeli Society of Maternal-Fetal Medicine.

“He was in charge of the residency program when I started and very naturally became my mentor,” she says. “I highly valued his approach to patient care and how thoroughly he evaluates situations. He’s very sharp and very quickly gets to the essence of things.

“But he is also very compassionate and easily finds a way to connect with people from different backgrounds. He finds a way to speak to people in a manner that they can understand. This is very rare in an Israeli gynecologist – he is very modest, not full of self-importance.

“He also always seeks knowledge and is consistently up-to-date. He’s a real professional. These are qualities that are very important for one to have to be a good doctor.

“During residency Dr. Many always tried to get me to think of myself as not only career-oriented, but

as someone with a family and a spouse. He would remind me of this regularly, not wanting me ever to forget.

“We did research together and we still do. MFM is his sub-specialty as well and it’s like following in his footsteps.”

Speaking of family – the family of four – Mom; Dad Nir Gazit, 39, a computer engineer who’s working right now in Canadian financial technology; daughter Naomi, 5 and son Yuval, 2 made the trip to Toronto from the Israeli community of Givatayim (east of Tel Aviv).

In addition to a demanding OB-GYN resident’s schedule Shinar published about 30 papers on varied topics such as infectious diseases and pregnancy, nutrition and pregnancy, and ultrasonographic brain findings in fetuses. She has presented research in Israel and abroad and has won many awards, including global ones: a Young Investigator’s Award for her research in preeclampsia from the International Society for the Study of Preeclampsia, and a Best Oral Presentation Award from The International Society of Ultrasound in OB-GYN for her study of cortical (pertaining to the outer layer of the brain) malformations in fetuses.

For six months during her residency she worked at the Weizmann Institute of Science in Tel Aviv doing research transplanting mice ovaries.

Shinar also loves to teach. Besides residents, she’s taught medical and nursing students, both in classrooms and on the wards. In Toronto she teaches residents. “Teaching keeps you up to date, even if you’re teaching the same thing again and again.

“You can be caught off guard by students. I love their questions. They really make you think. Sometimes even ideas for research come from students’ questions or ideas.”

In Toronto Shinar is a student again as she completes the first year of a two-year-program that

will grant her MFM certification from the Canadian Royal College of Physicians and Surgeons. The second year is at Mt. Sinai Hospital, also in Toronto. "Making the transition back to 'student' status is sometimes challenging. Once more I'm running the show with staff physicians above me. Whereas only recently, I was a staff physician myself."

### **What made you choose Toronto and this program?**

"This is the largest MFM fellowship program in Canada, so there is volume and cultural diversity that I can't get in Israel. I see things in medicine that I've never seen before. And it's great to see how others do things. At Sourasky you learn one way and figure that's THE way to do something. But here, you learn many different ways from many different experts and you realize that other ways of management are also acceptable. For most situations there is no one right answer. You become more open minded -- a valuable trait for a physician.

"It also has a research component which is very important to me.

"Mt. Sinai's MFM program is world-renowned and attracts a very high volume of complicated, high-risk maternal and fetal issues, including very rare ones, from all over Canada.

"Also, I was choosing between Toronto and St. Louis and decided that Toronto would be a more interesting and fun place for the entire family."

### **Is the program intense?**

Yes, but this year at St. Michael's is not as intense as my work at Sourasky. St. Michael's has 3,500 deliveries a year, as opposed to Sourasky's 12,000. Mt. Sinai has about 8,000 deliveries, with a very busy maternal and fetal high-risk program. For me, the more significant and challenging part of the program will be at Mt. Sinai.

### **What are your days like?**

"I start at about 7:30 a.m. and work until about 6:30 p.m. I see in-patients hospitalized due either to

maternal or fetal conditions (necessitating close daily, even hourly, supervision) and out-patients. Basically I'm available to the entire OB service. I have three nighttime 'on calls' a month, two on weekdays and one on a weekend -- either a Friday or a Saturday. When on call I'm responsible for St. Michael's whole OB-GYN department and am available to the entire hospital for any OB-GYN issues."

Daily tasks include the following:

- Performing ultrasounds for fetal assessments such as growth and anatomy
- Consulting with high-risk patients
- Doing the prenatal diagnostic tests amniocentesis and chorionic villi sampling (CVC)
- Working in specialty clinics such as those for diabetes and endocrinology

Surgical procedures include:

- Caesarean sections
- Assisted vaginal deliveries (vacuum or forceps extraction)
- Cervical cerclage (a stitch or stitches) for women at risk for cervical incompetence and preterm delivery

### **What about research?**

During the two-year fellowship Shinar is also allowed research time. But much of it is completed along with other duties. "If I'm on call I stay up and do research. And I do a lot of it at night after the kids go to sleep.

### **Any topics in particular?**

"I'm working on different topics, but some of them are: the influence of gestational weight gain and post-partum weight gain, diabetes, preeclampsia and infectious diseases in pregnancy. Some topics are assigned and some I choose.

"Although I have not yet published any papers from my time here, I hope to publish valuable work during the fellowship."

**Are you leaning toward maternal or fetal medicine?**

“I don’t really know yet. It may be fetal medicine though. Cutting-edge intra-uterine medicine is fascinating.”

**What’s it like for the family?**

“We spend a lot of time with the kids that we don’t in Israel. Because we have long weekends we are able to take trips and do a lot of sight-seeing. There’s less time spent around the dinner table during the weekend and more time spent doing outdoor activities. As a family it’s really wonderful that the four of us are together. We have no other family here, so it’s just us. I’ve discovered that I have a really great family.”

**How are you coping with the cold weather and the snow and ice?**

“We are determined not to let winter get us down. We have all started ice skating, even two-year-old Yuval. We went skiing on Christmas, the kids’ first time. We skied in -25 degrees Celsius, an experience I thought I would never be able to endure. But it was awesome!  
And we just bought sleds for tobogganing.

**Any travel?**

“We’ve been to areas close to Toronto including Ottawa, Bruce Peninsula and Algonquin Park. And we went to New York at Christmas. We covered a lot of mileage. In February the family might join me for a trip to Banff, for a national conference.

**What do you plan to do with your Toronto experience when you return to Israel?**

Ultimately I’d like to have this experience go toward setting up an MFM fellowship in Israel, which we currently don’t have. I think it’s something we could do very well, educate people to become good MFM specialists.

Additionally, I know it will have contributed to my goal of simply being a better doctor; open minded, less judgmental, skilled and creative. I don’t want to be busy referring to other doctors things that are within my capability. And I hope to be in charge of something one day.

I want to continue to work in a hospital-based setting and also continue to work in academia – teaching and publishing. I think this fellowship will help me in that respect as well.

Also, I want to be leave Toronto with on-going research that I can continue in Israel, while retaining my ties to Canada.

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