Choosing Between Rural and Urban Practice Setting

Does the term “rural practice” evoke images of quaint offices of a bygone era and folksy people paying for services with baked goods? If so, that may be the fault of television shows that like to play the rural doctor stereotype for laughs. Physicians who let these homespun images sway their choice of practice setting may be doing themselves a disservice. There’s more to the urban vs. rural decision than meets the eye, as the following physicians suggest from their real-life experiences.

**URBAN, WITH A RURAL COMPONENT**

Sarah M. Benish, MD, FAAN, a member of the Board of Directors of the American Academy of Neurology and vice-chair of the Practice Committee, has never wavered in her desire to live and work in an urban environment. As a neurologist at Minneapolis Clinic of Neurology since 2007, she relishes having a cadre of 30-plus colleagues who serve as mentors and sounding boards. She also enjoys patronizing nearby restaurants and theaters and being part of an urban lifestyle. Even so, Benish says she didn’t hesitate to accept the responsibility of serving a rural community on a regular basis. Like a number of her clinic colleagues, she spends two days a month practicing in a small town in outstate Minnesota. In Benish’s case, the town is Glencoe, population 5,546, about 70 miles west of the Twin Cities. “It’s about 90 minutes or two hours for travel each way, depending on the weather,” Benish notes. “It shortens my day but I still see a good list of patients. I think they’re pretty grateful not to have to go to the city for care.” Calling her car’s Bluetooth feature as critical as its 4-wheel drive, she uses her drive time to participate in conference calls and catch up on continuing education requirements.

Upon arrival at the hospital, Benish is supported by a nurse who sets up her exam room and provides the “extra” information that comes from being in a small community: “I saw so and so when he came for his labs last week and he’s not looking so good.” Having her regular nurse be a part of the town’s fabric helps Benish keep up with her patients, as well as the rhythms of the community. “Once you’re there, you realize things depend more on the seasons,” she notes. “For example, it doesn’t matter if their leg’s falling off—you tend not to see the farmers if it’s harvest season.” While Benish still considers herself an “urbanite,” she says that practicing outstate has provided another component to her practice and challenged her resourcefulness as a doctor. As an example, “If you have a patient with balance issues, you can’t tell them to take a walk outside in the snow. But you can’t tell them to walk in a mall either—there aren’t any. You have to work out other resources, such as using the high school or someplace else in the community. I think it can make you a better doctor because you have to rely more on relationships with the patients.”

Benish’s advice to other doctors is to take the long view when choosing a position, and give themselves permission to fail. “I think it’s important to know that if you make a wrong decision, it isn’t life or death,” she notes. “It can be fixed. For me, I was looking for a place where I could spend the rest of my career and that’s what I think I’ve found.”

**A RURAL ENTREPRENEUR**

Gurdesh Bedi, MD, is a native of India who comes from a family of medical practitioners: His father, mother and brother are all physicians and his wife is a dentist. Proud that his father built his own practice, Bedi had always planned to do the same. The problem? It’s exceptionally difficult these days to develop a practice from scratch. As an alternative, he decided to seek out a clinic that didn’t have a neurology aspect and used his entrepreneurial instincts to help them build a neurology practice. The search for a suitable location took two years, which Bedi calls time well spent.

“I took this job search very seriously,” he says. “I always tell people to do that. If you can take the time to discover what you want, not what you think you should want, you can make a good choice.”
After cold-calling or meeting with 50 or 60 clinic groups in large cities, Bedi narrowed the search to less-populated areas with more opportunity to grow a practice. Eventually he landed a position as director of neurology at St. Croix Regional Medical Center, in St. Croix Falls, WI, a town of 2,044 about 90 miles northeast of Minneapolis. “I got the sense that I could build a practice here better than anywhere else,” he says. “And that was exactly what happened.”

Since Bedi moved to Wisconsin five years ago, he has engineered remarkable growth in the hospital’s neurology services: From 156 neurologic patients when he started, he now sees 2,500 patients a year. It was very tough going at first, even with the five support staff he convinced the hospital to hire. As he recalls, “I was only seeing five or six patients a day but I wasn’t getting home until 10 p.m. I made almost no money at all beyond my salary guarantee. It took me five or six months to do even that.” Now, he says, “The pay is commensurate with the risks. My hospital is very happy because we’re able to attract patients from 300 miles away.”

As difficult as the practice was to build, the isolation has also been a challenge. Without colleagues to learn from or refer patients to, Bedi says he’s needed to wear more hats than he would have liked. “It’s a disadvantage because you can never be as good at 10 things as you can be at one thing,” he says. “You’re going to have a practice that’s pretty broad. I did struggle the first few years. I felt as if I was downgrading myself from neuromuscular specialist to generalist. But that’s how you think when you’re worried about external validation. I needed to get past that.”

To grow the practice even more, Bedi knows he’ll need more neurologists to join him. But he’s cautious about over-selling the opportunity. “I don’t think you should try to sway people’s thinking about where they practice,” he says. “What entrepreneurial residents should realize is that the opportunity lies in finding new ways of seeing patients, or going to places where they don’t have a neurologist. If you believe in the karmic need to fill a gap, whether it’s the 10 jobs I’ve created in a small town that needed them, or serving patients who otherwise have to drive 100 miles to be seen, then you shouldn’t let fear hold you back. Yes, you can do it and yes, it’s financially viable. If you’re willing to put in the long days, you’ll make it.”

BIG FISH IN A SMALL POND

With a population of 40,000, Bozeman, MT, may not seem as rural as some other settings. But, as Richard E. Popwell, Jr., MD, notes, “Western rural is very different from eastern or southern rural. Montana isn’t like Vermont, in terms of density or proximity to an urban center.” For Popwell, a neurologist with the Bozeman Health Medical Group, “western rural” means driving seven hours to Salt Lake City to access the academic center there, or referring across state lines if his patient needs to see a movement disorder specialist. As Popwell says, “It’s a very interesting clinical experience. The scarcity of resources keeps you on your toes.”

After five years in Bozeman, Popwell has needed to be on his toes a lot. But even with the potential for burnout being “palpable,” he says that much of the stress can be controlled by setting appropriate boundaries. In his two-neurologist practice group, he and his colleague have had extensive conversations about what each physician can handle, even with seemingly unlimited need for their services. As they prepare to conduct a search for a third neurologist, they’re more conscious than ever of maintaining reasonable expectations. For example, “All we can expect of someone is to be on call 10 days a month”—which means that other days have to be covered in more creative ways. One of the solutions they’re piloting involves using the stroke center at the University of Utah to assist with coverage on weekends and holidays.

“It really is a matter of making sure it doesn’t become too much,” Popwell says. “Once you’re in a community, you’re basically the provider for that issue. You have to have a reasonable expectation from your referral base, as well as from your hospital where you have privileges. Burnout is partly a consequence of neurologists over-extending themselves; at some point you have to have a life and you have to know what your personal goals are.”

While Popwell is very aware of the challenges posed by practice in a rural setting, he’s also aware of the unique opportunities. Besides being greeted with a warm and folksy “Hi, Doc” by patients when he’s running errands, he also reaps the professional rewards of being a local expert. For example, he’s frequently asked to write articles for local publications on neurologic issues, or to speak to the press when neurology is in the news. As he notes, those are requests that would not usually go to a younger neurologist in a more congested area. Likewise, because he works in a small nonprofit hospital with limited resources, he’s been able to take on leadership roles that wouldn’t normally be available at this stage of his career. As the chair of the Governance Executive Council of the
Bozeman Health Medical Group, he is approximately a .1 executive leader. It’s a path he recommends for other physicians as they start out. “It’s no secret that there’s a huge need for physician leadership nationwide,” Popwell notes. “We need people who can navigate the changing health care scene. It can be difficult for young physicians but it’s also a huge opportunity.”

That’s an opportunity that Popwell believes is more prevalent in sparsely populated areas and smaller health care settings. “When you’re starting out, you have all these confidence issues,” he says. But when you’re the big fish in the small pond, you show up and people immediately say, ‘Oh, you’re the neurologist. Great. Let’s get started.’ And there’s no time for confidence issues because you’re already engaged.”

RURAL VS. URBAN: WHAT’S RIGHT FOR YOU?

Whether you go all-in for an ultra-rural practice setting, position yourself near a metropolitan area, augment your urban practice with a rural component, or forgo the rural setting altogether, the question of rural vs. urban is worth examining. It’s also an issue that is closely followed by recruiters and employers who manage searches for physician candidates. For her part, Judy Rosman, president and CEO of Rosman Search, would like to drop the term “rural,” noting that it’s almost a misnomer. “It’s more a question of small and mid-size communities,” she says. “That is where the bulk of the jobs are. There is a real shortage in rural areas, to be sure, but most of the jobs are in small and mid-sized cities that serve the nearby rural areas.”

That said, Rosman believes some doctors’ choices are affected by misunderstandings about practicing outside of an urban setting. For example, pay is often higher, not lower, in smaller communities. “It’s straight up supply and demand,” she says. “You have to pay what you have to pay to get candidates.” Recruiting incentives, such as student loan forgiveness, are also more common in small communities.

Even so, Rosman does not recommend using finances as a yardstick for choosing a practice setting. “Most of the time, if you get the practice and the location and the people right, you’re going to be making enough money. If you’re not going to be happy there, the extra money is not going to make you happy either. But I have to say, the converse is true too. Sometimes people want to be in a location so badly that they forget to look for a good job. They can end up with bad leadership or the wrong population to serve.”

In the end, Rosman says it comes down to knowing your goals and choosing a location that is at least acceptable, if not perfect. But she does think that doctors overlook some good jobs when they bypass non-urban options. “I wish that people would be more open about smaller communities,” she says. “Because a lot of smaller communities have a lot to offer. For example, for singles, they think they’ll have a better chance of meeting people in a big city. But in a smaller community, people really make an effort to meet you. It can be a more welcoming environment than a large city.”